FROM:
McMahan and Associates, L.L.C.
P.O. Box 5850
Avon, CO 81620

TO:
Public Education Foundation of Eagle County
PO Box 740
Eagle, CO 81631



M & A

Certified Public Accountants and Consultants

CHAPEL SQUARE, BLDG C 245 CHAPEL PLACE, SUITE 300 P.O. BOX 5850, AVON, CO 81620 WEB SITE: WWW.MCMAHANCPA.COM
MAIN OFFICE: (970) 845-8800
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E-MAIL: MCMAHAN@MCMAHANCPA.COM

May 18, 2012

Board of Directors
Public Education Foundation of Eagle County
PO Box 740
Eagle, CO 81631

Dear Board members:

In connection with our preparation of the 2011 Form 990, Return of Organization Exempt from Income Tax, for Public Education Foundation of Eagle County, we would like to remind you that the IRS is recommending the following policies:

Conflict of Interest Policy

The Public Education Foundation of Eagle County should have a formal policy regarding Board, officer, and employee conflicts of interest. In recent years, issues of conflicts have become much more visible and many entities have elected to develop or formalize such a policy. A well-structured conflict of interest policy contains the following information:

- A statement that officers, directors, and employees should avoid conflicts of interest, including the
 appearance of conflicts, and that there is a duty to disclose conflicts when they become apparent
 to the individual
- Definitions of what constitutes a conflict of interest
- Disclosure requirements
- Methods of resolving conflicts
- Penalties for violations of the policy

Process to review Form 990

The Public Education Foundation of Eagle County should have formal procedures that highlight the review of From 990. It is best practice for all non-profits to retain a copy of the procedures for the review in their files. The process would contain:

- Who conducted the review
- When was the review conducted: was it reviewed before or after it was filed with the IRS
- Describe the extent of the review
- Did all voting members receive a copy of the 990

Whistleblower Policy

The Public Education Foundation of Eagle County should have a formal Whistlerblower policy. Based on the Internal Revenue Code this is a policy that should be kept by all organizations filing a 990. Attached is example of a policy that the organization can use as a template.

Member: American Institute of Certified Public Accountants

D. JERRY McMahan, C.P.A. Paul J. Backes, C.P.A. DANIEL R. CUDAHY, C.P.A. MICHAEL N. JENKINS, C.A., C.P.A.

Record Retention Policy

The Public Education Foundation of Eagle County should have a formal policy regarding retention of corporate records. The availability of records can be critical to an organization in the event of an audit by the Internal Revenue Service (or other federal or state agency), a lawsuit, an insurance claim, or a number of other circumstances. A clear, written record retention policy can help ensure that the appropriate records are available when needed. The recommended record retention schedule (below) is offered as a guide. Note, however, that different retention periods may apply depending on the facts and circumstances, and on the history and attributes of a particular organization.

Type of Record	Retention Period
Accounts payable ledgers and schedules	7 years
Accounts receivable ledgers and schedules	7 years
Audit reports of accountants	Permanently
Bank reconciliations	1 year
Checks (canceled but see exception below)	7 years
Checks (canceled for important payments, i.e., taxes, purchases of property, special contracts, etc.); checks should be filed with the papers pertaining to the underlying transaction	Permanently
Deeds, mortgages, and bills of sale	Permanently
Employee personnel records (after termination)	3 years
Financial statements (end-of-year, other months optional)	Permanently
General ledgers (and end-of-year trial balances)	Permanently
Payroll records and summaries, including payments to pensioners	7 years
Property records, including costs, depreciation reserves, end-of- year trial balances, depreciation schedules, blueprints, and plans	Permanently
Tax returns (Form 990) and worksheets, revenue agent's reports, and other documents relating to determination of income tax liability	Permanently
Vouchers for payments to vendors, employees, etc. (includes allowances and reimbursement of employees, officers, etc., for travel and entertainment expenses)	7 years
Governing documents (Articles of Incorporation, Bylaws, etc.)	Permanently
Form 1023, Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code, and IRS "Determination Letter" granting tax-exempt status	Permanently

Public Education Foundation of Eagle County Page 3

We would be pleased to discuss these matters or provide further assistance should you have any questions.

Sincerely,

McMAHAN and ASSOCIATES, L.L.C.

MCMAHAN AND ASSOCIATES, L.L.C. Certified Public Accountants and Consultants

M & A

245 CHAPEL PLACE, SUITE 300 CHAPEL SQUARE, BLDG C P.O. BOX 5850, AVON, CO 81620 WEB SITE: WWW.MCMAHANCPA.COM
MAIN OFFICE: (970) 845-8800
FACSIMILE: (970) 845-085 I
E-MAIL: MCMAHAN@MCMAHANCPA.COM

May 18, 2012

Public Education Foundation of Eagle County PO Box 740 Eagle, CO 81631

Dear Client:

As part of our ongoing efforts to ensure legal compliance for our clients, we would like to remind you that the Colorado Charitable Solicitations Act requires that <u>all</u> charitable organizations soliciting contributions within Colorado must register on-line with the Colorado Secretary of State. The registration, which may only be completed on-line at <u>www.sos.state.co.us</u>, [licensing center – charitable solicitations] includes details about operational and financial aspects of the charity. There is a nominal fee for registration. Updating the registration, including financial information, must be completed annually.

Because much of the information required for registration is based on the IRS Form 990, we are available upon request to assist your staff with the registration process.

Please contact our office with any questions.

Sincerely,

McMahan and Associates, L.L.C.

Member: American Institute of Certified Public Accountants

MCMAHAN AND ASSOCIATES, L.L.C. P.O. BOX 5850 AVON, COLORADO 81620 (970) 845-8800

JUNE 18, 2012

PUBLIC EDUCATION FOUNDATION OF EAGLE COUNTY PO BOX 740 EAGLE, CO 81631

PUBLIC EDUCATION FOUNDATION OF EAGLE COUNTY:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

MCMAHAN AND ASSOCIATES, L.L.C.

Filing Instructions

Prepared for:

PUBLIC EDUCATION FOUNDATION OF EAGLE COUNTY PO BOX 740 EAGLE, CO 81631

Prepared by:

MCMAHAN AND ASSOCIATES, L.L.C. P.O. BOX 5850 AVON, CO 81620

2011 FORM 990

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No. 1545-0047

<u>A</u>	FOR t	ie 2011 calendar year, or tax year beginning	and	ending							
В	Check applica	C Name of organization			D Empl	oyer identif	fication nur	nber			
		PUBLIC EDUCATION FOUNDATION OF									
	Add cha	ge EAGLE COUNTY									
	Nan	e ge Doing Business As				84-158	85417				
	lnitia	Number and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	e E Telep	hone numbe	er				
	Terr		•								
		City or town, state or country, and ZIP + 4	·	l	G Gross		926-2351	27	0,968.		
	App	ica- EAGLE, CO 81631			<u> </u>	his a group r	return		0,300.		
	pend	F Name and address of principal officer:LOU:	ISE FUNK	*	1	affiliates?	C(G())	Ves [X No		
		PO BOX 1364, EDWARDS, CO 81632			1	all affiliates in	cluded2		No		
ī	Tax-e	cempt status: X 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1)	or 52		No," attach a					
		ite: ▶ N/A	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	⊣ "'	up exemption			J115)		
			Association Other	I Vea	r of formation		M State of le		ioilo: GO		
	art I	· · · · · · · · · · · · · · · · · · ·			i or ioiiiiatio	11. 2001	VI State of let	jai uoiii	icile. CO		
	1	Briefly describe the organization's mission or mos	et significant activities: TO TMP	שמה שמה	י הוואו דשע	OF DUDIT					
Activities & Governance	1	EDUCATION	or significant activities. 10 1MF	KOVE THE	QUALITI	OF PUBLI					
'n.	2		ontinued its operations or dispo			/ _f:1			 		
Ş.	3	Number of voting members of the governing body					sseis.				
Ö	4	Number of independent voting members of the g	overning body (Port VI line 1h)	•••••		3	ļ		4		
တိ	5	Total number of individuals employed in calendar	veer 2011 (Port V line Co)	••••••	• • • • • • • • • • • • • • • • • • • •	4	 		4		
iţie	6	Total number of volunteers (estimate if necessary	year 2011 (Part V, line 2a)	•••••	••••••	5			0		
Şi	1	Total number of volunteers (estimate if necessary)	•••••		6			0		
ď	, 6	Total unrelated business revenue from Part VIII, o	olumn (C), line 12	•••••		7a		 	0.		
<u> </u>	0	Net unrelated business taxable income from Forn	n 990-1, line 34						<u> </u>		
	8	Contributions and grants (Part VIII line 1h)		-	Prior		Curr	ent Yea			
ηe	9	Contributions and grants (Part VIII, line 1h)				0.			0.		
Revenue	1	Program service revenue (Part VIII, line 2g)				0.			0.		
æ	10	Investment income (Part VIII, column (A), lines 3,				0.			0.		
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8		-	214,264.		158,048.				
	1	Total revenue - add lines 8 through 11 (must equa				214,264.	<u> </u>		8,048.		
	13	Grants and similar amounts paid (Part IX, column				140,559. 0.		15	3,401.		
	14		Benefits paid to or for members (Part IX, column (A), line 4)								
ses	15	Salaries, other compensation, employee benefits				0.	<u> </u>				
Expenses		Professional fundraising fees (Part IX, column (A),				0.	. 0.				
Ä		Total fundraising expenses (Part IX, column (D), lin									
	l	Other expenses (Part IX, column (A), lines 11a-11c				103,068.		<u> </u>	0.		
	18	Total expenses. Add lines 13-17 (must equal Part				243,627.		15	3,401.		
-8	19	Revenue less expenses. Subtract line 18 from line	9 12		-	<29,363.	>		4,647.		
Net Assets or Fund Balances					eginning of (Current Year	End	of Yea	<u>r </u>		
SSe	20					17,573.		2:	2,220.		
ind 4	21					0.			0.		
<u>-</u> _	22	Net assets or fund balances. Subtract line 21 fron	1 line 20			17,573.		2:	2,220.		
	irt II	Signature Block				·					
unae	er pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedules	s and staten	nents, and to	the best of m	y knowledge	and beli	ef, it is		
true,	correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of wh	ich prepare	r has any kno	owledge.			<u> </u>		
		Signature of officer									
Sigr					U	ate					
Here	₽	LOUISE FUNK, EXECUTIVE DIRECTOR							3 - 6		
		Type or print name and title			Data				1.24.1		
D-:-		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		1		
Paid						self-employe	ed P00175	605	<u> </u>		
Prep		Firm's name MCMAHAN AND ASSOCIATES,	L.L.C.		Fi	rm's EIN	84-1509	269	<u> </u>		
Use (uniy	Firm's address P.O. BOX 5850							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		AVON, CO 81620			P	hone no. (9	70) 845-	8800	<u> </u>		
Мау	the If	RS discuss this return with the preparer shown abo	ove? (see instructions)				X V	00	No		

132002 02-09-12 Form 990 (2011)

153,401.

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

Form 990 (2011) EAGLE COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	***************************************	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	-	X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
	during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			4
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u> </u>	344
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	**********	800000000000000000000000000000000000000	*********
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			A
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_ X
	Schedule D, Parts XI, XII, and XIII	40	:	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	106		***
13		12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		x
b		170		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	İ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.:
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	İ		
20a	complete Schedule G, Part III	19		X
_Ua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

Form 990 (2011) EAGLE COUNTY Part IV Checklist of Required Schedules (continued)

		T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Т
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		^
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		100
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		.,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Х
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		.,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director tructed or key employee? If IVes II accorded Ochanical Director	00-		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes," complete Schedule M	30		v
1	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
	If "Yes," complete Schedule N, Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	x
4	Was the organization related to any tax-exempt or taxable entity?	- 00		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36	-	x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		~
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	- J		1
	Note. All Form 990 filers are required to complete Schedule O	38	x	10 h 19

Form **990** (2011)

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a)		
b		1b	j		
· c		portable gaming	1		
	(gambling) winnings to prize winners?		1c	10000000000	100000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a ()		
b		ns?	2b	*********	2000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
	KING-III - ACI I E COOTE UI CHENT II I I I I I I I I I I I I I I I I I		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	man and the second seco		5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		3.
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	**********	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dic				
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	ny time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	**********	
_	Section 501(c)(7) organizations. Enter:	1			
		10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
		i			
	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
•	and the state of t	446			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b	10-	*****	
	If IIV and I and and I are a second of the s	12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		19-		
	Note. See the instructions for additional information the organization must report on Schedule O.		13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13b			
С		13c			
4a	Did the examination receive any neverants for independent of the land of the l	100	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O	14b	-+	
				990 /	0011

EAGLE COUNTY Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management				LX
	and the same of th	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?	•	2		X
3	Did the organization delegate control over management duties customarily performed by or under t	ne direct supervision	***		
	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				х
5	Did the organization become aware during the year of a significant diversion of the organization's as				х
6	Did the organization have members or stockholders?				х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		х
b					
	persons other than the governing body?	•	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	,	8a	x	00000000
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal l				1,000
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
	The state of the s		12a	000000000000000000000000000000000000000	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?				х
14	Did the organization have a written document retention and destruction policy?				x
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	-0000000000000000000000000000000000000	X
	Other officers or key employees of the organization				x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		136		<u>~</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		100		<u> </u>
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	exempt status with respect to such arrangements?		16b	***********	.00000000
Sec	tion C. Disclosure	***************************************	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE				1.
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s on	ly) availab	<u> </u>	
	for public inspection. Indicate how you made these available. Check all that apply.	(3600001 301 (0)(3)8 011	iy) avallabi	le .	- 11.
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	anfliat of interest nation	and fine-	امند	
	statements available to the public during the tax year.	annot of interest policy,	and iinan	cial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the array	dration:	:	
	CHIEF FINANCIAL OFFICER-EAGLE COUNT - 9703286321	no records or the organ	nzation: 📂		
	PO BOX 740, EAGLE, CO 81631				
132006 01-23-			Earm	990 (2	20111
			1.01111	フラリ し	4011)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	(B)						nsa			
Name and Title	Average	(C) Position						(D) Reportable	(E)	(F)
Trano and Title	hours per	(de	o not o	check	more	e than	one		Reportable compensation	Estimated amount of
	week	box, unless person is both ar officer and a director/trustee)					stee)	from	from related	other
	(describe	ector						the	organizations	compensation
	hours for	or dir	gg			ated	}	organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	fruste		18	Suadi	-	(W-2/1099-MISC)		organization
	in Schedule	dal #	tional	١	ploy	st con				and related
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) LOUISE FUNK										
EXECUTIVE DIRECTOR	1.00	х						0.	0.	0.
(2) CHARLES MADISON										
VICE PRESIDENT	1.00	x	<u> </u>	ļ	ļ	<u> </u>	ļ	0.	0.	0.
(3) TIFFANY MYERS										
TREASURER	1.00	Х	-	ļ	ļ	-	<u> </u>	0.	0.	0.
(4) BROOKE MACKE SECRETARY	1.00	x								
Dataman	1.00	^			-	-	 	0.	0.	0.
										and the second s
										** ***********************************
										177
										- <u>- 184</u>
										1800
										41
										2.014

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EAGLE COUNTY

ERECUSE VIII	Section A. Officers, Directors,	rustees, Key E	mpl	oyee	s, a	nd	High	est	Compensated Employ	ees (continued)		
	(A) Name and title		offi	not o	Pos heck	more	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
1								20				
											1 4	
											14	
1b Sub-	total					NAM.	▶		0.	(0. 0	
c Total	from continuation sheets to Part	VII, Section A				0000	ightharpoons		0.		0. 0	
	(add lines 1b and 1c)								0.		0.	
	number of individuals (including but bensation from the organization	not limited to th	ose	liste	d ab	oove	e) wh	o re	ceived more than \$100	,000 of reportable	Yes No	
3 Did th	ne organization list any former office	r, director, or tru	stee	, ke	y en	olqı	yee,	or h	ighest compensated er	mployee on	100 110	
line 1:	a? If "Yes," complete Schedule J for ny individual listed on line 1a, is the s	such individual		mne		tion		oth.	ov.componentia f		3 x	
and re	elated organizations greater than \$1	50,000? If "Yes,"	coi	mple	te S	che	dule	J fo	er compensation from t or such individual	ne organization	4 X	
5 Did ar	ny person listed on line 1a receive or	accrue compen	sati	on fr	om	any	unre	elate	d organization or indivi	dual for services		
rende Section B	red to the organization? If "Yes," co. Independent Contractors	mplete Schedule	Jf	or su	ch p	ers	on	TELLE			5 X	
1 Comp	olete this table for your five highest c ganization. Report compensation fo	ompensated ind	lepe ear e	nder	nt co	ontra	acto	rs th	at received more than the organization's tax v	\$100,000 of comper	sation from	
	(A) Name and busines	s address	NON	IE					(B) Description of se	ervices	(C) Compensation	
											i.	
								+			1.	
	number of independent contractors 000 of compensation from the organ		t lim	nited	to t	hos 0		ed a	above) who received mo	ore than		

EAGLE COUNTY

P	art V	III Statement of Reve	enue					
10.10	T				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8				_			
Gran	l t	b Membership dues			_			
fts,	(c Fundraising events			_			
<u> </u>	•	d Related organizations			_			
Sin		Government grants (contribu			-			
uţi,	1	f All other contributions, gifts, gra						
彦		similar amounts not included ab			4			
P P	9	Noncash contributions included in line						
0 10		Total. Add lines 1a-1f	****************			-	-	4
ø)	0.0			Business Code	9			
Program Service Revenue	2 a				-			
Ser	b	(Charles - 1921-1921-1921-1921-1921-1921-1921-19						
m S	0							1.00
Re								
Pro		All other program service rev						
	,	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						1
	4	Income from investment of ta						1 0
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents		\(\text{ii}\) i o o o o i o o i	1			
	b							
	c	Rental income or (loss)						
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Gross amount from sales of	(i) Securities	1/40/2				
		assets other than inventory			1			
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u>.</u>			***************************************	••••••••••••••
e	8 a	Gross income from fundraisin	g events (not	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO				
en		including \$						
Rev		contributions reported on line						
e		Part IV, line 18		a 270,968.				
Other Revenue		Less: direct expenses		112,920.				
		Net income or (loss) from fund		>	158,048.			158,048.
	9 a	Gross income from gaming ac						
	4245	Part IV, line 19		<u> </u>				
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances		9				
		Less: cost of goods sold		·				
-	С	Net income or (loss) from sales Miscellaneous Revenue						
	11 a			Business Code				
	b							
	c							
	3.55	All other revenue	W. 83, 000 TAKEBAR LALINA					
	e	Total. Add lines 11a-11d	***************************************	•				
	12	Total revenue. See instructions.	*****************		158,048.	0.	0.	150 040
32009 1-23-1					100,040.	0.	0.	158,048. Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response	onse to any question in t	his Part IX		
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	153,401	153,401.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				<i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> - <i>1</i> -
	persons (as defined under section 4958(f)(1)) and				1.00 to 1.00 t
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		·		
17	Travel		·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	153,401.	153,401.	0.	0.
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				gram (A)
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2011)

Part X Balance Sheet

	<i>\(\tau\)</i>			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		17,573.	1	22,220
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d				
		employees, and highest compensated employe of Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instru			6	***************************************
Assets	7	Notes and loans receivable, net			7	
ASS	8	Inventories for sale or use			8	
_	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	T			
	1/11/2011	basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		17,573.		22 220
	17	Accounts payable and accrued expenses		17,575.	17	22,220
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
'n	21	Escrow or custodial account liability. Complete			21	
iţie	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualif	ed persons. Complete Part II			
	23	Secured mortgages and notes payable to unrela			22	
	24	Unsecured notes and loans payable to unrelate			23	
	25	Other liabilities (including federal income tax, pa			24	
	20	parties, and other liabilities not included on lines				
			(V) (M)			
	26	Schedule D Total liabilities. Add lines 17 through 25	***************************************		25	
	20	Organizations that follow SFAS 117, check he		0.	26	0,
(n			ere and complete			
ce	27	lines 27 through 29, and lines 33 and 34.				
Net Assets or Fund Balances	28	Unrestricted net assets			27	
B		Temporarily restricted net assets Permanently restricted net assets			28	
ŭ		Organizations that do not follow SFAS 117, cl	book boro D. V. ond		29	
Ī		그 그래 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	neck nere			
s	20	complete lines 30 through 34.				-
Se		Capital stock or trust principal, or current funds		0,	30	0.
Ä		Paid-in or capital surplus, or land, building, or ed		0.	31	0.
Ne		Retained earnings, endowment, accumulated in		<29,364.		4,647.
12/.	33	Total net assets or fund balances		17,573.	33	22,220.
	34	Total liabilities and net assets/fund balances	*******************************	17,573.	34	22,220.

Form **990** (2011)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2011

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

PUBLIC EDUCATION FOUNDATION OF

Inspection
Employer identification number

Tormonomore		EAGLE COU							84-	1585417		
000000000000000000000000000000000000000	The state of the s							structions.				
Part I The orga 1	A church, co A school de A hospital o A medical re city, and sta An organiza section 170 A federal, st An organiza section 170 A communit An organiza activities rela income and See section An organizat an organizat an organizat be section An organizat an organizat	a private foundation on vention of churchescribed in section 1 racooperative hospesearch organization ate: tion operated for the O(b)(1)(A)(iv). (Complate, or local governation that normally reliable to its exempt foun related to its exempt foun related business a 509(a)(2). (Complete tion organized and of the organized and other organization, check the organization, check the organization of ch	rity Status (All organ because it is: (For lines es, or association of chu 70(b)(1)(A)(ii). (Attach Soltal service organization operated in conjunction be benefit of a college or a lete Part II.) ment or governmental unceives a substantial partete Part II.) section 170(b)(1)(A)(vi). Section 170(b)(1)(A)(vi). Ceives: (1) more than 33 anctions - subject to cert taxable income (less section Part III.) sperated exclusively to temperated exclusively for the ations described in section granization and compart Type II at the organization is not than one or more public tten determination from this box	at through irches described to with a hose university of the second of t	11, check cribed in section in section spital described or operation of the section of the secti	only one is ection 170(b)(1) ribed in separated by on 170(b)(in government) on one is increased in the function 509(a)(in 11h. ectionally intrindirectly attions described in Type I, Type	poox.) O(b)(1)(A)(ii). ection 17(ii). y a govern 1)(A)(v). ental unit of ibutions, r e than 33 f acquired b on 509(a)(iii). nctions of 2). See see tegrated y by one of cribed in s ii, or Type	mental un or from the membersh 1/3% of its by the orga 4). , or to carr ction 509 r more dis section 509 e III	iii). Enter the it described a general put ip fees, and support franization afford (a) (3). Check d	e hospital d in ublic desc d gross rec om gross ter June 3 urposes c k the box	ribed i ceipts invest 0, 197 of one that	n from ment '5.
g	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?	***********		
			directly controls, either a upported organization?							11-6	Yes	No
	(ii) A family	member of a perso	n described in (i) above	?	************			*************		11g(i) 11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) above	e?					11g(iii)		
h			about the supported or									77
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	organization in col. (i) listed in your organization in col. (ii) listed in your organization in col. (iii) of your support?						(vii) Am sup	F =	
			(see instructions))	Yes	No	Yes	No	Yes	No		-	
												_
Total												

132021

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						1,14
	include any "unusual grants.")	21,213.	8,639.				29,852.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			:			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21,213.	8,639.				29,852.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						* - **
	supported organization) included						er eft.
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						29,852.
Se	ction B. Total Support						25,032.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	21,213.	8,639.			(2) = 2	29 852.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1.				
	assets (Explain in Part IV.)			*.			
11	Total support. Add lines 7 through 10						29,852.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	783,744.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x vear as a section	n 501(c)(3)	
	organization, check this box and stop	here	••••				
Sec	tion C. Computation of Publi	ic Support Pe	centage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	100.00 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14	***************************************		15	100.00 %
16a	33 1/3% support test - 2011. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			▶x
b	33 1/3% support test - 2010. If the o	rganization did no	t check a box on lir	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ □
17a	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more.
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check thi	is box and stop he	re. Explain in Par	t IV how the organiz	ration
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	bublicly supported	organization		▶ □
b	10% -facts-and-circumstances test	- 2010. If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or 1	7a. and line 15 is 10	0% or
	more, and if the organization meets th						· · · · · · · · · · · · · · · · · · ·
	organization meets the "facts-and-circ	umstances" test.	The organization qu	ualifies as a public	y supported orga	nization	▶ □
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b.	check this box ar	nd see instructions	▶
			· · · · · · · · · · · · · · · · · · ·			dule A (Form 990 o	
					55.10		, -v: i

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			······································			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			137, 333	(4) 2010	(6) 2011	(i) Iotai
	membership fees received. (Do not					·	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						1 (1) 14 (1)
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	i i
	or expended on its behalf						*
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge	·					
6	Total. Add lines 1 through 5	-					
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		·				in the second
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6				10/2010	(0) 2011	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b			····			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						The second secon
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	d. fourth, or fifth ta	IX Vear as a section	501(c)(3) organiza	ation.
	check this box and stop here			-,	or your as a section	1 30 1 (C)(S) Organiza	uion,
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2011 (li			olumn (fl)		15	0/
16	Public support percentage from 2010	Schedule A, Part I	II, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	Percentage			10	%
	Investment income percentage for 201			e 13. column (fl)		17	
18	Investment income percentage from 2	010 Schedule A. F	art III. line 17	2 70, 00,0,1,11 (1//		18	
19a :	33 1/3% support tests - 2011. If the o	organization did no	ot check the box of	n line 14 and line	15 is more than 2'	3 1/30% and line 1"	%
1	more than 33 1/3%, check this box an	d stop here. The	organization qualit	ies as a publicly s	Innorted organi	י ויסאס, and line 1 / tion	is not
b S	33 1/3% support tests - 2010. If the c	rganization did no	t check a box on	line 14 or line 10c	apported organiza	uUII	
1	ine 18 is not more than 33 1/3%, chec	k this box and etc	on here. The organ	nization qualifice :	, and interiors mol	e man 33 1/3%, a	na 🛌 🦳
20 I	Private foundation. If the organization	did not check a h	ox on line 14 10s	or 19h check this	is a publicly suppo	rted organization	
	01-24-12		<u></u>	, or 190, check th		ructions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

PUBLIC EDUCATION FOUNDATION OF

Employer identification number

100000000	EAGLE COUNTY		84-1585417
Pa	Til Organizations Maintaining Donor Advised Fund	ls or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive		
-6-	Did the organization inform all grantees, donors, and donor advisors in		
	for charitable purposes and not for the benefit of the donor or donor a		
	impermissible private benefit?		Yes No
Pai	TII Conservation Easements. Complete if the organization	answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education	Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		1.00
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc		2c
đ	Number of conservation easements included in (c) acquired after 8/17.		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex		nization during the tax
	year >		and the second s
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, and enfor		
	Amount of expenses incurred in monitoring, inspecting, and enforcing		
	Does each conservation easement reported on line 2(d) above satisfy to		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finar	ncial statements that describes the or	ganization's accounting for
********	conservation easements.		
Par	Organizations Maintaining Collections of Art, Hi	storical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		. • \$
	If the organization received or held works of art, historical treasures, or		provide
	the following amounts required to be reported under SFAS 116 (ASC 9		
	Revenues included in Form 990, Part VIII, line 1		> \$
b 7	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities.	See Form 990, Part X, line	e 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation: d-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other	4 1			
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(1)			- Company of the Comp	RESTRUCTION AND RECEIVED TO THE PROPERTY OF THE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments - Program Related.	See Form 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value		hod of valuation: I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)		 		
(6) (7)				
(8)				
(9)				
(10)				
	must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lin		**************************************	
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colur Part X	nn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. See Form 990, Part X	ne <i>15.)</i>		>
1.	(a) Description of liability		(b) Book value	
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, col (B) lin	e 25.)		
FIN 48 (ASC FIN 48 (ASC 32053 11-23-12	nn (b) must equal Form 990, Part X, col (B) lin. 740) Footnote. In Part XIV, provide the text of the footnote to 740).	to the organization's financial sta	tements that reports the organization's liab	
1-20-12				Schedule D (Form 990) 2011

18

	edule D (Form 990) 2011 EAGLE COUNTY			84-158541	.7 Page 4
	ert XI Reconciliation of Change in Net Assets from Form 99			atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		158,048.
2	Total expenses (Form 990, Part IX, column (A), line 25)	******************	2		153,401.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				4,647.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8	*************	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10		4,647.
	rt XII Reconciliation of Revenue per Audited Financial State				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	f 1			
а	Net unrealized gains on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		**********	2e	
3	Subtract line 2e from line 1		******************	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	35 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
ь	Other (Describe in Part XIV.)			_	
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
1.0	rt XIII Reconciliation of Expenses per Audited Financial Stat				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 32 E			
a	Donated services and use of facilities			_	
ь	Prior year adjustments			_	
c	Other losses				
d	Other (Describe in Part XIV.)			_	
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1	********************		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	î sa î			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
	Other (Describe in Part XIV.)				
- c	Add lines 4a and 4b			. 4c	
Dav	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information			. 5	

Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III, lines 1a and	l 4; Part IV, lines	1b and 2b; Pa	rt V, line 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	omplete this part	to provide any a	additional inforr	mation.
_					
-					
-					

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public

Internal Revenue Service Inspection Name of the organization PUBLIC EDUCATION FOUNDATION OF **Employer identification number** EAGLE COUNTY 84-1585417

Indicate whether the organization rais	ed funds through any of the follow e Solicite f Solicite g Special r oral agreement with any individual art VII) or entity in connection with	ing act ation of ation of al fundra al (inclu profess	ivities. non-g gover	Check all that apply povernment grants ment grants events officers, directors, trufundraising services	stees or	s No
b If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the (i) Name and address of individual or entity (fundraiser)	riduals or entities (fundraisers) pur organization. (ii) Activity	(iii) fund have o	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	·					
	* .					
					· · · · · · · · · · · · · · · · · · ·	
Total						
List all states in which the organization or licensing.	is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration

132081 01-23-12

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

		LIE G (Form 990 or 990-EZ) 2011 EAGLE COU	NTY		84-1	L585417 Page 2
	art		the organization answere	d "Yes" to Form 990, Pa	art IV, line 18, or reported	more than \$15,000
-	T	of fundraising event contributions and g				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TITE WINGS DAVIS	TEACHER		(add col. (a) through
_			WILD WEST DAYS (event type)	RECOGNITION (event type)	(total aumber)	col. (c))
Revenue			(event type)	(event type)	(total number)	
eVe	1	Gross receipts	223,666			
Œ	'	aros receipts	223,000	•		223,666
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	223,666,			223,666
						223,000
	4	Cash prizes				
es	5	Noncash prizes				
ens						
Ϋ́,	6	Rent/facility costs				
Direct Expenses	_					
ä	7	Food and beverages				- 54
						1.5
	8	Entertainment				ļ
	9	Other direct expenses				71,296
	10	Direct expense summary. Add lines 4 through	In 9 in column (a)		.	(71,296
Pa	irt	Net income summary. Combine line 3, columnary. Gaming. Complete if the organization	answered "Yes" to Form	990 Part IV line 19 or	reported more than	152,370
<u>10000000</u>	0000000	\$15,000 on Form 990-EZ, line 6a.	4.00000	1000, 1 art 14, iii e 15, 01	reported more than	e Maria (
	· .			(b) Pull tabs/instant		(d) Total gaming (add
n G			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						141
ш.	1	Gross revenue				7 14
S	2	Cash prizes				
Expenses			,			
X	3	Noncash prizes				
ect [
Dire	4	Rent/facility costs				
	_	<u></u>				14.
	5	Other direct expenses				
	•	Voluntaanlahan	Yes %	Yes %		
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summers Add lines 2 through	h E in anluman (d)			
	•	Direct expense summary. Add lines 2 through	ir 5 iir coluiriir (a)	•••••••••••••••••••••••••••••••••••••••		
	8	Net gaming income summary. Combine line	1 column d and line 7			
		- teo garming moonie serminary. Combine une	r, column d, and line r			
9	Ente	er the state(s) in which the organization opera	tes gaming activities:			
		ne organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
10a	Wer	re any of the organization's gaming licenses re	evoked, suspended or ter	minated during the tax	year?	Yes No
b	lf "Y	es," explain:				· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·				
	_					
3208	2 01-	-23-12			Schedule G (For	m 990 or 990-EZ) 2011
					(i oi	500 01 000-12/2011

PUBLIC EDUCATION FOUNDATION OF

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2011 EAGLE COUNTY 84-15	85417		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	of the state of th			
	to administer charitable gaming?		Yes	
	Indicate the percentage of gaming activity operated in:			
8	The organization's facility	13a		
44	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name	· · · · · · · · · · · · · · · · · · ·		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
				5':
	Gaming manager compensation > \$			
	Description of services provided			
			-	
	Director/officer Employee Independent contractor			
	Mandatory distributions:			4
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$\infty\$ \$\text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	and (v	/), and	Part III,
	misses, 100, 100, 100, 100, 100, and 110, as applicable. Also complete this part to provide any additional information	<u> (see i</u>	nstruc	tions).
				1

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations	4		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Comple	Gomplete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Governments, and individuals in the United States e organization answered "Yes" to Form 990, Part IV ► Attach to Form 990.	in the United Star to Form 990, Par n 990.	les t IV, line 21 or 22.		CUII Open to Public Inspection
Name of the organization	ON PUBLIC EDUCATION FOUNDATION OF	ON FOUNDATION	OF					Employer identification number
Part General In	General Information on Grants and Assistance	nd Assistance						84-1585417
1 Does the organiz	Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monite	oring the use of grant	funds in the United	States			Yes X No
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	additional space is nee	_ ▲pap
1 (a) Name and ad or gov	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLE COUNTY SCHOOL DISTRICT	OL DISTRICT							
PO BOX 740								ASSIST WITH EDUCATION
EAGLE, CO 81631				.0	0.			EXPENSES
		٠						
•	-							
	-							
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations	d government org		listed in the line 1 table				
3 Enter total numbe LHA For Paperwork I	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	listed in the line 1 see the Instruction	table ns for Form 990.					Schodulo I (Come 000) (2004)

PUBLIC EDUCATION FOUNDATION OF

Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 84-1585417 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2011) EAGLE COUNTY

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12 Partill

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	PUBLIC EDUCATION FOUNDATION OF EAGLE COUNTY	Employer identification number 84-1585417
FORM 990, PART VI, SE	CTION B, LINE 11: BOARD REVIEW	
FORM 990, PART VI, SE	CTION C, LINE 19: FINANCIALS ARE AVAILABLE ON THE	Ī
COLORADO SECRETARY OF	STATE WEBSITE. GOVERNING DOCUMENTS AND CONFLICT C	F
INTEREST POLICY ARE N	OT AVAILABLE.	

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, compl	ete only P	art I and check this box	CARAMIC NEL		▶ x
• If you a	re filing for an Additional (Not Automatic) 3-Month E	xtension.	complete only Part II (on page 2 or	f this for	 m)	
Do not co	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	isly filed	Form 8868	
Electronic	c filing (e-file). You can electronically file Form 8868 if	vou need	a 3-month automatic extension of ti	ime to fi	e /6 months	for a corporation
required to	o file Form 990-T), or an additional (not automatic) 3-m	onth exten	usion of time. You can electronically	file Ford	0 00000	uset es extension
of time to	file any of the forms listed in Part I or Part II with the e	vcention o	f Form 8870 Information Petura for	Transfe	ro Apposiate	dest an extension
Personal F	Benefit Contracts, which must be sent to the IRS in pa	ner format	(see instructions). For more details	on the	ors Associate	o with Certain
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofi	ts.	(see instructions). For more details	on the	electronic filir	ig of this form,
Part I			submit original (no copies ne	eeded)		
A corpora	tion required to file Form 990-T and requesting an auto					*****
Part I only						•
All other c to file inco	orporations (including 1120-C filers), partnerships, REI me tax returns.	MICs, and	trusts must use Form 7004 to reque	est an ex	tension of tin	пе
Type or	Name of exempt organization or other filer, see instr	uctions.		Emplo	ver identifica	tion number (EIN) or
print PUBLIC EDUCATION FOUNDATION OF						
EAGLE COUNTY						
File by the due date for	date for Number, street, and room or suite no. If a P.O. box, see instructions.					nber (SSN)
filing your return. See	PO BOX 740			COCICI	Security fluir	iber (OOIV)
instructions.	City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.	7		
	EAGLE, CO 81631					
Enter the F	Return code for the return that this application is for (fi	le a separa	ate application for each return)			0 1
			editer a come extra consistancia (1) - Sec. et a superiorente destallació (1) es este estallació (1) es este e			
Applicatio	n	Return	Application			Return
Is For Code Is For						
Form 990 01 Form 990-T (corporation)						
Form 990-BL 02 Form 1041-A						
Form 990-l	EZ	01	Form 4720			08
Form 990-I	PF	04	Form 5227			10
Form 990-	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	Γ (trust other than above)	06	Form 8870	-		12
	CHIEF FINANCIAL OFFIC	ER-EAGLE	COUNT			12
 The boo 	oks are in the care of PO BOX 740 - EAGLE, C	0 81631				
Telepho	one No. ▶ 9703286321		FAX No. ▶			
If the or	ganization does not have an office or place of busines	s in the Ur				
If this is	for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is	for the whole	group, check this
box ▶	. If it is for part of the group, check this box 🕨	and atta	ach a list with the names and EINs o	f all mer	nbers the ext	ension is for
1 I requ	uest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		31101011101011
			tion return for the organization nam		e. The extens	sion
is for	the organization's return for:				- 1110 0/110111	
► x	calendar year 2011 or					
▶ _	tax year beginning	, an	d ending		0	
	2 A 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	- Prosited				
2 If the	tax year entered in line 1 is for less than 12 months, of	heck reas	on: Initial return	Final ret	urn	
	Change in accounting period		Section 97 - For the Book and Control of the Book and	-1.01110.0.00	977.52 A	
	application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	efundable credits. See instructions.			38	\$	0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estim	ated tax payments made. Include any prior year overp	payment al	lowed as a credit.	31	\$	0.
c Balar	nce due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required,		- I - A	
	ing EFTPS (Electronic Federal Tax Payment System).			30	\$	0.
	you are going to make an electronic fund withdrawal v					ment instructions
_HA For	Privacy Act and Paperwork Reduction Act Notice.	see Instru	ections			8868 (Pay 1-2012)

123841 01-04-12