	_™ 990-T-[Everent Organization Bu	-:		939320		•		
For	m 990-112	Exempt Organization Bus	SINE	ess income i	ax Return	' '	OMB No. 1545-0687		
	333	For calendar year 2016 or other tax year beginning OCT 1, 2		, and ending SEP	30 2017	7 , 0	2016		
Dan	artment of the Treasury	Information about Form 990-T and its instru				$t\Psi$	ZU IU		
	rnal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
A	Check box if	Name of organization (Check box if name		ridentification number ses' trust, see					
_	address changed	<u>-</u>				instructio	-		
_	Exempt under section	Print Energy Outreach Colorado					2543881		
<u> </u>		Type Number, street, and room or suite no. If a P.O. bo	ox, see I	nstructions.		(See Instr	d business activity codes ructions)		
	408(e) 220(e)	225 E 16th Ave, No. 200							
F	408A	City or town, state or province, country, and ZIP of Denver, CO 80203-1612	or torei	jn postai code		523000			
C E	look value of all assets	F Group exemption number (See instructions.)	<u> </u>			223000			
a	t end of year 24,407,937.	G Check organization type x 501(c) corporation	on [501(c) trust	401(a) trust		Other trust		
H C	Describe the organization	n's primary unrelated business activity. > Investment	in l	imited partnersh	ip.				
		the corporation a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	. Þ.	Yes	No		
		and identifying number of the parent corporation.							
		Marna Steuart			one number > 30				
<u> </u>		d Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
	Gross receipts or sale		1.			1	ı		
	b Less returns and allow		1c	 					
2	Cost of goods sold (S		2	 	<u> </u>				
3 4	Gross profit. Subtract Capital gain net incon	•	3 4a	 					
	· -	1 4797, Part II, line 17) (attach Form 4797)	4b						
	Capital loss deduction		4c		 				
5	•	partnerships and S corporations (attach statement)	5	-7,781.	Stmt 1		-7,781.		
8	Rent income (Schedu	·	6						
7	Unrelated debt-finance	ced income (Schedule E)	7						
8	Interest, annuities, ro	oyalties, and rents from controlled organizations (Sch. F)	8						
9		of a section 501(c)(7), (9), or (17) organization (Schedule G) 9						
10		ivity income (Schedule I)	10	<u> </u>					
11	Advertising income (S	•	11	· · · · · · · · · · · · · · · · · · ·					
12	•	estructions; attach schedule)	12	-7,781.			-7.781.		
13 P	Total. Combine lines art II Deductio	ons Not Taken Elsewhere (See instructions f			L		-7,781.		
		contributions, deductions must be directly connecte							
14	Compensation of off	ficers, directors, and trustees (Schedule K)				14			
15	Salaries and wages				Fores	15	· · · · · · · · · · · · · · · · · · ·		
16	Repairs and mainter	nance _		\m_\	中国人国的	16/			
17	Bad debts			BOB JU	7 6	K 317			
18	Interest (attach sche	edule)			2018	3/8			
19	Taxes and licenses			L ag	DEN. UT	5/19			
20		ions (See instructions for limitation rules) See Statem	ent 4	See Statemen	EEN, UT	20	<u>0.</u>		
21	Depreciation (attach	•		21		001-			
22 23	Depletion	laimed on Schedule A and elsewhere on return		22a		22b			
24	•	ferred compensation plans				23			
	Employee benefit pro				•	25			
25 26	Excess exempt expe				•	26			
27	Excess readership co				•	27			
28	Other deductions (at	•		See Statemen	t 3	28	4,519.		
29		Add lines 14 through 28		-	-	29	4,519.		
30	Unrelated business t	taxable income before net operating loss deduction. Subtrai	ct line 2	9 from line 13		30	-12,300.		
31		leduction (limited to the amount on line 30)		See Statemen	t 5	31			
32		taxable income before specific deduction. Subtract line 31 f		30	(32	-12,300.		
33		Generally \$1,000, but see line 33 instructions for exception	-			33	1,000.		
34		s taxable income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	nailer of zero or				
_	line 32					34	-12,300.		

FORM 930-	(2016) Energy Outreach Colorado		74-2543	881			raye
Part I	Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation.						
	Controlled group members (sections 1561 and 1563) check here See instructions an	ıd:					
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r):		1 1			
	(1) \$ (2) \$ (3) \$	•	l				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	-					
	(2) Additional 3% tax (not more than \$100,000)	-	_				
c	Income tax on the amount on line 34	-		► 35c			0
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 34	from:				
	Tax rate schedule or Schedule D (Form 1041)		·	▶ 36			
37	Proxy tax. See instructions	•		▶ 37			
38	Alternative minimum tax			38			
39	Tax on Non-Compliant Facility Income. See Instructions	•	-	39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	-		40			0
Part I			• • • •	1	-		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	. -				
b	Other credits (see instructions)	41b		-			
c	General business credit. Attach Form 3800	41c		┦			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		_			
e	Total credits. Add lines 41a through 41d		·	41e			
42	Subtract line 41e from line 40			42			0
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	166	Other (attach schedule	-			
44	Total tax. Add lines 42 and 43		o ti ioi (anaon oo noo an	44		_	0
	Payments: A 2015 overpayment credited to 2016	45a	2,92				
	2016 estimated tax payments	45b					
c	Tax deposited with Form 8868	45c		_			
ď	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	-	- 1			
	Backup withholding (see instructions)	45e		- 1			
	Credit for small employer health insurance premiums (Attach Form 8941)	451		\dashv \vdash			
q		 *** +		\dashv \mid			
•	Form 4136 Other Total	45g					
46	Total payments. Add lines 45a through 45g	109		─ ₄₆		2	,924
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47			,
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			▶ 48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			→ 49		2	,924
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax	2 924.	Refunded	50			0
Part \				- 1 00 1			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature					Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		-		F		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	-]		
	here >	.oro.g., o.			-		x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor 1	to a foreign trust?		—— ⊦		x
-	If YES, see instructions for other forms the organization may have to file.	unaicio,	to, a foreign trast:		F		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				1		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements	, and to the best of my l	knowledge an	d belief, it is t	rue,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer has any	knowledge				
Here		Direct	or		discuss this i		with
	Signature of pfficer Date Title			instructions		·	No
	Print/Type preparer's name Preparer's signature Da		Check	if PTIN			
			self- employ	- 1	1		
Paid	Lori Anne Reinwald, CPA Landne Riquell 7	1/2/,	7 Sell- elliploy		1388434		
Prepa	Combana & Wandingon Condon t Engle B C	, ,,	Firm's EIN				
Use C	475 Lincoln Street Suite 200		I IIIII S EIN				
	Firm's address Denver, CO 80203		Phone no.	(303) 5	34_5052		
			T FIIOTIE IIO.	(203)	24-222	<u> </u>	(004.5

Form 990-T Income (Loss and S	Statement	1	
Description		Amount	
Lighthouse Global Long/Short B	Fund, L.P., ordinary income	-7,	781.
Total to Form 990-T, Page 1,	line 5	-7,	781.
Form 990-T	Contributions	Statement	2
Description/Kind of Property	Method Used to Determine FMV	Amount	
Contributions for energy assistance	N/A	8,042,	999.
Total to Form 990-T, Page 1, 1	line 20	8,042,	999.
Form 990-T	Other Deductions	Statement	3
Description		Amount	
Tax return preparation fees Investment management fees		•	025. 494.
Total to Form 990-T, Page 1, 1	line 28	4,	519.

Form 990-T		Contributions Summary		Statement	4
Qualified C	ontributions Su	bject to 100% Limit			
Carryover o	f Prior Years U	nused Contributions			
For Tax Y	ear 2011				
For Tax Y	ear 2012	9,592,646			
For Tax Y	ear 2013	10,813,297			
For Tax Y	ear 2014	10,553,684			
For Tax Y	ear 2015	9,645,303			
Total Carry	over		40,604,930		
	nt Year 10% Con	tributions	8,042,999		
Total Contr	ibutions Availa	ble	48,647,929		
	ome Limitation		0		
Excess 10%	Contributions		48,647,929		
Excess 100%	Contributions		0		
Total Exces	s Contributions		48,647,929		
Allowable C	ontributions De	duction			0
Total Contr	ibution Deducti	on			0

Form 990-T Net Operating Lo			eduction	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/16 8,944.		0.	8,944.	8,944.
NOL Carryover Available This Year			8,944.	8,944.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Employer identification number

4-2543881

Energy Outreach Colorado Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked -275. Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 8 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h -275 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However. if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 18

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2016

Part IV Alternative Tax for Corporations with Qualified Time	mber Gain. Complete Pa		, ugo L
qualified timber gain under section 1201(b). Skip this part if you are filing F			
19 Enter qualified timber gain (as defined in section 1201(b)(2))			
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	1 . 1.	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) app	ropriate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		1
28 Subtract line 25 from line 20. If zero or less, enter -0-	26		i
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appreturn with which Schedule D (Form 1120) is being filed	ropriate for the	29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	l line 2 or the	. 48,	
applicable line of your tax return	, mie 2, 01 tile	30	
		Schedule D (Form 1120	2016

Department of the Treasury

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Internal Revenue Service

Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

> Social security number or taxpayer identification no.

Energy Outreach Colorado

74-2543881

Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	ation as Form 10	you received ar 99-B. Either will	ny Form(s) 1099-B show whether you	or substitute state ur basis (usually yo	ment(s) fro ur cost) w	om your broker. A sas reported to the	substitute IRS by your
Part I Short-Term. Transac Note: You may aggregate a codes are required. Enter th	tions involving c	ctions reported on	Form(s) 1099-B show	wing basis was report	ted to the If	RS and for which no a	idjustments or
You must check Box A, B, or C below. If you have more short-term transactions than w (A) Short-term transactions re (B) Short-term transactions re (C) Short-term transactions no	ill fit on this page for o ported on Form(: ported on Form(:	ne or more of the box s) 1099-B shown s) 1099-B shown	kes, complete as many fo ng basis was repo ng basis wasn't re	orms with the same box or orted to the IRS (se	checked as y	ou need	or each applicable box
1 (a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the Instructions	l loss. If y I in column	nt, if any, to gain or ou enter an amount (g), enter a code in See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
Lighthouse Global							
Long/Short Fund, L.P.							<275.>
	ļi						·
				 			
				<u> </u>	L	<u> </u>	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

<275.>

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)