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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)

OMB No 1545-0047

Open to Public

SCANNED ANG OS 2011

	nal Reven	ue Service	▶The organization may have to use a copy of this return to satisfy state repo	orting requirements.	Inspection
Α	For the	e 2010 cal	endar year, or tax year beginning , and end	ling_	
В	Check if	applicable	C Name of organization COLORADO COALITION OF LAND TRUSTS	D Employer id	entification number
	Address	change	Doing Business As	84-1355809	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone ni	umber
	Initial reti	um	1245 E. COLFAX AVE. 203	(303) 271-157	77
同	Terminat	ted	City or town, state or country, and ZIP + 4	(000) 27 1 10	
襾	Amende	d return	DENVER CO 80218	G Gross receip	ts \$ 309,202
=		on pending		(a) Is this a group return	
		-	l	(b) Are all affiliates inclu	= =
	Tay aver	ant atatus		If "No," attach a list	
_		npt status		·	,
<u>J</u>	Website	e: ► ww		I(c) Group exemption nui	mber ▶ I
K	Form of o	rganization	X Corporation	of formation 1991	M State of legal domicile CO
F	Part I	Sui	mmary		
	1	Briefly d	lescribe the organization's mission or most significant activities: The Co	olorado Coalition of	Land Trusts
	1	promote	es land conservation at a state level and provides coordination, collaborati	ion and	
2		professi	onalism among the state's land trusts and governmental organizations inv	volved in	
Activities & Governance		land cor	nservation.		
Š	2	Check t	his box ▶ if the organization discontinued its operations or disposed of more than	25% of its net assets.	
ত ভ	3	Number	of voting members of the governing body (Part VI, line 1a)		3
es	4	Number	of independent voting members of the governing body (Part VI, line 1b) .	[4 11
₹	5	Total nu	ımber of ındividuals employed in calendar year 2010 (Part V, line 2a)	[5 5
Ac	6	Total nu	ımber of volunteers (estimate if necessary)	[6 20
	7a		related business revenue from Part VIII, column (C), line 12	<u> </u>	7a 0
	<u> </u>	Net unre	elated business taxable income from Form 🗫 🎧 🏣 🤾 📗		7b 0
				Prior Year	Current Year
힏	8	Contribu	utions and grants (Part VIII, line 1h)	196,9	
Revenue	9	Progran		38,3	
Be	10		pent income (Part VIII, column (A), lines 3, 4, and 7d)		914
	11	Uther re	evenue (Part VIII, column (A), lines 5,6d, 8c,9c,10c,rand 11e).	46,5	
	12		renue—add lines 8 through 11 (must equal Pan VIII) column (A) fine 12)	283,	
	14		and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4)		32,500
	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10).	173,4	<u>_</u> <u>_</u>
ses	16a		ional fundraising fees (Part IX, column (A), line 11e)	173,-	104 221,090
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25) ► 8,403		
Ж	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	94,4	430 80,879
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	267,9	
	19		e less expenses. Subtract line 18 from line 12	15,6	
Net Assets or	§			Beginning of Current Y	
seta	ទ្ឋ 20		ssets (Part X, line 16)	166,0	068 129,027
I As	월 21	Total lia	ibilities (Part X, line 26)	4,4	400 12,738
			ets or fund balances. Subtract line 21 from line 20	161,6	668 116,289
	art II		nature Block		
Una	der penal	ties of perjui	ry, I declare that I have examined this return, including accompanying schedules and statements ect, and complete/Declaration of preparer (other than officer) is based on all information of whic	s, and to the best of my k	nowledge
and	i beller, it	is tide, con	ect, and demplete/Declaration of preparer (other than officer) is based on all information of which	n preparer has any know	neage
Si	gn		Signature of othicer	Date	
Here				/	1 <i>15</i> -111
			Type or print name and title	<u>, , , , , , , , , , , , , , , , , , , </u>	
		Prin	t/Type preparer's name Preparer's signature	Date	PTIN
Pε	nid		[\land \]	Che	eck if
	epare	r's Nac	Method Ille Ille imo	7/12/2011 self	employed P00544291
	se Onl		n's name ► Hull & Associates, P.C.	Firm's EIN ▶ 8	4-1215980
_		Firm	n's address ▶ 780 Simms St., Ste. 200, Golden, CO 80401	Phone no (3	303) 202-2702
Ma	v the I	RS discu	ss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2010)

art	V Checklist of Required Schedules			<u> </u>
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	۔		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	_5		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		 ^
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			Ê
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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	IZa	^	╁
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			Ţ
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	L	Х
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 (see instructions)	17		х
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	х	
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b		
	i onn oco mere mai operate one oi more nospitais musi attath auditeu illiantial statements (see instructions)	LZUD.	1	

Form 9	990 (2010) COLORADO COALITION OF LAND TRUSTS 84-1	355809	F	age 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	1		
	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			
٠.	24b through 24d and complete Schedule K. If "No," go to line 25	24a	† 	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	<u> </u>	X
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?	040		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240	-	 ^
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		1	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1	1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	├	X
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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):	ļ		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	. 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	۔ ا		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· 28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 23	\vdash	┼^
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		1	
33	If "Yes," complete Schedule N, Part II	. 32	 	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	. 33	 	 ^
	III, IV, and V, line 1	. 34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	1	X
a	Did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2	o		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2	36	Ļ	X
31	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			
	Too, Complete Ocheulle II, Fall	1	i	1

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Form **990** (2010)

Form 990 (2010)

V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		•]	<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Х	g. –
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			١.,
	account)?	4a		Х
þ	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ĥ
6a	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		â
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. 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		
9	Sponsoring organizations maintaining donor advised funds.	Λ-		
a	Did the organization make any taxable distributions under section 4966?	9a 9b	├─	╁
ь 10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		i	
11	Section 501(c)(12) organizations. Enter:		il.	1
а	Gross income from members or shareholders	_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	ì	į.	
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	1	ì
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

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 to any question in this Part VI

	Officer in octrodule O contains a response to any question in this rant vi	<u> </u>	• 1	<u> </u>
<u>Sect</u>	ion A. Governing Body and Management		••	
	Estanda munda estanda esta de la fina de la	Constants.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	4 100		
р 2	Enter the number of voting members included in line 1a, above, who are independent 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Χ
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	of the governing body?	7a		х
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	7.7.45-15.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	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	9		X
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
40	Barrier and Product I beauty of the Barrier Box	[40	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	 	X
D	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		1
11a	·	100		╁
	form?	11a	x	
b				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Ţ	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 ^	\vdash
·	describe in Schedule O how this is done	12c	Ιx]
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		100	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		3	
а	The organization's CEO, Executive Director, or top management official	15a	_	X
b	Other officers or key employees of the organization	15b	and the same of	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a				
	with a taxable entity during the year?	16a	ه مناشع	X
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?	16b		التحال
Sect	tion C. Disclosure	100	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second sec	st		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEANNIE MCGINNIS (303) 271-1			

1245 E. COLFAX AVE., STE 203, DENVER, CO 80218

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1	355809	Page	7

Form 990 (2010)	COLORADO COALIT

TION OF LAND TRUSTS

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	-
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	\square

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director			Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Joe Almon Director	1,	х						0	0	0
(2) Scott Campbell Director	1.	х						0	0	0
(3) Martha Cochran Director	1.	х						0	0	0
(4) Buck Frederickson Director	1.	х						0	0	0
(5) Deborah Froeb Director	1.	x						0	0	0
(6) Ken Mirr President	1.	x		x				0	0	0
(7) Kerri Rollins Director	1.	х						0	0	0
(8) Brian Ross Director	1.	х						0	0	<u></u> 0_
(9) Kevin Shea Treasurer	1.	x		х				0	0	0
(10) Greg Vallin Secretary	1.	х		х				0	0	0
(11) Janis Whisman Director	1.	x						0	0	0
(12) John Swartout Executive Director	40.			x				76,337	0	0
(13)		<u> </u>		L						
(14)				L						
(15)										
(16)										

Pa	art VII Secti	on A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	No	(A) me and title	(B)	Posit	ion (d		C) call t	that ap	(vla	(D)	(E)	(F)
	iva.	me and une	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>									_			
(20)			<u>.</u>						_			
<u>(21)</u>												
(22)												
(23)			_							· · · · · · · · · · · · · · · · · · ·		
(24)			·						_			
(25)		•										
(26)												
(27)									 			
(28)												
1b	Sub-total			<u> </u>	 · ·	<u> </u>	<u> </u>	٠	•	76,337	0	0
C		inuation sheets to Part VII,								0		T .
<u>d</u>		: 1b and 1c)										0
2		individuals (including but not lead of the ensation from the organization							ceiv	ed more than \$	100,000 in	
		oriounori ironi iro organizatio				<u> </u>				,	•	Yes No
3		tion list any former officer, di										
		e 1a? If "Yes," complete Sche										3 X
4	the organization	al listed on line 1a, is the sum and related organizations gre	ater than \$150	•						•		4 X
5		isted on line 1a receive or acc										5 X
Sec		lent Contractors						•				
1		ble for your five highest comp om the organization.	ensated indepe	ender	nt co	ntra	acto	rs th	at r	eceived more th	an \$100,000 of	
		(A) Name and business add	ress		•					(B) Description of se	rvices	(C) Compensation
												0
									\vdash			0
												0
												0
2 ,		independent contractors (incli				hos	e lis	sted a	abo	ve) who receive	d	

Pari	VIII	Statement 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
ributions, gifts, grants other similar amounts	1a b c	Federated campaigns	24,500				
, gifts ilar a	d	Related organizations 10	0				
outions her sim	f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1					
Contributions, gifts, and other similar am	g	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	13,984				
			Business Code				
Program Service Revenue	2a	Conference registrations	541900	37,530	37,530		<u> </u>
ě			9.1.555	0,,000			-
8				0		-	
Ž	ا ا			0		-	
ଞ୍ଚ	a						
ran	e			0			<u> </u>
5	f	All other program service revenue		0			ļ
	<u> </u>	Total. Add lines 2a-2f	<u></u>	37,530		<u> </u>	
	3	Investment income (including dividends, interest other similar amounts)		914			914
	4	Income from investment of tax-exempt bond p		0		<u> </u>	<u> </u>
	5	Royalties	<u> </u>	2,910			2,910
		(ı) Real	(ii) Personal	}			
	6a	Gross Rents				1	}
	Ь	Less: rental expenses		1			
	C		0 0	1			
	a	Net rental income or (loss)	<u> </u>	1	 	† · · · · · · · · · · · · · · · · · · ·	†
		Gross amount from sales of (i) Secunties	(II) Other	 			+
	7a			-	İ		
			0 0	4			
	b	Less: cost or other basis and sales expenses	00				
	C	Gain or (loss)	0 0	5			
	d	Net gain or (loss)		C		†	
e	8a	Gross income from fundraising				-	
Other Revenue		events (not including \$ 13,984 of contributions reported on line 1c). See Part IV, line 18	65,211				
Ě	ь	Less: direct expenses			1		
0	C	Net income or (loss) from fundraising events .		45,099			
	1	Gross income from gaming activities. See Part IV, line 19				 	
				4			
	b	Less: direct expenses		4	 		
		Net income or (loss) from gaming activities .	. <u> </u>		}	<u> </u>	ļ
	10a	Gross sales of inventory, less returns and allowances					
	Ь	Less: cost of goods sold		<u> </u>		1	
		Net income or (loss) from sales of inventory .		<u> </u>		1	
		Miscellaneous Revenue	Business Code	 		 	
	111-		900099	1046	104	, 	
		Miscellaneous revenue & refunds	ลบบบลล	1,048		 	+
	b					 	+
	C			ļ <u>c</u>		 	
	d	All other revenue	L	ļc			
	е	Total. Add lines 11a-11d		1,048		ļ	
	12	Total revenue. See instructions	<u> </u>	289,090	38,578	3	3,824

Part IX Statement of Functional Expenses

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

ganizations must complete column (A) but are not required to complete columns (B). (C

	All other organizations must complete column (A	ı) but are not requir	еа то сотрівте сон	umns (B), (C), and ((D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPOLISCS .		OADONIOCO .
•		20 500	20 500		
•		32,500	32,500		taliana di sana and a sana ada
2	Grants and other assistance to individuals in	_			
	the U.S. See Part IV, line 22	0		Carrier management	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			and the second second
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			attendance at a said to say the desired at the said	
-	trustees, and key employees	76,367	76,367	o	0
6	Compensation not included above, to disqualified	70,007	70,007		
U					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	120,656	95,138	19,053	6,465
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	10,262	522	9,740	0
10	Payroll taxes	13,805	11,963		
11	Fees for services (non-employees):			.,	
а	Management	ا ا			
h	Legal	0			
-				4 400	
ن	Accounting	4,400		.,	
a	Lobbying	15,000		0	0
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	150	0	150	0
12	Advertising and promotion	0			
13	Office expenses	8,574	3,956	3,231	1,387
14	Information technology	0		-,	.,,
15	Royalties	0			
16	Occupancy	11,872		2,374	0
17		11,672		2,374	0
	Travel	<u> </u>		<u> </u>	
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	27,831	26,681	1,150	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,811	2,448	272	91
23	Insurance	2,313		2,313	
24	Other expenses. Itemize expenses not covered			Can the supplemental to the	
-7	above (List miscellaneous expenses in line 24f. If				177
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	は対象を表現している。	Hart State Barrell	the state of the s	Little Little Control
а	Travel and entertainment	2,516		†	0
b	Bank charges and payroll fees	3,938		0,000	0
C	Dues and subscriptions	1,367	1,081	286	0
d	Other expenses	107	87	20	0
е		0			
f	All other expenses	0		T	
2 5	Total functional expenses. Add lines 1 through 24f.	334,469	277,153	48,913	8,403
		004,409	211,153	40,513	0,403
26	Joint costs. Check here ► if following	1		1	
	SOP 98-2 (ASC 958-720). Complete this line	1			
	only if the organization reported in column	ļ			
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation	1			

Balance Sheet Part X (A) (B) Beginning of year End of year 1 Savings and temporary cash investments 2 155,489 2 93,380 3 3 4 1,000 26,959 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 employees' beneficiary organizations (see instructions) 6 7 0 7 8 9 Prepaid expenses and deferred charges . . . 2,643 4,564 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation b 10b 5,893 10c 3,081 11 11 0 12 Investments—other securities. See Part IV, line 11 O 12 0 13 Investments—program-related. See Part IV, line 11 ol 13 0 14 0 14 0 15 1,043 15 1,043 16 Total assets. Add lines 1 through 15 (must equal line 34) 166,068 16 129.027 17 4,400 **17** 18 18 19 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 0 24 0 25 0 25 0 26 Total liabilities. Add lines 17 through 25 4.400 26 12,738 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 111,013 27 28 50,655 28 29 29 0 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds. . . 32 33 116,289 161,668 33 Total liabilities and net assets/fund balances 166,068 129,027

Form 9	90 (2010) COLORADO COALITION OF LAND TRUSTS	<u>_84-13558(</u>	09_	Page	<u> 12</u>
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI			. [<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		289,	വാ
2	Total expenses (must equal Part IX, column (A), line 25)	,——		334,	
3	Revenue less expenses. Subtract line 2 from line 1				379
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			161,	
5	Other changes in net assets or fund balances (explain in Schedule O)			101,	000
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u> </u>			—
•	column (B))	;		116,	289
Part				,	
	Check if Schedule O contains a response to any question in this Part XII			ſ	7
				/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		l l	- 1	
	Schedule O.		I,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ļ	ł	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain in		l li		
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		i i		
	issued on a separate basis, consolidated basis, or both:			11	
	X Separate 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?	<u> </u> 3	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Į	- L	- 1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
		F	om 9	90 (2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

trust. Open to P

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

►See separate Instructions.

2010
Open to Public Inspection

OMB No 1545-0047

-		organization							Employer	identificati		er	
			ON OF LAND TE					Ab: 1	\ C== !=		<u>55809</u>		
Pari				arity Status (All organication because it is: (Fo						struction	S		
1	֓֓֓֓֓֓֓֓֓֓֓֟֟ <u>֟</u>			rches, or association o		•		-).			
2	ಠ			on 170(b)(1)(A)(ii). (At					7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	,			
3				ospital service organiz			section '	170(b)(1)	(A)(iii).				
4		A medical re	=	ition operated in conju						(b)(1)(A)((iii). Ent	ter the	
5				the benefit of a colleg (Complete Part II.)	je or univ	ersity owr	ned or ope	erated by	a governr	nental un	it desci	ribed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	in sectio r	170(b)(1	1)(A)(v).				
7	X	-		y receives a substantia (1)(A)(vi). (Complete F	•	its suppor	rt from a g	jovernme	ntal unit o	r from the	e gener	al publ	ic
8		A community	trust described	l in section 170(b)(1) ((A)(vi). (C	omplete F	Part II.)						
9		receipts from support from	n activities relate i gross investme	y receives: (1) more the ed to its exempt function ent income and unrelate after June 30, 1975.	ons—subj ted busine	ect to cer ess taxabl	tain exce _l le income	ptions, an (less sec	d (2) no nation 511 t	nore than	33 1/3	% of its	
10		An organizat	tion organized a	nd operated exclusive	ly to test t	for public	safety. Se	ee sectio	n 509(a)(4).			
11 e		purposes of 509(a)(3). Cla Type By checking persons othe 509(a)(1) or	one or more pul heck the box the l b this box, I certifer than foundation section 509(a)(2	nd operated exclusive blicly supported organiat describes the type of Type II c c y that the organization on managers and othe 2).	izations d if supporti Type is not co r than on	escribed ing organi e III–Fund ntrolled d e or more	in section ization an ctionally ir irectly or publicly t	509(a)(1) d compleintegrated indirectly supported) or section te lines 11 by one or l organiza	on 509(a) le throug d	(2). See h 11h. Type III- qualifie cribed i	e secti e Other d	
9		organization	, check this box at 17, 2006, has							· · ·			
		• • •		or indirectly controls,		_		•				Yes	No
				verning body of the sup							11g(i)		
				person described in (i) sy of a person describe							11g(ii) 11g(iii)		
h				ation about the suppor									
(i)		of supported anization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis governing	organization sted in your document?	the organ col (i) sup	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?		Amount support	t of
			ļ		Yes	No	Yes	No	Yes	No			
(A)													0
(B)							-			_			<u>0</u>
(C)		,											0
(D)	-										-		<u>o</u>
(E)												<u> </u>	<u>_</u> 0
Total												•	0

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.)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	158,654	193,667	225,742	196,989	201,589	976,641
2	Tax revenues levied for the organization's		.50,00.				
_	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities	-					
•	furnished by a governmental unit to the						
	organization without charge			İ			0
4	Total. Add lines 1 through 3	158,654	193,667	225,742	196,989	201,589	976,641
5	The portion of total contributions by each	130,034	193,007	223,742	190,969	201,569	970,041
5	· · · · · · · · · · · · · · · · · · ·						
	person (other than a governmental unit		·	į		i e	
	or publicly supported organization)	<u> </u>		į		;	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	in the second					_
	column (f)	and decorate and a second					0
6	Public support. Subtract line 5 from line 4.	de decorate de description de la constante de			<u></u> _		976,641
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	158,654	193,667	225,742	196,989	201,589	976,641
8	Gross income from interest, dividends,					·	
	payments received on securities loans,	1	ľ	l			
	rents, royalties and income from similar						
	sources	963	3,249	1,606	1,672	914	8,404
9	Net income from unrelated business		-				
	activities, whether or not the business is						
	regularly carried on						. 0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11							985,045
12	Gross receipts from related activities, etc. (s			1300 mm (mm m - 1 - 1 mm m m m m m m m m m m m m		12	182,927
13	First five years. If the Form 990 is for the o						
. •	organization, check this box and stop here						
Coot							
$\overline{}$	ion C. Computation of Public Support		lad builing 44	l (f)\		44	00.159/
14	Public support percentage for 2010 (line 6,	column (I) divid	ieu by line 11,4	column (i))		14	99.15% 93.42%
15	Public support percentage from 2009 Sched	dule A, Part II, I	me 14			15	
16a	33 1/3% support test-2010. If the organiza						
L	and stop here. The organization qualifies a						
b	33 1/3% support test-2009. If the organiza						
	box and stop here. The organization qualifi			-			
17a	10%-facts-and-circumstances test-2010.						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac						
	organization						
b	10%-facts-and-circumstances test-2009.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, 16l	o, or 17a, and li	ine
	15 is 10% or more, and if the organization n	neets the "facts	s-and-circumsta	ances" test, ch	eck this box ar	nd stop here. I	Explain in
	Part IV how the organization meets the "fac	ts-and-circums	tances" test. T	he organizatior	n qualifies as a	publicly	•
	supported organization						▶□
18	Private foundation. If the organization did						
	instructions	<u> </u>		<u> </u>	<u> </u>		<u>· · · </u>

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.)

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					l l	
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	:					0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6.	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		<u>_</u>				0
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						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
Sec	tion B. Total Support	A STATE OF STREET STREET, STRE		and the second second	Electric Committee and the Contract of the	Name and the second second second	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,		U			 	
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
,	loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco					
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column					15	0.00%
16	Public support percentage from 2009 Schedule A,	Part III, line 15 .	<u> </u>		<u> </u>	16	0.00%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2010 (line 10c,					17	0.00%
18	Investment income percentage from 2009 Schedul					18	0.00%
19a	33 1/3% support tests-2010. If the organization of						_ [
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests-2009. If the organization of	_	•		•		▶∐
~	line 18 is not more than 33 1/3%, check this box at						
20	Private foundation. If the organization did not che			·		-	▶ 🗍

	1 990 or 990-EZ) 2010	COLORADO	COALITION OF	LAND TRUSTS	S		84-1355809	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide	the explanation			
	Part II, line 17a instructions).							
							•••••	
				• • • • • • • • • • • • • • • • • • • •				
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••••••								
			·	••••••				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A

		es," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-	EZ, Part V, line 35a (Proxy	Tax), then
	ection 501(c)(4), (5), or (6) or e of organization	ganizations: Complete Part III.		[=	1-1
	•	LAND TOUGTO		Employe	'identification number
	ORADO COALITION OF t I-A Complete if t	he organization is exempt und	or coation E01/		84-1355809
1					rganization.
		he organization's direct and indirect			
3	volunteer nours				
₽aı	t I-B Complete if t	he organization is exempt und	er section 501(c)(3).	······································
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	managers under s	section 4955 > \$	
3		ed a section 4955 tax, did it file Form			
4a	Was a correction made?				. Tyes No
b	If "Yes," describe in Part	IV.			
Pai	rt I-C Complete if t	he organization is exempt und	er section 501(c), except section 501(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 e	xempt function	
	activities			▶ \$	
2		filing organization's funds contributed			
	for section 527 exempt fu	unction activities		> \$	
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter	here and on Forr	n 1120-POL,	
	line 17b			▶ \$	(
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
5	Enter the names, addres	ses and employer identification num	nber (EIN) of all se	ection 527 political organiz	ations to which the filing
	organization made paym	ents. For each organization listed, e	nter the amount p	paid from the filing organiza	ation's funds. Also enter
		ontributions received that were prom			
	as a separate segregate	d fund or a political action committee	e (PAC). If addition	nai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and
•				idids ir none, eriter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
· ·				0	
(2)					,
				0	
(3)				0	(
(4)	, — , <u>, — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , , — , ,</u>				
(4)				0	
/5\				1.5	·····
(5)				0	(
(6)					
`-'				l o	l

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2010		<u>-</u>			Page 2	
P	art II-A Complete if the organization	is exempt u	ınder section 50	1(c)(3) and filed	Form 5768 (elect	ion	
	under section 501(h)).						
A	Check ▶ if the filing organization belongs to an affiliated group.						
В	Check ▶ if the filing organization check	cked box A a	and "limited contro	ol" provisions app	oly.		
	Limits on Lobby	ina Expendit	ures		(a) Filing	(b) Affiliated	
	(The term "expenditures" mea				organization's totals	group totals	
1a	Total lobbying expenditures to influence publications	lic opinion (gr	ass roots lobbying)		0		
b	Total lobbying expenditures to influence a leg				15,000	0	
С	Total lobbying expenditures (add lines 1a an	•	• • •		15,000	0	
d	Other exempt purpose expenditures	•			339,581	0	
е	Total exempt purpose expenditures (add line				354,581	0	
f	Lobbying nontaxable amount. Enter the amo	unt from the f	following table in bo	oth			
_	columns.				70,916	0	
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:			
[Not over \$500,000	20% of the ar	mount on line 1e.				
[Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.	1		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess				
ļ	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess or	ver \$1,500,000.	i		
	Over \$17,000,000	\$1,000,000.		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
g	Grassroots nontaxable amount (enter 25% o	•			17,729	0	
h	Subtract line 1g from line 1a. If zero or less,				0	0	
i	Subtract line 1f from line 1c. If zero or less, e				0	0	
j	If there is an amount other than zero on either						
	section 4911 tax for this year?	· · · · ·	<u> </u>	<u> </u>		Yes No	
	4-Yea (Some organizations that mad columns below. S	de a section		not have to com			
	Lobbying	Expenditure	s During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	44,038	53,981	57,477	70,916	226,412	
ь	Lobbying ceiling amount (150% of line 2a, column(e))					339,618	
	Total lobbying expenditures	10,000	20,822	16,250	15,000	62,072	

11,010

13,495

14,369

Schedule C (Form 990 or 990-EZ) 2010

56,603

84,905

0

17,729

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768
		(a	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			, .
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
ï	Other activities? If "Yes," describe in Part IV			
i	Total. Add lines 1c through 1			
2a				
 b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		i i	
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5).	or se	ection
	501(c)(6).	/(-//		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	line 3	is ar	
1	Dues, assessments and similar amounts from members	•	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
_	political expenses for which the section 527(f) tax was paid). Current year			
. h	Carryover from last year	• •	2a	
C	Total	•	2b 2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	j	·
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible			
	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and P	art II-l	3. line 1i.
	complete this part for any additional information.			•
. 				
				•
	•			

	COLC	RADO COALITION OF LAND TRUSTS m 990 or 990-EZ) 2010		84-1355809
	•		n	Page 4
Part	IV	Supplemental Information (continue	(a)	
			• • • • • • • • • • • • • • • • • • • •	••••••
				
			•••••	
			•••••	
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- -			• • • • • • • • • • • • • • • • • • • •	
			•••••	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer Identification number COLORADO COALITION OF LAND TRUSTS 84-1355809 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year а 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year R Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

the organization's accounting for conservation easements.

Pari	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land	0	0	de l'attant de manda de la comercia	0			
b	Buildings [0	0	0	0			
C	Leasehold improvements [0	3,861	2,681	1,180			
d	Equipment [0	6,548	4,647	1,901			
_ е	Other	0	0	0	0			
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	, column (B), line 10	(c).) >	3,081			

Part VII Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
(1) Financial derivatives	0		· · · · · ·
(2) Closely-held equity interests	0		
(3) Other	0		
(A)	0		
(B)	0		
(C)	0		
(D)	0		
(E)	0	-	
(G)	0	<u> </u>	
(H)	0		
(I)	0		···
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		-
Part VIII Investments—Program Relate		interestination that the contract of the contr	derekin kinda aktiven resemba ada installati, astat <u>as</u> ta <u>asta asta asta</u> ada asta asta asta asta a
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)	0		
(2)	0		
(3)	0		
(4)	0		
(5)	0		******
(6)	0		
(7)	0	···	
(8)	0	* **	
(9) (10)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990,		The American Material and Control of the State of the Sta	tina atau di distributiva di seria seria di seria di seria di seria di seria di seria di seria di seria di ser
	a) Description		(b) Book value
	,		0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0
(7)			0
(8)			0
(9) (10)			0
Total. (Column (b) must equal Form 990, Part X, o	col (B) line 15)		0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	0		
(2)	0		
(3)	0		
(4)	0	15." 	
(5)	0		
(6)	0		
(7)	0		
(8)	0	-	
(9)	0	,	
(10)	0	,	
(11) Total (Column (h) must equal Form 990, Part X, col. (R) line 25.)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	0		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	le D (Form 990) 2010			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financi	al Statemo	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			289,090
2	Total expenses (Form 990, Part IX, column (A), line 25)			334,469
'3	Excess or (deficit) for the year. Subtract line 2 from line 1			-45,379
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	-45,379
Pari			e per Ret	
1	Total revenue, gains, and other support per audited financial statements			309,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		į
ď	, , , , , , , , , , , , , , , , , , ,		20,112	
e	Add lines 2a through 2d			20,112
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			203,030
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
حــــــــــــــــــــــــــــــــــــــ	XIII Reconciliation of Expenses per Audited Financial Stateme			
	Total expenses and losses per audited financial statements			
1	·			354,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	l a - l	i	
a		2a		
b	Prior year adjustments	2b		
C	Other losses	2c	00.440	i
d	·		20,112	00.44
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	334,469
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>	
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b			
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	334,469
	XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P			
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pa	rt XIII, lines 2d an	d 4b. Also d	omplete
this p	art to provide any additional information.			
Dart	XII Line 2d Fundraising income is included in the audited financial statements a	nd ie		
		114 15		
nette	d in the 990 reporting.			
Part	XIII Line 2d Fundraising income is included in the audited financial statements a	and		
is ne	tted in the 990 reporting.			

COLORADO COALITION OF LAND TRUSTS

84-1355809

Schedule D (Form 9	990) 2010
	Supplemental Information (continued)
T GIT ALL	Cappioniena information (Continuos)
	•••••••
,	
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
'	
	•••••••••••••••••••••••••••••••••••••••

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, Ilnes 17, 18, or 19, or if the

OMB No 1545-0047

Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

COLQ	RADO COALITION OF LAND TRUS					84-135	
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.						∋ 17.	
1 a b c d	Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or					s or Yes X No	
b	If "Yes," list the ten highest paid ind to be compensated at least \$5,000			aisers) pur	suant to agreement	s under which the	fundraiser is
•	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	0	0	0
2				· · ·	0	0	0
3					0	0	0
4			-		0	0	0
5 6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total	Total			0	0	0	
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.							
							• • • • • • • • • • • • • • • • • • • •
					·		• • • • • • • • • • • • • • • • • • • •

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ocial fundraising eve (add col (a) through NONE col (c)) (event type) (total number) (event type) Revenue Gross receipts 65,211 0 65,211 Less: Charitable contributions 0 0 Gross income (line 1 minus line 2) 0 65,211 Cash prizes 0 0 0 Noncash prizes 14,897 0 0 14,897 Direct Expenses Rent/facility costs 0 0 Food and beverages . . . 5,062 0 0 5,062 Entertainment 0 0 0 Other direct expenses . . 153 0 153 20,112) Net income summary. Combine line 3, column (d), and line 10. 45,099 Part III Gaming. 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. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs 0 Other direct expenses Yes Yes Volunteer labor 0) Enter the state(s) in which the organization operates gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . Yes b If "Yes," explain:

Schedi	ule G (Form 990 or 990-EZ) 2010 COLORADO COALITION OF LAND TRUSTS	84-1355809 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?								
13	Indicate the percentage of gaming activity operated in:								
а	The organization's facility	13a %							
		13b %							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	š							
	Name ▶								
	Address ▶								
15a	Does the organization have a contract with a third party from whom the organization receives gaming								
b	revenue?	L Yes No							
	amount of gaming revenue retained by the third party > \$ 0.								
C	If "Yes," enter name and address of the third party:								
	Name ▶								
	Address ▶								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ► \$0								
	Description of services provided								
	☐ 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							
· D	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 \$								
Part	Supplemental Information. Complete this part to provide the explanations required by P	art I. line 2b. columns							
	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compl								
	provide any additional information (see instructions).								
	••••••	•••••							
	•								
									
		••••••							

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Attach to Form 990.

		ļ
3	9	ļ
5		ŀ
2	8	I
2		d

Open to Public Inspection Employer identification number

£ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 84-1355809 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed. (c) IRC section if applicable Enter total number of other organizations COLORADO COALITION OF LAND TRUSTS (p) EIN 1 (a) Name and address of organization or government Part I Part II Ξ ପ୍ର €; €; 3 9 8 € 3 €; €

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2010)

Page 2

Schedule I (Form 990) (2010)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**10**

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ. Inspection

Employer identification number

COLORADO COALITION OF LAND TRUSTS	84-1355809
Form 990 Part VI Section B Line 11a The 990 is reviewed by internal staff and emailed to the	£
board of directors for their review prior to filing.	
Form 990 Part VI Section B Line 12c All board members are required to sign a conflict of	
interest statement at the first board meeting of each year. A board member is responsible for	,
immediately identifying a potential conflict and is disqualified to participate in the matter	
on behalf of CCLT.	
Form 990 Part VI Section B Line 15a There is an annual review of the executive director's wo	<u>ork</u>
and salary. This includes both a self-evaluation and an evaluation by the executive committee	θ
of the board of directors. CCLT does not keep comparability data or minutes for this process	·
Form 990 Part VI Section C Line 19 All documents are kept on file at the CCLT office and are	e
available to the general public on request.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
COLORADO COALITION OF LAND TRUSTS	84-1355809
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
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Form **8868**

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

• If you are	e filing for an Additional (Not Automatic)	3-Month E	lete only Part I and check this box	2 of this	form).	<u>-</u>
a corporation 8868 to required Return for T	n required to file Form 990-T), or an additi uest an extension of time to file any of the ransfers Associated With Certain Persona	onal (not a forms liste Il Benefit C	f you need a 3-month automatic extension automatic) 3-month extension of time. You do in Part I or Part II with the exception of Footracts, which must be sent to the IRS in visit www.irs.gov/efile and click on e-file	can electro orm 8870, paper fori	onically file Form Information mat (see	
Part I	Automatic 3-Month Extension of T			· ·		_
A corporation Part I only.			ematic 6-month extension—check this box	-	lete ▶ [
	rporations (including 1120-C filers), partne ncome tax returns.	rships, RE	MICs, and trusts must use Form 7004 to re	quest an	extension of	
Type or	Name of exempt organization		Empley	or Idontifi	action number	_
print	COLORADO COALITION OF LAND TRU	272	84-135		cation number	
File by the	Number, street, and room or suite no. If a P.O	. box. see ir		3609		_
due date for	1245 E. COLFAX AVE., Room No. 203					
filing your return See	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions.			_
instructions	DENVER	J		08 O	218	
Enter the R	eturn code for the return that this application	on is for (fil	e a separate application for each return) .		01	_]
Applicatio	n	Return	Application	·	Return	_
Is For		Code	is For		Code	
Form 990		01	Form 990-T (corporation)	·	07	_
Form 990-l	3L	02	Form 1041-A		08	_
Form 990-E	** · · · · · · · · · · · · · · · · · ·	03	Form 4720		09	_
Form 990-F		04	Form 5227		10	_
	(sec. 401(a) or 408(a) trust)	05	Form 6069	···········	11	_
	(trust other than above)	06	Form 8870		12	_
Telephor If the org If this is for the whol list with the	for a Group Return, enter the organization' e group, check this box ▶ ☐ . names and EINs of all members the exten lest an automatic 3-month (6 months for a	of busines s four digit If it is for p sion is for corporatio	n required to file Form 990-T) extension of	▶	. If this is and attach a]
until is for ►X	the organization's return for:		ganization return for the organization name			
	tax year entered in line 1 is for less than 1 hange in accounting period	2 months,	check reason: Initial return	Final retur	'n	
		90-T, 4720), or 6069, enter the tentative tax, less any			_
	fundable credits. See instructions.			3a	\$	_
		20, or 6069, enter any refundable credits and				Ī
estim	ated tax payments made. Include any prio			3b	\$	
EFTP	S (Electronic Federal Tax Payment Syster	n). See ins		3c		0
	you are going to make an electronic fund v instructions.	vithdrawal	with this Form 8868, see Form 8453-EO a	nd Form 8	3879-EO	