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## Form **990**

Department of the Treasury Internal Revenue Service

### **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)

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

2009

OMB No 1545-0047

Open to Public

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning	01-01-2009 and ending 12-31-20	09		
		pplicable	Please	C Name of organization	-		D Employer id	lentification number
┌ Add		• •	use IRS	Colorado Environmental C	coalition		84-06142	85
Nar			label or print or	Doing Business As			E Telephone r	number
		=	type. See				(303) 534	-7066
Init			Specific Instruc-	Number and street (or P ( 1536 Wynkoop Street	Doox if mail is not delivered to street add	ress) Room/su	G Gross receipt	
Ter	mınate	ed .	tions.	1330 WYNKOOP Street				
☐ Am	ended	return		City or town, state or cou	ntry, and ZIP + 4	•		
┌ App	lication	n pending		Denver, CO 80202				
			<b>F</b> Nar	ne and address of princi	pal officer	H(a) Io	this a group retu	rn for
				·	•		filiates?	⊤Yes ▼ No
						1	e all affiliates inclu	
T Ta:	x-exen	npt status	▼ 501(c)	) ( 3 ) ◀ (insert no )	947(a)(1) or 527	<b>I</b>	"No," attach a lis roup exemption n	t (see instructions)
1 14/	_ L _ : .						Toup exemption in	diliber P
	ebsite	e: F ww	w ourcolora	ao org		<u> </u>		
		ganızatıon	✓ Corporat	tion Trust Association	Other ►	<b>L</b> Year o	of formation 1965	M State of legal domicile CO
Pa	rt I	Sum	mary					
	1	•			or most significant activities			
æ		Public 6	education, a	awareness and informed	advocacy regarding issues of envi	<u>ronmentai ir</u>	npact	
ĕ								
Governance								
Š	2	Check	this box 🛏	if the organization disc	continued its operations or dispose	d of more th	an 25% of its net	assets
	3	Numbe	r of voting r	members of the governir	ıg body (Part VI, lıne 1a)			317
Activities &	4	Numbe	r of ındepen	ndent voting members of	the governing body (Part VI, line 1	1b)		416
₽	5	Total n	umber of en	nployees (Part V, line 2	a)			522
좠	6	Total n	umber of vo	olunteers (estimate if ne	cessary)		1	6115
ă	7a	Total g	ross unrela	ted business revenue fr	om Part VIII, column (C), line 12		7	<b>7a</b> 0
	ь	Net unr	elated busi	iness taxable income fro		7	7b	
						Prior Year	Current Year	
	8	Contri	butions and	d grants (Part VIII, line		1,358,112	1,192,556	
a E	9			revenue (Part VIII, line	_	, ,		
řen	10	-		• ,	A), lines 3, 4, and 7d)	•	34,548	59,367
Raver	11			art VIII, column (A), lir	•	13,206	27,650	
	12				nust equal Part VIII, column (A), li	ne -	13,200	27,030
	12						1,405,866	1,279,573
	13				, column (A), lines 1-3)			0
	14	Benefi	ts paid to c	or for members (Part IX,	column (A), line 4)			0
	15	Saları	es, other co	ompensation, employee	benefits (Part IX, column (A), lines			
Expenses		10)			1,020,291	994,151		
র্	16a	Profes	sional fund	Iraising fees (Part IX, co	olumn (A), line 11e)			0
ਡੋ	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), I	ıne 25) ▶49,715			
_	17	Other	expenses (	(Part IX, column (A), lin	es 11a-11d, 11f-24f)		487,639	244,212
	18	Total	expenses /	Add lines 13-17 (must	equal Part IX, column (A), line 25)		1,507,930	1,238,363
	19	Reven	ue less exp	oenses Subtract line 18	from line 12		-102,064	41,210
ን ያ						Begin	ning of Current	End of Year
Net Assets or Fend Balances							Year	
3.00 10.00	20	Total	assets (Par	rt X, line 16)			1,092,750	1,141,285
골	21	Total	liabilities (F	Part X, line 26)			106,520	56,514
	22	_			e 21 from line 20		986,230	1,084,771
Pai	t II	Sign	ature Blo	ock				
					xamined this return, including accompanyir ation of preparer (other than officer) is bas			
		and bei	ier, it is tide, i	correct, and complete Decial	ation of preparer (other than officer) is bas	seu on an imon	mation of which prepa	mer has any knowledge
Sign	l	***	***			20	010-09-09	
Here		Sign	ature of office	er			ate	
		la Joe	Breddan Trea	surer				
			e or print nam					
		Dropare	r'e la		Date	Check If	Preparer's iden	tifying number
Paid		Preparer signatur		A Davis		self-	(see instruction	
	aror'c	<u></u>	, , , , , , , , , , , , , , , , , , ,	L D D D D D D D D D D D D D D D D D D D		empolyed 🕨	ı	
Prepa Use (		ıf self-er	ame (or yours mployed),	•			EIN 🕨	
USE (	Jiii y		and ZIP + 4	9457 S University Blvd 4	110			
				Highlands Ranch, CO 8	0126		Phone no 🕨	
Mayt	he IR	S discus	ss this retu	rn with the preparer sho	wn above? (see instructions) .			No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Public education, awareness and informed advocacy regarding issues of environmental impact

						Form <b>990</b> (2009				
4e	Total program servi	e expenses►\$	1,072,824							
	(Expenses \$	ınclu	ding grants of \$		) (Revenue \$	)				
4d	Other program servi	ces (Describe in Sche	dule O )							
		, and transportation campaig n, technical assistance, and p			ties with 90+ partner groups and thou rvation issues	sands of citizens across the				
4c	(Code	) (Expenses \$	,	cluding grants of \$	) (Revenue \$	)				
	the power of Colorado's	conservation community Th	is is accomplished th	rough dissemination of e	the state, relationship building and ta educational information, conferences, 0+ coalition partners, and approx 4,5	seminars, publications, the				
4b	(Code	) (Expenses \$	, i	cluding grants of \$	) (Revenue \$	)				
	lands in Colorado In add				rt to secure federal wilderness designa est management practices where oil a					
4a	(Code	) (Expenses \$	485,228 inc	cluding grants of \$	) (Revenue \$	)				
4	Section 501(c)(3) an		ns and section 4	947(a)(1) trusts ar	argest program services by experience to report the amount ervice reported					
	If "Yes," describe the	se changes on Schedul	e O							
3	Did the organization of services?	ease conducting, or ma	ake sıgnıfıcant cl	nanges in how it con		Yes 🔽 No				
	If "Yes," describe the	se new services on Sch	iedule O							
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									

Part TV	Chec	klist of	Require	d Sche	dules
	CITEC	NIISL UI	Require:	u Schie	Juuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
-------	------------	-----------	---------	-------------	---------	------------

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
<del>1</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
)	Sponsoring organizations maintaining donor advised funds.			110
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

1536 Wynkoop Street 5C Denver, CO 80202 (303) 534-7066

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a -	Enter the number of voting members of the governing body 1a 17			
b	Enter the number of voting members that are independent 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			NI -
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	to conflicts?	12c	Yes	
13	describe in Schedule O how this is done	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4.41		
6-	ection C. Disclosure	16b		Νo
<u>56</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n <b>-</b>
	A my Thoe			

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	r, dırector, trustee	or key employee								
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)				Page <b>8</b>
1b	Total	76,136			
2	Total number of individuals (including but not limited to those listed above) who receiv \$100,000 in reportable compensation from the organization ▶0	ed more than	•		
		_		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highe on line 1a? <i>If</i> "Yes," complete Schedule J for such individual		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other coorganization and related organizations greater than \$150,000? If "Yes," complete Scheolindividual	•	4		No
_	Did announced based on line 4 announced and an announced and an announced and		-4		IN O
5	Did any person listed on line 1a receive or accrue compensation from any unrelated or rendered to the organization? If "Yes," complete Schedule J for such person	_	5		No
s	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that re \$100,000 of compensation from the organization	ceived more than			
	(A) Name and business address	(B) Description of services		(C Compe	

Form **990** (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕒

Form 9								Page <b>9</b>
	<b>/!!!</b>	Statement o	of Revenue		(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	1a	Federated cam	paigns 1a					
필등	Ь	Membership du	es <b>1b</b>	108,333				
ુંલ	C	Fundraising eve	ents 1c	23,285				
<u>₹,</u> ह	d	Related organiz	zations 1d					
ž,	e	Government grant	s (contributions) <b>1e</b>					
di er s	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	1,052,014				
듩톻	g	Noncash contri	butions included in					
풀				ا _	1 102 556			
<u>ठॅल</u>	h	Total. Add lines	s 1a-1f		1,192,556			
<u>a</u>				Business Code				
Program Service Revenue	2a							
22	b							
90E	c							
<u> </u>	d							
Ē	e							
<u>z</u>	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividen					
		and other simil	aramounts)	▶	59,367			59,367
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		· ·	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
	_	Gross amount	(ı) Securities	(II) O ther				
	7a             	from sales of assets other than inventory Less cost or						
	້	other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (los	s)		0			
nue	8a	events (not inc \$23	,285					
Other Revenue			s reported on line 1c) ne 18 a	74,226				
₽	ь		penses b	47,462				
0	С		(loss) from fundraising	events 🕦	26,764			26,764
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c	Net income or (	penses <b>b</b> (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> (loss) from sales of inve	entory 🕨	0			
		Miscellaneous		Business Code				
	11a	Miscellaneous			886			886
	ь							
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		886			
	12	Total revenue.	See Instructions .	•	1,279,573			87,017

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	76,136	65,096	6,852	4,188
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	727,940	622,389	65,514	40,037
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,700	14,277	1,504	919
9	Other employee benefits	110,331	94,333	9,930	6,068
10	Payroll taxes	63,044	53,903	5,674	3,467
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	22,632	19,350	2,037	1,245
12	Advertising and promotion	0			
13	Office expenses	18,114	15,487	1,630	997
14	Information technology	14,295	12,222	1,287	786
15	Royalties	0			
16	Occupancy	65,440	55,851	5,889	3,700
17	Travel	22,496	19,234	2,025	1,237
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	16,617	14,107	1,495	1,015
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,497	8,975	945	577
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Supplies & equipment	20,075	17,164	1,806	1,105
b	Printing and Publications	71,947	42,809	6,547	22,591
c	Postage and Shipping	29,561	17,627	2,689	9,245
d	Cost of events	-47,462			-47,462
е					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	1,238,363	1,072,824	115,824	49,715
26	Joint costs. Check here ► ✓ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of vear 0 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 312,054 2 259.023 2 171,908 199.870 3 3 4 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 Notes and loans receivable, net . . . . . 0 Inventories for sale or use . . . . . . 8 12,965 9 13,905 72.591 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 27,440 **10c** 10b 55.648 16.943 b Less accumulated depreciation . . . . 568.383 11 651.544 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 15 15 16 1,092,750 16 1,141,285 Total assets. Add lines 1 through 15 (must equal line 34) . . . 22.404 17.642 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 84.116 25 Other liabilities Complete Part X of Schedule D . . . . . 25 38.872 26 Total liabilities. Add lines 17 through 25 . . . . . 106,520 26 56,514 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 723,635 770,771 27 27 Unrestricted net assets . . . . 28 262.595 28 314.000 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,084,771 33 Total net assets or fund balances . . . . 986,230 33 34 Total liabilities and net assets/fund balances . . . . . 1.092.750 34 1.141.285

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		No

Form **990** (2009)

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Colorado Environmental Coalition

## **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. See separate instructions.

Inspection **Employer identification number** 

									84-061428	5	
Pa	rt I	Reas	on for Pul	olic Charity Stat	<b>us</b> (All orga	anızatıons r	must compl	ete this par	t.) See inst	ructions	
he o	organiz	zation is	not a private	e foundation because	eitis (Forlin	nes 1 throug	h 11, check o	only one box	)		
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of d	churches <b>se</b>	ction 170(b)(	(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	( <b>A</b> )(ii). (Atta	ach Schedule	∍ E )				
3	$\Gamma$	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in <b>section</b>	170(b)(1)(A	)(iii).		
4	Γ		al research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın <b>sectic</b>	on 170(b)(1)	<b>(A)(iii).</b> Ent	erthe
5	Г	An orga	nızatıon ope	rated for the benefit	of a college of	or university	owned or ope	erated by a g	overnmental	unıt descrit	 ped in
		section	170(b)(1)(A	<b>A)(iv).</b> (Complete Pa	rt II )						
6	Γ	A federa	al, state, or l	local government or	governmenta	ıl unıt descri	bed in <b>sectio</b> i	n <b>170(b)(1)</b> (	A)(v).		
7	Γ	describ	ed in	t normally receives a		part of its si	upport from a	government	al unit or fror	n the genera	ıl public
8	$\vdash$			described in <b>section</b>		Vvi) (Comp	lata Part II \				
9	, V			t normally receives					tions mamba	rchin food	and aross
,	1.			ties related to its ex							
		•		ss investment incom	•	=		•			
			_	anization after June 3				•		x ) 110111 busi	163363
10	$\vdash$			anized and operated	•			•	•		
11	<u>'</u>	-	_	•	•	-	•			sarry out the	nurnoses of
	,	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check									
				es the type of suppo							(,(-,,
		аΓ	Type I	<b>b</b> Type II	c 「	Type III -	Functionally	ıntegrated	d	┌ Type I	II - Other
e	Γ	other th	-	x, I certify that the o on managers and oth	_		•	•	•	•	•
f				eceived a written det	termination f	rom the IRS	that it is a Tv	vpe I. Tvpe I	I or Type III	supportina	organization.
		check t					,	, , , , ,	, ,	11 3	ř
g				006, has the organız	ation accept	ed any gift o	r contributior	n from any of	the		
			g persons?	a a t l v a m um d um a a t l v a a	mtrala aithai	lana ar tas	athar with na		ubad in (ii)		I v I N -
				ectly or indirectly co	•	_	•	ersons descr	ibed in (ii)	11 (1)	Yes No
				overning body of the		_	10117			11g(i)	+
		• •	•	r of a person describ						11g(ii)	<del></del>
				ed entity of a person						11g(iii	<u>/                                     </u>
h		Provide	the followin	g information about t	ne supported	organizatio	n(s)				
				(iii) Type of	(iv)		(v)		(vi)		
	(i)	ı		organization	Is the organizati		Did you not		Is the	9	(vii)
	Name		(ii)	(described on	col (ı) lıst		organizati		organizati		A mount of
	suppor		EIN	lines 1- 9 above	yourgove		col (ı) of suppor		col (ı) orga ın the U		support?
0	rganız	ation		or IRC section (see	docume	nt?	Suppor	L r	"" "" "	<i>5</i> ′	
				instructions))	Yes	No	Yes	No	Yes	No	7
				,							
									<u> </u>	1	1

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization'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						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,061,812	1,156,217	1,291,184	1,306,712	1,192,556	6,008,48
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	2,182	52,339	53,641	63,006	26,764	197,93
3	Gross receipts from activities that are not an unrelated trade or business under section 513						I
4	Tax revenues levied for the organization'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						
6	<b>Total.</b> Add lines 1 through 5	1,063,994	1,208,556	1,344,825	1,369,718	1,219,320	6,206,41
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	54,844	57,667	64,914	68,769	71,192	317,38
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	4,648	8,441	4,613	2,941	11,164	31,80
С	Add lines 7a and 7b	59,492	66,108	69,527	71,710	82,356	349,19
8	Public Support (Subtract line 7c						5,857,22
5.	from line 6)						· ·
	ndar year (or fiscal year beginning						
	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,063,994 28,289	1,208,556 46,257	1,344,825 42,692	1,369,718 34,548	1,219,320 59,367	6,206,41
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						ı
c 11	Add lines 10a and 10b  Net income from unrelated  business activities not included  in line 10b, whether or not the  business is regularly carried on	28,289	46,257	42,692	34,548	59,367	211,15
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,901	5,092	1,230	1,600	886	16,70
13	Total support (Add lines 9, 10c, 11 and 12)						6,434,27
14	First Five Years If the Form 990 is f check this box and stop here	or the organization	on's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organı	zation, ▶┌
	ction C. Computation of Pub						
15	Public Support Percentage for 2009	,	•	13 column (f))		15	91 030 %
16	Public support percentage from 200	08 Schedule A, Pa	art III, line 15			16	47 170 %
	etion D. Commutation of T	a atmosmt Torre	ma Davas-t				
56	ection D. Computation of Inve	estment Inco	me Percentag	je			

15	91	030	%
16	47	170	%

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17 3 280 % 18 2 750 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported 

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493252004020

OMB No 1545-0047

Open to Public

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Inspection

If the organization answer	ed "Yes," to Form 990, Part l	V, Line 3, or Form 990-EZ, Part V	I, line 46 (Political Campaign Activities),
then			

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4' ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part	, ,			• •	n	
	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Fait			•		II_ Δ	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin				•		
	ection 501(c)(4), (5), or (6) organizations Complete Part III		- 3	3	, <b>,</b> ,	,	
		Employer	rıdent	tıfıca	tion numbe	er	
Col	orado Environmental Coalition	84-0614	1205				
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s			ora	anizatio	n.	-
				<u> </u>			
1	Provide a description of the organization's direct and indirect political campaign activities in Pari	t IV					
2	Political expenditures	<b>&gt;</b>	-	\$			_
3	Volunteer hours			_			-
Par	t I-B Complete if the organization is exempt under section 501(c)(3).						-
1	Enter the amount of any excise tax incurred by the organization under section 4955		_				-
	, -			\$ <u> </u>			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		-	\$ <u> </u>			-
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	✓ No	
4a	Was a correction made?				☐ Yes	▼ No	
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organization is exempt under section 501(c) except s	section	501	(c)(	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	<b>-</b>	\$			_
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	527					
	exempt funtion activities		-	\$			_
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	L 7 b	<b>-</b>	\$			
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	┌ No	
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions recovered that were promptly and directly delivered to a constate political organization.	s Alsoer	nter th	he an	nount of po	litical	

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

h Subtract line 1g from line 1a If zero or less, enter -0-i Subtract line 1f from line 1c If zero or less, enter -0-

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and	d filed Form 5768	ling (b) A ffiliated Group Totals 25,498 29,279 54,777
	Check If the filing organization belongs to a Check If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		<b>(a)</b> Filing Organization's Totals	Group
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	25,498	
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)	29,279	
c	Total lobbying expenditures (add lines 1a and 1	b)	54,777	
d	Other exempt purpose expenditures		1,174,322	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	1,229,099	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	197,910	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	49,478	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expe	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying non-taxable amount	187,212	190,493	225,397	197,910	801,012
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,201,518
c	Total lobbying expenditures	20,459	27,120	202,275	54,777	304,631
_d	Grassroots non-taxable amount	46,803	47,623	56,349	49,478	200,253
e	Grassroots ceiling amount (150% of line 2d, column (e))					300,380
f	Grassroots lobbying expenditures	4,650	12,040	12,985	25,498	55,173

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493252004020

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

Hai Neveriue Service FALLACII L	o Form 990. F See Separate instructions.	Inspection
ame of the organization olorado Environmental Coalition		Employer identification number
Sisted Environmental Soundon		84-0614285
	Advised Funds or Other Similar I	unds or Accounts. Complete if t
organization answered "Yes" to Form	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Bonor advised fands	(b) railes and other decounts
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor a funds are the organization's property, subject to	<del>-</del>	nor advised Yes N
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit		·
art II Conservation Easements. Comple	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreption of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a great day of the toy year.	eation or pleasure)	n historically importantly land area certified historic structure n of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easeme	ents	2b
Number of conservation easements on a certified		2c
Number of conservation easements included in (	` ,	2d
Number of conservation easements modified, tractine the taxable year -  Number of states where property subject to cons		
Does the organization have a written policy regar enforcement of the conservation easements it ho		ndling of violations, and Yes N
Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation ease	ments during the year ►
A mount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemen	ts during the year ► \$
Does each conservation easement reported on limit $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the requirements of se	ction Yes N
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	
<b>Organizations Maintaining Collect</b> Complete if the organization answers	tions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under Sf art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to it:	neld for public exhibition, education or resea	rch in furtherance of public service,
If the organization elected, as permitted under Si historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII, lir	ne 1	<b>▶</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, he following amounts required to be reported under S		
Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
,		•

**b** Assets included in Form 990, Part X

(check all that apply) Public exhibition Scholarly research Preservation for future generations de a description of the organization's constitution g the year, did the organization solicitions to be sold to raise funds rather than the secretary and Custodial Arrang Part IV, line 9, or reported an and a organization an agent, trustee, custodied on Form 990, Part X?	or receive donations o be maintained as <b>ements.</b> Comple nount on Form 99	s of art part o	O the v they furthe t, historical of the organ	- er the or	ange progr ganızatıon		empt purpos	e in		
cholarly research reservation for future generations de a description of the organization's color g the year, did the organization solicit o is to be sold to raise funds rather than t  Escrow and Custodial Arrang Part IV, line 9, or reported an an	or receive donations o be maintained as <b>ements.</b> Comple nount on Form 99	<b>e</b> un how s of art part o	O the v they furthe t, historical of the organ	- er the or			empt purpos	e ın		
reservation for future generations de a description of the organization's color g the year, did the organization solicit of the state o	or receive donations o be maintained as <b>ements.</b> Comple nount on Form 99	in how s of art part o	v they furthe t, historical if the organi	er the or	ganızatıon	's ex	empt purpos	e in		
de a description of the organization's co (IV g the year, did the organization solicit of s to be sold to raise funds rather than the Escrow and Custodial Arrang Part IV, line 9, or reported an and e organization an agent, trustee, custod	or receive donations o be maintained as <b>ements.</b> Comple nount on Form 99	s of art part o	t, historical of the organ		ganızatıon	's ex	empt purpos	e in		
g the year, did the organization solicit of the state of the sold to raise funds rather than the state of the	or receive donations o be maintained as <b>ements.</b> Comple nount on Form 99	s of art part o	t, historical of the organ		ganızatıon	's ex	empt purpos	e in		
Escrow and Custodial Arrang Part IV, line 9, or reported an an	o be maintained as <b>ements.</b> Comple nount on Form 99	part o	f the organ	trascur						
Escrow and Custodial Arrang Part IV, line 9, or reported an an e organization an agent, trustee, custod	ements. Comple nount on Form 99	•					ılar	<b>┌</b> ʏ	es	Г No
		90, Pa		ızatıon			es" to Form	990,		
	ian or other interme	ediary	for contribu	itions or	other ass	ets n	ot	<b>Γ</b> γ	es	┌ No
es," explain the arrangement in Part XIV	/ and complete the	follow	ing table		Г			moun	<u> </u>	
aning halance						10	<b>.</b>	·moun	•	
					-					
<b>5</b> ,					<b></b>					
J ,					-					
	000 B 1 V 1	242			L	11				
		e 217						j Y	es	│ No
			warad IIVa	0" to E	000	Dow	- T\ / l.ma 1/	`		
Endowment Funds. Complete I								_	our Ye	ars Back
nning of year balance	568,383	(-)		+ ` ′	rears back	(4)	Tiree rears bac	(5).	<u> </u>	ars back
	46,170									
	83,161			+						
-										
r expenditures for facilities	35,000		79,85							
-	11,170		8,76	9						
of year balance	651,544		568,38	3						
·	r end balance held :	as								
	,,									
	scion of the organiz	ation t	that are hel	d and ad	ministoro	lfort	·ho			
ization by	ssion of the organiz	ationi	illat are nen	a anu au	iiiiiisteret	1 101 1	.iie	Γ	Yes	No
related organizations							3	a(i)		No
lated organizations							3	a(ii)		Νο
s" to 3a(11), are the related organizatio	ns listed as require	d on S	chedule R?					3ь		Νo
ribe in Part XIV the intended uses of th	e organization's en	dowme	ent funds							
Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 9	90, Pa	rt X, line	10.				
Description of investment									( <b>d)</b> Bo	ook value
gs										
nold improvements										
nent					44	,208	3	8,865		5,343
					28	,383	1	6,783		11,600
	orm 990, Part X, colui	mn (B)	, line 10(c).,		<u> </u>	•				16,943
tion in section of the control of th	Endowment Funds. Complete in part XIV  Endowment Funds. Complete in part XIV  In the strain of the s	butions during the year g balance e organization include an amount on Form 990, Part X, Iin s," explain the arrangement in Part XIV  Findowment Funds. Complete if the organization  (a)Current Year  568,383 ibutions	butions during the year g balance e organization include an amount on Form 990, Part X, line 21? s," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization ans  (a)Current Year (b) (b) (c) (a)Current Year (b) (c) (b) (c) (a)Current Year (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	butions during the year g balance e organization include an amount on Form 990, Part X, line 217 s," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answered "Yee (a)Current Year (b)Prior Year ining of year balance	butions during the year g balance e organization include an amount on Form 990, Part X, line 21? s," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answered "Yes" to Find Series (b) Prior Year (c) Two Series (c	butions during the year  butions during the year  g balance e organization include an amount on Form 990, Part X, line 21?  s," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answered "Yes" to Form 990,  (a)Current Year (b)Prior Year (c)Two Years Back	interest of the series of the series of the estimated percentage of the year end balance held as designated or quasi-endowment      The estimated percentage of the year endowment     Series of a conjunctation   Series of the organization   Series o	Interpretation in during the year buttons during the year buttons during the year buttons during the year go balance e organization include an amount on Form 990, Part X, line 21? sis, "explain the arrangement in Part XIV    Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current Year (b) Pror Year (c) Two Years Back (d) Three Years Back buttons	ining balance butions during the year butions during the year g balance e organization include an amount on Form 990, Part X, line 21?  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Findowment Funds or losses  Findowment Funds or losses  Findowment Funds in the funds and funds	to so during the year buttons during the year buttons during the year buttons during the year go palance e organization include an amount on Form 990, Part X, line 21?

Part VII Investments—Other Securities. See  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,279,573
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,238,363
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	41,210
4	Net unrealized gains (losses) on investments	4	57,331
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	57,331
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	98,541
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	1,327,035
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	47,462
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,279,573
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,279,573
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1 1	1,285,825
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 47,462	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	47,462
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,238,363
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,238,363
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X		Not applicable as Organization has a long-standing exemption from the IRS and has never had any items of unrelated business income
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Costs of events \$47462
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Cost of events \$47462
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Support for the Organization's programs

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DLN: 93493252004020

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

### **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.

Employer identification number Name of the organization Colorado Environmental Coalition Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 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 activities? 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 Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1  Rebel Gala (event type)	(b) Event #2  House parties (event type)	(c) O ther Events (total number)	(d) Tot (Add col		
₽	1	Gross receipts	91,196				9	7,511
Revenue	2	Less Charitable contributions	23,285	·				3,285
<u>~</u>	3	Gross income (line 1 minus line 2)	67,911	6,315			7.	4,226
	4	Cash prizes						
မှာ	5	Non-cash prizes						
eUSe	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	46,228	1,234			4	7,462
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			4	7,462
	11	Net income summary Combine III	nes 3, column d, and line	10			2	6,764
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir	ganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
Ē	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes%_ ┌ No			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, ai	nd line 7	<u> </u>		Yes	No
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain			<del></del> .	· 9a		
10a b		re any of the organization's gaming   Yes," Explain	ıcenses revoked, susper	ded or terminated during	the tax year?	10a		
11 12	Ist	es the organization operate gaming a the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entıty	12	-EZ1 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
Colorado Environmental Coalition

Employer identification number

84-0614285

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Furnished upon written request and receipt of nominal fee for copying and postage
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Executive Director - Responsibility of Executive Committee and adjusted annually based on comparison to data compiled from non-profits of similar size and complexity Staff personnel - Responsibility of Executive Director and adjusted annually based on budget parameters established by full board of directors
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Review ed in detail annually to ensure complete understanding of policy and compliance
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Review ed in detail by Executive Committee and then e-mailed to other directors with a one wieck comments period prior to filing
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Board member Suzanne Jones, non-officer director, is the twin sister of Elise Jones,Executive Director and key employee
	Client Note1	Notice Re Payments from Disqualifed Persons on Schedule A, Part IV-AYou are required by the IRS to keep this form in your records in case you are ever audited. However, it is not considered an actual part of your tax return. Therefore, you should keep it separately in your files, and not provide it to anyone who asks for a copy of your Form 990.

## Software ID: Software Version:

**EIN:** 84-0614285

Name: Colorado Environmental Coalition

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(C tion ( hat a	che				(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Will Toor Director	2 00	X						0	0	0
Suzanne Jones Director	2 00	x						0	0	0
Susan Bonsall Rosenberry Director	2 00	X						0	0	0
Rich McClintock Director	2 00	X						0	0	0
Reed Morris Director	2 00	X						0	0	0
Mark Pearson Secretary	2 00	X		Χ				0	0	0
Manuel Solano Director	2 00	X						0	0	0
Lori Potter Director	2 00	X						0	0	0
Linda Powers Vice President John Powers	2 00	X		Χ				0	0	0
Director	2 00	X						0	0	0
Joe Breddan Treasurer	2 00	X		Х				0	0	0
Hollie Velasquez Horvath Director Gareth Martins	2 00	X						0	0	0
Director Elise Jones	2 00	Х						0	0	0
Executive Direc Chris Nevitt	50 00				Χ			76,136	0	0
Director Cathy Carlson	2 00							0	0	
Past President Carrie Doyle	2 00							0	0	
Director Blair Johnson	2 00							0	0	
President	2 00	Х		Х				0	0	0