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

JULY 7, 2014

EDUCATION FOUNDATION OF EAGLE COUNTY PO BOX 18533 AVON, CO 81620

EDUCATION FOUNDATION OF EAGLE COUNTY:

ENCLOSED IS THE ORGANIZATION'S 2013 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**

Filing Instructions								
Prepared for:	Prepared by:							
EDUCATION FOUNDATION OF EAGLE COUNTY PO BOX 18533 AVON, CO 81620	MCMAHAN AND ASSOCIATES, L.L.C. P.O. BOX 5850 AVON, CO 81620							
2013 FORM 990								
PLEASE SIGN AND MAIL AS SOON AS PO	SSIBLE.							
MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027								
nonst								

300061 05-01-13

### MCMAHAN AND ASSOCIATES, L.L.C.

Certified Public Accountants and Consultants

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

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.

Much of the information required for registration is based on the IRS Form 990.

Please contact our office with any questions.

Sincerely,

McMahan and Associates, L.L.C.

Member: American Institute of Certified Public Accountants

Paul J. Backes, CPA, CGMA Michael N. Jenkins CA CPA CGMA Daniel R. Cudahy, CPA CGMA

AVON: (970) 845-8800 ASPEN: (970) 544-3996 FRISCO: (970) 668-3481



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 FACSIMILE: (970) 845-8108 E-MAIL: MCMAHAN@MCMAHANCPA.COM

AVON: (970) 845-8800

ASPEN: (970) 544-3996

FRISCO: (970) 668-3481

April 24, 2014

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 2013 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

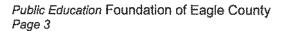
The Public Education Foundation of Eagle County should have a formal Whistlerblower policy. Based on the Internal Revenue Code this is a policy that should be kept by all organizations filing a 990. Attached is an example of a policy that the organization can use as a template.

Member: merican Institute of Certified ublic Accountants

#### **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	Ph
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



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

Sincerely,

McMAHAN and ASSOCIATES, L.L.C.

### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	FOF IN	e 2013 calendar year, or tax year beginning	and	ending						
В	Check if applicat	C Name of organization			D Employer ic	dentificat	ion number			
5	Addr		UNTY							
D	Name				84	4-158543	17			
	Initial return	Number and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone n	number				
	Term	PO BOX 18533			( )	970)926-	-2351			
	Amer	City or town, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	ş	762,227.			
	Appli	1 WAON' CO 91050			H(a) is this a gr	roup retur				
	pend	F Name and address of principal officer:LOUI	SE FUNK		for subord	linates?	Yes X No			
		PO BOX 1364, EDWARDS, CO 81632			H(b) Are all subord	finates includ	ted? Yes No			
1	Tax-ex	empt status: X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or 527	If "No," att	tach a list	. (see instructions)			
J	Websi	te: ► N/A			H(c) Group exe		,			
K	Form o	forganization: 🗶 Corporation 🔃 Trust 🔲 A	ssociation Other	L Year	of formation: 200		ate of legal domicile: CO			
	ard)									
9	1	Briefly describe the organization's mission or mos	t significant activities: TO IMP	ROVE THE	QUALITY OF P	UBLIC				
Governance		EDUCATION								
le i	2	Check this box I if the organization disco					\$.			
<u>စ</u> ွ	3	Number of voting members of the governing body					4			
95	4	Number of independent voting members of the go					4			
ies	5	Total number of individuals employed in calendar					0			
Activities &	6	Total number of volunteers (estimate if necessary	)	,,.,.,.,.,.,		6	0			
Ac		Total unrelated business revenue from Part VIII, c					0.			
	b	Net unrelated business taxable income from Form	1 990-T, line 34	*****************		7b	0.			
ne					Prior Year	·····	Current Year			
	6	Contributions and grants (Part VIII, line 1h)			239,		257 098.			
Revenue	9	Program service revenue (Part VIII, line 2g)		·····	0.	0,				
He	10	Investment income (Part VIII, column (A), lines 3,			0.	13.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8			<del></del>	828.	<30,950.>			
	12	Total revenue add lines 8 through 11 (must equa			248,		226,161. 13,288.			
	13		Grants and similar amounts paid (Part IX, column (A), lines 1-3) 171,3  Benefits paid to or for members (Part IX, column (A), line 4)							
	14					0.	0.			
Ses	15	Salaries, other compensation, employee benefits			·····	0.	0.			
Expenses	108	Professional fundraising fees (Part IX, column (A),				0.	0.			
X	_ D	Total fundraising expenses (Part IX, column (D), lin				_				
		Other expenses (Part IX, column (A), lines 11a-11c				0,	0,			
	t .	Total expenses. Add lines 13-17 (must equal Part			171,		13,288.			
58	19	Revenue less expenses. Subtract line 18 from line	112	***************************************		145.	212,873.			
Net Assets or Fund Balances	90	Total coasts (Bost V. line 16)			inning of Current	***************************************	End of Year			
ASS Ba	20	•			33,	365.	323,633,			
E E	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 fron	- K 00		^^	0.	11,395.			
		Signature Block	I III I E ZU			365.	312,238.			
20101010		ities of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ante and to the hes	t of my ka	nudadna and haliaf it is			
		t, and complete. Declaration of preparer (other than offic					owiedde tile newer' it ia			
	,		ary in address of the second of the	non property	nao any kitomoogo	***************************************				
Sig	n	Signature of officer		******************	Date					
Hei		LOUISE FUNK EXECUTIVE DIRECTOR								
		Type or print name and title	W. W							
		Print/Type preparer's name	Preparer's signature	Ð	ate Cn	eck	PTIN			
Palc	i	· · ·			if set	f-exmoloyed	P00175605			
	arer	Firm's name MCMAHAN AND ASSOCIATES,	L.L.C.	<del></del>	Firm's El		-1509269			
Use	Only	Firm's address P.O. BOX 5850					<del></del>			
		AVON, CO 81620			Phone no	0.(970)	845~8800			
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	***************************************			X Yes No			

84-1585417

### Form 990 (2013) EDUCATION FOUNDATI 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	1	х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	4.0		
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	10		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,			
-	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	\$ 1 ca	***********	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	l	х
d	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	i	Х
f	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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	18		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
Đ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	

### Form 990 (2013) EDUCATION FOUNDATION OF EAG Part IV Checklist of Required Schedules (continued)

		,	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u> </u>
22	Did the organization report more than \$5,000 of grants or 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_		
04	contributions? If "Yes," complete Schedule M	38		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
34	·		-	
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
44	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		The state of the s	.,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del></del>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u></u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			*********
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

### Form 990 (2013) EDUCATION FOUNDATION OF EAGLE COUNTY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to eny line in this Part V			,,,,,,,,,,		
		<b>\$</b>	<b>L</b>	<del>Rototootti</del>	Yes	No
1a		- Investment	(	l .		
b			(	1		
¢		•				
	(gambling) winnings to prize winners?		1	1c	000000000000000000000000000000000000000	
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	***************************************		ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	500000000	203053000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)	************			
			*******************	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	• • • • • • • • • • • • • • • • • • • •			5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b	******	
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					Х
b				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	1		7c	333323333	<b>X</b>
	If "Yes," indicate the number of Forms 8282 filed during the year		<del>*************************************</del>			<i>\$137</i> 6
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			71		
9	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization arguments are provided that a second distribution are provided to the contribution of cars, boats, airplanes, or other vehicles, did the organization are provided to the contribution of cars, boats, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, or other vehicles, did the organization are provided to the cars, airplanes, airplanes, are provided to the cars, and the cars, are provided to the cars, are provided to the cars, and the cars, are provided to the cars, are provided to the cars, and the cars, are provided to the cars, and the cars, are provided to the cars, and th			7h		
6	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at					\$000000
9	Sponsoring organizations maintaining donor advised funds.	any un	ie during the year?	8		
	Did the organization make any taxable distributions under section 4966?			<b></b>		3333333
	Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b	~~~~~	
0	Section 501(c)(7) organizations. Enter:			80		
	initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		L			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a	09000000000	Specialization
	No had to the control of the control	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1			
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reservee the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
¢	Enter the amount of reserves on hand	13c				
	Probable and a standard and the standard		***********	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eО		14b		
				Form	990 (	2013)

EDUCATION FOUNDATION OF EAGLE COUNTY Form 990 (2013) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's essets? 5 Х Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a х b Each committee with authority to act on behalf of the governing body? X is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 16 for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EDUCATION FOUNDATION OF EAGLE COUNTY - 9703286321

Form 990 (2013)

PO BOX 18533, AVON, CO 81620

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

Check if Schedule O contains a response or note to any line 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 employees."
- 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 n  (A)  Name and Title	(B) Average hours per week	ige (do not chec			C) itior more	than Is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the orgenization and related organizations
(1) LOUISE FUNK	1.00									
EXECUTIVE DIRECTOR		x						0.	0.	0.
(2) CHARLES MADISON	1.00									
VICE PRESIDENT	<b></b>	x		L				0.	0.	0.
(3) TIFFANY MYERS	1.00									
TREASURER		X			ļ			0.	0.	0.
(4) BROOKE MACKE	1.00				ĺ					
SECRETARY		X				ļ	ļ	0.	0.	0.
		ļ				<u> </u>	ļ			······································
444444444444444444444444444444444444444							<u> </u>			······································
					-					
							•••••			
										<del></del>
	ALL AND	-								
										<del>4</del>
***************************************									<u></u>	
									A PARTY OF THE PAR	
										······································
					L					

332007 10-29-13

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	(do box offi	Position (do not check more than or you, unless person is both officer and a director/truste			than	one th an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual intestes or cirector	institutional inustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
			ļ		ļ	ļ					
									·		
	***************************************										
1b Sub-total								0.		0. 0.	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0.	***************************************	0.	
Total number of individuals (including but a compensation from the organization		***************************************					o re	eceived more than \$100	,000 of reportable	0	
3 Did the organization list any former officer	director, or tru	stee	e, ke	y en	nplo	yee,	orl	highest compensated e	mplovee on	Yes No	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si								her compensation from		3 X	
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,0007 If "Yes,	" coi	mple	ete S	Sche	dule	Jf	or such Individual	-	4 X	
rendered to the organization? If "Yes," con Section B. Independent Contractors										. 5 X	
Complete this table for your five highest co the organization. Report compensation for										nsation from	
(A) Name and business	address	NOI	NE.				***************************************	<b>(B)</b> Description of s	ervices	(C) Compensation	
			···								
				memerano	nunnnn						
			····								
A Table and the state of the st	_ # Ef			-1 E		. 44					
Total number of independent contractors (     \$100,000 of compensation from the organi		ot iin	nite	10	thos		ted	above) who received m	ore than	F 000 inner	
										Form <b>990</b> (2013)	

m 990		UNTY		84-1585417	Page
ajdė VI	Second Control of the				
. v. 23933	Check if Schedule O contains a res-onse or note to an lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
1 a	Federated campaigns				
	Membership dues1b				
٥	Fundraising events1c1b				
e	Government grants (contributions)				
1	All other contributions, gifts, grants, and				
	similar amounts not included above 1f 257,098.				
8	Noncash centributions includes in lines 1s-1f: \$				
<u>' !</u>	Tetal. Add lines 1a:1f Business Code	257,098.			
2 a	the state of the s				
2 a b c					
c					
d		**************************************			
e	A B sets as a second se	*****			
	All other program service revenue  Total. Add lines 2a-2f				
3	investment income (including dividends, interest, and				
	other similar amounts)	13.	13.		
4	income from investment of tax-exempt bond proceeds	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
5	Royalties				16(1)1111(1)4-2000000000000000000000000000000000000
6 -	(i) Real (ii) Personal Gross rents				
b					
C	Rental income or (loss)				
d	Net rental income or (loss)				***************************************
7 a	Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory Less; cost or other basis				
Đ.	and sales expenses				
c	Gain or (loss)				
	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ of				
	contributions reported on line 1c). See Part IV. line 18 a 505 116.				
b	Part IV, line 18 a 505 116.  Less: direct expenses b 536,066.				
	Net income or (loss) from fundralsing events	<30,950.			<30 950
9 a	Gross income from gaming activities. See				
	Part IV, line 19 a				
	Less: direct expenses b				
	Net income or (loss) from gaming activities				
	and allowances a				
	Less: cost of goods sold b				
c	Net income or loss from sales of invento			888888999988888 <del>88888888</del>	
14 -	Miscellaneous Revenue Business Code				
11 a					
6					
d	All other revenue				
e	Total. Add lines 11a-11d				
12 09 0-13	Total revenue. See instructions.	226,161,	13.	0.	<30 950 Form <b>990</b> (2013

### 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) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generāi expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 13,288 13,288 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits g 10 Payroli taxes Fees for services (non-employees): Management ..... Legal Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ..... 12 Office expenses 13 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 Other expenses, Itemize expenses not covered 24 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.) ..... All other expenses Total functional expenses. Add lines 1 through 24e 25 13,288 13,288 0 ٥. Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

**************		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	99,365.	1	318,133.
	2	Savings and temporary cash investments		2	
	3	Piedges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,500.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L.	The state of the s	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	***************************************	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
23		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
*	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	***************************************
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	***************************************	13	<u> </u>
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	18	Total assets. Add lines 1 through 15 (must equal line 34)	99,365,	18	323,633.
	17	Accounts payable and accrued expenses	0.	17	11,395.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
u)	22	Loans and other payables to current and former officers, directors, trustees,			
IIie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	555505500000000000000000000000000000000
Э	23	Secured mortgages and notes payable to unrelated third parties		23	**************************************
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	······································		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	28	11,395.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
g		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
5		and complete lines 30 through 34.			
53	30	Capital stock or trust principal, or current funds	0.	30	0.
SS	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0,
et et	32	Retained earnings, endowment, accumulated income, or other funds	77,145.	32	212,873.
ž	33	Total net assets or fund balances	99,365.	33	312,238.
	34	Total liabilities and net assets/fund balances	99,365.	34	323,633.

Forn	990 (2013) EDUCATION FOUNDATION OF EAGLE COUNTY	84-15854	1.7	Pa	ge 12
	rt XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	*************			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		226	,161.
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	,288.
3	Revenue less expenses. Subtract line 2 from line 1	3		212	,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99	,365.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		312	,238,
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compliation of its financial statements and selection of an independent accountant?		2c		
	if the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	***************************************	unnnnnnnn	
	and the control of the Carlotte Carlott				

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	11.24 · · · · · · · · · · · · · · · · · · ·		N FOUNDATION OF EAGL						8	4-15854	17	
Parrel	Reason	for Public Ch	<b>arity Status</b> (All organi	zations mu	ist comple	te this pa	rt.) See ins	tructions.	***************************************			
The orga	nization is not	a private foundation	on because it is: (For lines	1 through	11, check	only one l	box.)					
1	A church, co	onvention of church	hes, or association of chu	rches desc	oribed in <b>s</b>	ection 17	0(b)(1)(A)(i	).				
2	A school de	scribed in section	170(b)(1)(A)(ii). (Attach Sc	chedule E.)	)							
3	A hospital o	r a cooperative hos	spital service organization	described	in section	170(b)(1)	)(A)(iii).					
4	A medical re	esearch organizatio	n operated in conjunction	with a hos	spital desc	a ni bedir	ection 17(	)(b)(1)(A){(	il). Enter	the hosp	oital's na	me,
***************************************	city, and sta	rte:				·····		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
5	An organiza	tion operated for th	ne benefit of a college or u	níversity o	wned or o	perated b	y a govem	mental un	it describ	ed in		
	section 17	0(b)(1)(A)(iv). (Com	plete Part II.)									
6	A federal, st	ate, or local govern	nment or governmental un	it describe	d în sectio	on 170(b)(	1)(A)(v).					
7 <u>x</u>	An organiza	tion that normally r	eceives a substantial part	of its supp	oort from a	a governm	ental unit o	or from the	e general	public d	escribed	ln .
	section 170	(b)(1)(A)(vi). (Comp	plete Part II.)									
8	A communit	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organiza	tion that normally re	eceives: (1) more than 33	1/3% of its	s support t	from conti	ributions, r	nembersh	p fees, a	ind gross	receipts	s from
	activities rela	ated to its exempt i	functions · subject to cert	ain excepti	ons, and	(2) no mor	e than 33	1/3% of its	s support	from gr	oss inves	stment
	income and	unrelated business	s taxable income (less sec	tion 511 te	ex) from bu	usinesses	acquired t	y the orga	anization	after Jur	ne 30, 19	75.
	See section	509(a)(2). (Comple	ete Part III.)									
10 🖳			operated exclusively to te									
11			operated exclusively for ti									OT
	more public	y supported organ	izations described in secti	ion 509(a)(	1) or secti	on 509(a)(	2). See <b>se</b>	ction 509	(a)(3). Ch	eck the l	oox that	
	F	- Innount	ng organization and compl		_			·				
<b>,</b>	a 🔛 Type			ype III - Fu							nally inte	_
e L			hat the organization is not									
	foundation r	nanagers and othe	r than one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section	509(a)(2)	•
Ť	-		ritten determination from					e III				2000000000
	supporting o	organization, check	this box									L
9	-		e organization accepted a			•		• •				<del></del>
			ndirectly controls, either a	_		•				· prononno	Yes	No
			supported organization?								<u> </u>	<b></b>
			on described in (i) above?									
			f a person described in (i) (					· · · · · · · · · · · · · · · · · · ·		119	(ii)]	1
h	Provide the	following information	on about the supported or	ganization	(s).							
(2) bl		#51% M1%1	F2123 **	livi is the	vazoization	ful Did vo	u notify the	(vi) Is	the			
	e of supported janization	(ii) EIN	(ili) Type of organization (described on lines 1-9		sted in your		u nouny me tion in col.	organizati	on in col. I		ount of mo	inetary
Dig	lataretton		above or IRC section		document?		r support?	(i) organiz U.S	eo m the   .?	;	support	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<del> </del>	<b> </b>						
										***************************************	ununununnnnnn	MANAGEMENT OF THE STATE OF THE
-	*****											
	·····											
				<u> </u>			<u> </u>	L				
otal												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					-	
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					ļ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						0.
Se	ction B. Total Support		g+	<del></del>			
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		<b></b>				
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						VAAAAAAAAAAAAAAA
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						0.
12	Gross receipts from related activities,	etc. (see instruction	ons)	******************		12	254,047.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
0	organization, check this box and ster	here					<b>&gt;</b>
	ction C. Computation of Publ					·	
	Public support percentage for 2013 (					14	.00 %
	Public support percentage from 2012						100.00 %
16a	33 1/3% support test - 2013. If the c						
	stop here. The organization qualifies						
þ	33 1/3% support test - 2012. If the c					•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts and circumstances"						
þ	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990 c	# 990-EZ) 2013

332022 09-25-13

### 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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						
4	Tax revenues levied for the organ-			***************************************			
7	ization's benefit and either paid to						
	or expended on its behalf						
-	•						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	***************************************			ļ		
7 a	Amounts included on lines 1, 2, and				and		
	3 received from disqualified persons				***************************************		
b	Amounts included on times 2 and 3 received				ran en		
	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						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royaltles						
	and income from similar sources	ı					
b	Unrelated business taxable income		***************************************				<del> </del>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						***************************************
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for				-		
	check this box and stop here						
	tion C. Computetion of Publi					1	······································
	Public support percentage for 2013 (		-			15	<u>%</u>
	Public support percentage from 2012					16	<u>%</u>
	tion D. Computation of Inves	·····	·····				
	investment income percentage for 20					17	%
	investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the						,
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013 EDUCATION FOUNDATION OF EAGLE COUNTY 84-1585417 Part V Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See Instructions).

### SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Op n To Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization Employer identification number EDUCATION FOUNDATION OF EAGLE COUNTY 84-1585417 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations J Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events lin-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) have custody or control of or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration. or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

		of fundralsing event contributions and gr	oss Income on Form 990	D-EZ, lines 1 and 6b. List	t events with gross receip	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				TEACHER		(add col. (a) through		
			WILD WEST DAYS	RECOGNITION	2	col. (c)		
Φ			(event type)	(event type)	(total number)	COI. (C)/		
Revenue								
Pev	1	Gross receipts	505,116.			505,116.		
****			-					
	2	Less: Contributions						
	3	Gross Income (line 1 minus line 2)	505,116.			505,116.		
					and the second			
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses				L-				
Jen	6	Rent/facility costs						
ŭ								
ect ect	7	Food and beverages						
à								
	8	Entertainment						
	9	Other direct expenses	434,460.			434,460.		
	10					434,460.		
	11	Net income summary. Subtract line 10 from the	ne 3, column (d)			70,656.		
P	irt i	<b>II Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than			
************		\$15,000 on Form 990-EZ, line 6a.						
•			(a) Dinas	(b) Pull tabs/instant	(4) (2)	(d) Total gaming (add		
ğ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
ш.	1	Gross revenue						
Ø	2	Cash prizes						
nse						***************************************		
ec.	3	Noncash prizes						
Direct Expenses								
irec	4	Rent/facility costs						
			***************************************					
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	_		***************************************					
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
					***************************************			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•			
9	Ent	er the state(s) in which the organization operat	tes gaming activities					
а	ls ti	he organization licensed to operate gaming ac	tivities in each of these s	tates?		Yes No		
		Vo," explain:				1 168 1 110		
_	" ,	THE STATE OF THE S	<u></u>	······································				
						· · · · · · · · · · · · · · · · · · ·		
10a	We	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes No						
		140						
7		Yes,* explain:				***************************************		
					· · · · · · · · · · · · · · · · · · ·			
33208	12 09	-12-13			Schedule G (For	m 990 or 990-EZ) 2013		

Sch	edule G (Form 990 or 990-EZ) 2013 EDUCATION FOUNDATION OF EAGLE COUNTY 84-	1585417		Page 3					
11	Does the organization operate gaming activities with nonmembers?		Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	***							
	to administer charitable gaming?		Yes	☐ No					
13	Indicate the percentage of gaming activity operated in:								
	The organization's facility	135		%					
	An outside facility		<del> </del>						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100	1	76					
144	cinter the name and address of the person who prepares the organization is garning/special events books and records:								
	Name ►								
	Name ►								
	Address >								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No					
ь	of "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount								
	of gaming revenue retained by the third party > \$								
¢	of "Yes," enter name and address of the third party:								
	Norma 🏊								
	Name								
	Address >	ert et est est est est est est est est est							
16	Gaming manager information:								
	Name ►		······································						
	Gaming manager compensation > \$								
	Description of services provided	<del></del>							
	<u> </u>	***************************************							
			***************************************	***************************************					
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?		Yes	No.					
b	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 > \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	I. Ilnes 9.	9b. 10	)b. 15b.					
***********	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		, .	,,					
-									
-									
-									
-									
-									

## SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public

Inspection

▶ Information about Schedule i (Form 990) and its instructions is at www.irs.gov/form990. ■ Attach to Form 990.

× **Employer identification number** ASSIST WITH EDUCATION (h) Purpose of grant 84-1585417 or assistance Yes 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 RXPENSES Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Ö, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ¢ (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATION FOUNDATION OF EAGLE COUNTY Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EN criteria used to award the grants or assistance? .. 1 (a) Name and address of organization EAGLE COUNTY SCHOOL DISTRICT or government Name of the organization EAGLE, CO 81631 PC BOX 740 Parti Best

Schedule I (Form 990) (2013)

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Inspection

EDUCATION FOUNDATION OF EAGLE COUNTY	84-1585417
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: BOARD REVIEW	
FORM 990 PART VI SECTION C, LINE 19:	
EXPLANATION: FINANCIALS ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE	
WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT	
AVAILABLE.	

### Form **8868**

(Rev. January 2014)

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.

Information about Form 6868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

	t		i i				
● If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>X</b>	
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	dension,	complete only Part II (on page 2 of	this form)			
Do not c	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed Fo	orm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need:	a 3-month automatic extension of ti	me to file (	6 months for a co	rporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically t	file Form 8	868 to request ar	n extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	Certain	
Personal i	Benefit Contracts, which must be sent to the iRS in pag	oar format	(see instructions). For more details	on the ele	ctronic filing of th	is form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits	S					
Parti	Automatic 3-Month Extension of Time	e. Only s	submit original (no coples ne	eded).			
A corpora	tion required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete			
Part I only							
All other o	orporations (Including 1120-C filers), partnerships, REN	IICs, and t	rusts must use Form 7004 to reque	st an exter	nsion of time		
	me tax returns.		·		er's identifying n	umber	
Туре ог	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN			
print	•					,,	
-	EDUCATION FOUNDATION OF EAGLE COUNTY				84-1585417		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	Social security number (SSN		SN)			
filing your	PO BOX 18533					****	
return. See instructions.	City, town or post office, state, and ZIP code. For a fe	oreian ado	lress, see instructions.			<del></del>	
	AVON CO 81620		,				
***************************************	<u> </u>				***************************************	***************************************	
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)			0 1	
27101 1110	Total bode for the retain that the application is for the	ه المحرود له د	te approation for each returny			-   -	
Application	พา	Return	Application			Return	
s For		Code	is For				
	or Form 990-EZ	01	Form 990-T (corporation)				
Form 990-		02	Form 1041-A				
		03	Form 4720 (other than individual)				
Form 4720 (individual) Form 990-PF			Form 5227			10	
***************************************	T (sec. 401(a) or 408(a) trust)	04 05	Form 6069				
	T (trust other than above)	06	Form 8870				
Citil Sag-	EDUCATION FOUNDATION (					12	
The be	oks are in the care of PO BOX 18533 - AVON, C						
		O OTREA	Fax No. ▶	·····			
-	one No. > 9703286321		***************************************		······		
	rganization does not have an office or place of business						
	ofor a Group Return, enter the organization's four digit						
ox L	If it is for part of the group, check this box				ers the extension	is for.	
	request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until						
	AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension						
and the same of th	is for the organization's return for:						
	X calendar year 2013 or						
	tax year beginning	, ลก	d ending		*		
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	Tì		
	Change in accounting period			······································			
3a If th	s application is for Forms 990-BL, 990-PF, 990-T, 4720,						
	nonrefundable credits. See instructions.  3a \$						
b if th	if this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estir	nated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	35	\$	0	
c Bala	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by u	sing EFTPS (Electronic Federal Tax Payment System).	See Instru	ctions.	3с	\$	0	
aution.	f you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	1453-EO ai	nd Form 8879-EO	for paymen	
struction	S.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

Form 6868 (Rev. 1-2014)

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