Form 990

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2018 Open to Public Inspection

Form 990 (2018)

► Go to www.irs gov/Form990 for instructions and the latest information Inspection For the 2018 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization El Paso County Contractors' Check if applicable Association, Inc. Address change 84-0865490 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 719-475-0700 Initial return P.O. Box 94 Final return/ City or town, state or province, country, and ZIP or foreign postal code Colorado Springs CO 80901-0094 137,488 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Doug Woody P.O. Box 94 H(b) Are all subordinates included? If "No " attach a list (see instructions CO 80901-0094 Colorado Springs 501(c)(3) X 501(c) (6) **◀** (insert no) Tax-exempt status J ₹ Website. ▶ www.elpasocountycontractors.com H(c) Group exemption number Year of formation 1961 X Corporation CO κ 3 Form of organization Trust Association M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities To promote education and skill development in the field of general contracting. 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2018 (Part V. line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 7h Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue 50,640 56,105 9 Program service revenue (Part VIII, line 2g) 8,338 11,856 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,858 -1.73911 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 62,836 66,222 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,499 19,499 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,885 3,200 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 38,032 39,627 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 59,416 62,326 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,420 3,896 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 104,259 20 Total assets (Part X, line 16) 100,363 21 Total liabilities (Rart X, line 26) 100,363 22 Net assets or fund balances Subtract line 21 from line 20 104,259 Part II Signature Block Under penalties of period, I decide that I have examined this return, including accompanying schedules and statements, and the correct and complete. Decideration of preparer (other than officer) is based on all information of which preparer has any knowledge mined this return, including-áccompanying schedules and statements, and to the best of my knowledge and belief, it is Sign Signature Ĵe⁄romé Schmi Sec./Treas. Here Type or print name and title Print/Tyge preparer's name Preparer's signature Date PTIN Check Paid Michael Michael A. Calahan 06/28/19 self-employed P00441485 Preparer Calahan & Associates, LLC 20-8496808 Firm's EIN ▶ Firm's Par **Use Only** 5350 Tomah Dr Ste 1200 Colorado Springs, CO 719-598-1900 80918-6975 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	Other program services (Describe in Se	chedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	54,215		
DAA	-	•		Form 990 (2018)

candidates for public office? If "Yes," complete Schedule C, Part I

Page 3

Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

- 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
- 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 98-197 If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

		Yes	No
	1	├	X
	2	├	X
	3_		х
	4		
			x
	5		^
	6_		х
	7		x
	8		х
	-		-
	9		x
	10		x
	11a		X
	11b		x
	11c		x
	11d		X
	11e		<u> </u>
	11f		х
	12a		x
	12b		x
ľ	13		X
ı	14a		х
	14b		X
	15		x
	16		x
	17		x
		4,	
-	18	X	_
	19		X
-	20a		X
}	20b		
	21		x
_		_n 990	

	art to Checkist of Required Ochedules (community)		Tv	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	}	ŀ	l
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	├
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1.		l
	to defease any tax-exempt bonds?	24c	 	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d_	 -	├
25a	The state of the s			ł
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		₩
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
26	If "Yes," complete Schedule L, Part I	250	-	├
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			•
а	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)	1 1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
J T	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	ļ	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	302		,
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		I	: E
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Details a support of the company to the compan		#	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ŧ	
	reportable gaming (gambling) winnings to prize winners?	1c	_ gan	(2018)
		FOII		(2010)

_P	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		£	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		l	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		ĺ	٠.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			١.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	——	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	
	organization solicit any contributions that were not tax deductible as charitable contributions?	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			Ŧ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>-</u>	=	Ī
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the		1	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations.Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b				
11	Section 501(c)(12) organizations.Enter			
a	Gross income from members or shareholders Cross income from other sources (De not not amounts due or paid to other sources)	\dashv \mid		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
122	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?			
12a		12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
13		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
b	Note. See the instructions for additional information the organization must report on Schedule O		1	
J	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	{	I	
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	175		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N	13		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ŧ	X
	If "Yes," complete Form 4720, Schedule O	19	 -∤	
	in 100, complete 1 titll 1120, contequie o			

Form 990 (2018) El Paso County Contractors' 84-0865490 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take stops to cafeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

P.O. Box 94

CO 80901-0094 719-475-0700 Form 990 (2018)

Jerome L. Schmitz

Colorado Springs

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, un! ficer a	Pos check ess pe	erson directo	the book Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jerome L. Schmit		 	L	ļ	<u> </u>	28				
(1) Delone L. Schult	1.00					1				
Sec./Treas.	0.00	x	ĺ	x		ĺĺ		2,500	0	d
(2) Doug Woody	0.00	 **	 		 			2,300		
(_,	1.00	İ		l	ĺ	1 1				
President	0.00	x		x				o	0	O
(3) Dustin Black	 	†	┢							
_ ,	1.00									
Vice President	0.00	X		x				0	0	C
(4) Robert Owens										
	1.00]] .	j]				
Board Member	0.00	⊥ x						0	0	0
(5) Karla Greeley										
	1.00			ĺ	ĺ					
Board Member	0.00	X						0	0	0
(6) Laura Beasley	İ	İ					ĺ			
	1.00									
Board Member	0.00	X	Щ			\sqcup	_	0	0	
(7)										
(8)							-			
(9)										
10)										
111)										

148	Itt VII Section A. Officer	s, Directors, Tru	15166	75, N	ey L	anp	Oyer	73, 0	and nighest compensated	Lilipioyecaconanaea)			
	(A) Name and title	(B) Average hours per week (list any hours for related	of	ox, uni ficer a	Pos check ess po and a c	erson directo	than is both or/trust	an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f	(F) stimated nount of other opensation om the janization	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				d related	
			_										
								-					
	-												
1b c	Sub-total Total from continuation she	ets to Part VIII S	Secti	on A				>	2,500			···	
d	Total (add lines 1b and 1c) Total number of individuals (inc					ister	l aho	veli	2,500	00 000 of			
_	reportable compensation from			Ö								Υe	s No
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organic	complete Schedu 1a, is the sum of	le J	for so	<i>ich ii</i> le co	<i>ndıvi</i> mpe	<i>dual</i> nsati	on a	and other compensation from	1 the	3		x
5	individual Did any person listed on line 1a for services rendered to the org	receive or accru	е со	mpe	nsatı	on fr	om a	iny ι	unrelated organization or ind	ıvıdual			x
Sect 1	ion B. Independent Contracto Complete this table for your five		sate	d ind	leper	nden	t con	trac	tors that received more than	\$100,000 of			
	compensation from the organiz								year ending with or within the	ne organization's tax year (B)		(C Comper) ,
	name and	business address							Descripti	on of services		Comper	sauon
													·-
												·	
	-												
2	Total number of independent correceived more than \$100,000 o							se I	listed above) who	0			
DAA												- 0	90 (2018)

84-0865490 Form 990 (2018) El Paso County Contractors' Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated exempt function business under sections 512-514 revenue Gifts, Grants nilar Amounts 1a 1a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code 54,905 54,905 Dues & Meals 1,200 1,200 Ь Social Events/Open House f All other program service revenue 56,105 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 1,717 1,717 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (ı) Real 6a Gross rents b Less rental exps C Rental inc or (loss) Net rental income or (loss) Þ Gross amount from (i) Securities (II) Other sales of assets 10,139 other than inventory Less cost or other basis & sales exps 10,139 c Gain or (loss) 10,139 10,139 d Net gain or (loss) ▶ 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 69,527 See Part IV, line 18 71,266 b **b** Less direct expenses -1,739-1,739c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances h b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue

66,222

0

-1,739

Total, Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response		Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	 	expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	19,499	19,499		
2	Grants and other assistance to domestic				·····
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				********************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	3,200		3,200	
7 8	Other salaries and wages Pension plan accruals and contributions (include	3,200		3,200	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)			· — — — — — — — — — — — — — — — — — — —	
12	Advertising and promotion	1 313	-	1,313	
13 14	Office expenses Information technology	1,313	1,420	1,313	
15	Royalties	1,420	1,320		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,296	33,296		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,598		3,598	······································
24	Other expenses Itemize expenses not covered			į.	
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	1			
а	(A) amount, list line 24e expenses on schedule ()				
b	ŀ				
c	Í				
d	ļ				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	62,326	54,215	8,111	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			·	
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 13,757 1 5,798 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 86,606 98,461 Investments—publicly traded securities 11 11 Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 100,363 104,259 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 100,363 104,259 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 100,363 104,259 33 Total net assets or fund balances 33 104,259 100,363 Total liabilities and net assets/fund balances

orn	n 990 (2018) EI Paso County Contractors 84-08	365490		Pa	<u>age 12</u>
Pa	art XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			222
2	Total expenses (must equal Part IX, column (A), line 25)	2			326
3	Revenue less expenses Subtract line 2 from line 1	3			896
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	00,	363
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	04,	259
Pa	ert XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	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	:			İ
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or			
	reviewed on a separate basis, consolidated basis, or both				Ī
	Separate basis Consolidated basis Both consolidated and separate basis				Ī
b	Were the organization's financial statements audited by an independent accountant?		2b		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а			
	separate basis, consolidated basis, or both			1	l
	Separate basis Consolidated basis Both consolidated and separate basis				I
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight		•	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, exp	fain in			
	Schedule O			1	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	ih in			
	the Single Audit Act and OMB Circular A-133?		3a	L_	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the .			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u></u>
			Fo	rm 99 (0 (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990for instructions and the latest information

OMB No 1545-0047

Open to Public Inspection

	e of the organization	İ	Employer	identification number
	Association, Inc.	84-0	865490	
	art I Organizations Maintaining Donor Advised Fun			
_	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		_	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and donor advisors in writing that ti	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting 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 purpose		
·	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pa	art II Conservation Easements.	orm 000 Port IV line 7		
	Complete if the organization answered "Yes" on F	·		
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		area
	Protection of natural habitat	Preservation of a certified historic s	structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservati	ou ———	
	easement on the last day of the tax year		-	Held at the End of the Tax Year
	Total number of conservation easements		<u>2a</u>	
b	Total acreage restricted by conservation easements		2b	
C			2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	i, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization of	during the	!
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcing conservation easem	nents duri	ng the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements	during th	ne year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		О. О.
	and section 170(h)(4)(B)(ii)?			∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easemen	•		
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descri	bes the	
<u></u>	organization's accounting for conservation easements art III Organizations Maintaining Collections of Art, F	lintariant Transpures on Other Sim	-ilan A -	
T	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" on Formula		mar AS	15 61 5.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not		an about	
ıa	works of art, historical treasures, or other similar assets held for public ex	•		
	public service, provide, in Part XIII, the text of the footnote to its financial		Je ui	
h			hoot	
U	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-			
	works of art, historical treasures, or other similar assets held for public ex	monori, education, or research in furtherand	JE UI	
	public service, provide the following amounts relating to these items			r
	(i) Revenue included on Form 990, Part VIII, line 1			D
•	(ii) Assets included in Form 990, Part X	han similar annata for former	Ale a	\$
2	If the organization received or held works of art, historical treasures, or other	- · · ·	ine	
_	following amounts required to be reported under SFAS 116 (ASC 958) rel	ating to these items		
	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X			<u> </u>

Schedule D (F	orm 990) 2018 El Paso County Contr	actors'	84-0865490	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			e 12
•	(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alua
	(including name of security)		Cost of end-of-year market va	
(1) Financial (<u> </u>	
	eld equity interests		 	
(3) Other			 	
(A)				
(B)			 	
(C)			 	
(D) (E)				
(F)				
(G)				
(H)				•
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation	. .
			Cost or end-of-year market va	ilue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	 			
(8)				
	n (b) must equal Form 990, Part X, col (B) line 13)▶			,
Part IX	Other Assets.		<u> </u>	***
- 414 012	Complete if the organization answered "Yes" or	Form 990 Part IV. line	11d See Form 990 Part X line	15
	(a) Description	<u> </u>) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	_ 	<u></u>	
ParkA	Complete if the organization answered "Yes" or	Form 990 Part IV line	11e or 11f See Form 900 Port	v
	line 25.	i ronni 550, rait iv, iine	TIE OF THE SEE FORM \$90, FAIL	^,
 1.	(a) Description of liability	(b) Book value		······································
	income taxes	(2) 2331 1343	[
(2)			-	
(3)			1	
(4)			1	
(5)			1	
(6)]	
(7)				
(8)				
(9)			[
Total. (Column	(b) must equal Form 990. Part X, col. (B) line 25.) ▶	1	Į.	

2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

<u>Sc</u> he	edule D (Form 990) 2018 El Paso County Contractors	<u>' 84-086549</u>	10	Page 4
P	art XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	_	1	66,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b]]	
C	Recoveries of prior year grants	2c]]	
d	Other (Describe in Part XIII)	2d]]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	-	3	66,222
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	66,222
Pa	art XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	62,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	62,326
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

62,326

Schedule D (Form 990) 2018 El Paso County Contractors'

84-0865490

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

Go to www irs,gov/Form990for instructions and the latest information

Open to Public Inspection

OMB No 1545-0047

Name of the organization El Paso County C Association, Inc		Employer identification number 84-0865490					
Part I Fundraising Activities. Comple Form 990-EZ filers are not require	te if the organizatio		d "Yes" on Form 9	990, Part IV, line 1	7		
1 indicate whether the organization raised funds throu			ck all that apply				
a Mail solicitations	_		nment grants				
b Internet and email solicitations		of governme	=				
c Phone solicitations		idraising ever					
d In-person solicitations	у оргони на	.a.a.ag					
Did the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or en	nt with any individual (in	cluding officer	s, directors, trustees,		☐ Yes ☐ No		
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization				draiser is to be			
		(III) Did fund- raiser have	(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		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody or					
o. o.m., (landalos,)		control of contributions?			9 112411417		
		Yes No					
1							
		+++					
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9							
		}					
10		 					
Total		▶!			1		

Fart II Fundraising Events. Complete if the organization answered "Yes" on 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

GOLF Tournament (event type) (ester call plant cell (est) (ester call plant cell (est) (est) (est call plant cell (est) (est call plant cell (est) (est) (est) (est call plant cell (est) (es			 gross receipts g 	reate	er than \$5	,000								,	
Colf Tournament Colf Tournament Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf (A) Colf Tournament Colf Tourn								(b) Event #2				(c) Other even	ts	(d) Total events	
(count type) (coun				Go	olf To	urnament					N	one		1	
2 Less Contributions 3 Gross accore (line 1 minus line 2) 69,527 65 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expense summary Add lines 4 through 9 in column (d) 11 Net expense summary Subtract line 10 from line 3, column (d) 11 Net modifies summary Subtract line 10 from line 3, column (d) 11 Net modifies summary Subtract line 10 from line 3, column (d) 12 Cash prizes 10 Direct expense summary Subtract line 10 from line 3, column (d) 11 Net modifies summary Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary Add lines 2 through 5 in column (d) 18 Net gaming income summary Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming scrivities 18 If "No," explain 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Verse any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	a)							(event	type)		匚	(total number	7)		col (c))
3 Gross mome (line 1 minus line 2) 4 Cash prizes 5 Noncesh prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Plant III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Plant selevinsum (col (a) inversion bring proprioriposasive brings (col (a) inversion bring proprioriposasive brings (col (a) inversion brings) or the Vision brings of the organization conducts gaming activities a list the organization licensed to conduct gaming activities in each of these states? Yes	Revenu	1	Gross receipts			69,527	,								69,527
Inne 2 69, 527 65 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 7 Food and		2	Less Contributions				<u> </u>								
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Enlertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Gross revenue 11 Gross revenue 12 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 13 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 14 Rent/facility costs 5 Other direct expenses 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary Add lines 2 through 5 in column (d) 18 Net gaming income summary Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities 10 If 'No," explain 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Yes		3	·			CO FOT	.)				1			1	CO 507
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 12 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-Ez, line 6a (e) Bingo (b) Pull labelinistant bringstrogressive bingo (c) Other gaming (d) Total gaming od (e) Bingo (e) Bi		_	line 2)			69,527	╁				-		_		69,527
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SCHEDULE O (Form 990 or 990-ÈZ) Supplemental Information to Form 990 or 990-EZ

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

2018

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990for the latest information.

Open to Public Inspection

Name of the organization

El Paso County Contractors Association, Inc.

Employer identification number 84-0865490

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Association's officers and Board of Directors are elected by the

members of the Association in an annual election.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The Association's officers and Board of Directors are elected by the members of the Association in an annual election. The members have the right to continue or dissolve the Association in a general vote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is reviewed in detail by the Treasurer and provided to the Board of Directors for their review.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors annually approves the compensation of the only
compensated officer, the Treasurer,

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All governing documents of the organization are available for public inspection upon request of the Board of Directors.