efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492315021359 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization Colorado Coalition of Land Trusts ☐ Address change 84-1355809 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 8833 Ralston Road ☐ Final return/terminated (720) 557-8271 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Arvada, CO 80002 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www cclt org J Tax-exempt status (check only one) -  $\bigcirc$  501(c)(3)  $\bigcirc$   $\bigcirc$  501(c)(  $\bigcirc$  √ (insert no )  $\bigcirc$  4947(a)(1) or  $\bigcirc$  527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . . . . . . . . . 1 16,590 2 2 7,943 Program service revenue including government fees and contracts . . 3 3 54,350 Membership dues and assessments . . . . . . . 4 Investment income . . . . . . . 4 138 5a Gross amount from sale of assets other than inventory . b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 60 0 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 7a Gross sales of inventory, less returns and allowances . . . h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 79,021 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 254 Salaries, other compensation, and employee benefits . 13 13 46,563 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 15 Printing, publications, postage, and shipping 16 16 4,534 Other expenses (describe in Schedule O) 17 17 **Total expenses.** Add lines 10 through 16 51,366 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 27.655 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 26,345 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 54,000 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

Form	990-EZ (2018)				Page <b>3</b>
Pa	rt V Other Inf	formation (Note the Schedule A and personal benefit contract statement requirements in	n the		
	instructions	for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	. 🛚	
		_		Yes	No
33		n engage in any significant activity not previously reported to the IRS? If "Yes," provide a of each activity in Schedule O	33		No
34		t changes made to the organizing or governing documents? If "Yes," attach a conformed copy uments if they reflect a change to the organization's name. Otherwise, explain the change instructions)	34		No
35a		n have unrelated business gross income of \$1,000 or more during the year from business hose reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a	<u> </u>	35b		No
	Was the organization	on a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	35c		No
36	Did the organization	undergo a liquidation, dissolution, termination, or significant disposition of net assets during	36		No
37a	Enter amount of politic	al expenditures, direct or indirect, as described in the instructions			
b	Did the organization	n file <b>Form 1120-POL</b> for this year?	37b		No
38a	Did the organization	n borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
			38a		No
b	If "Yes," complete S	Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) o	rganizations Enter			
а	, , , ,	apital contributions included on line 9 39a 0			
b	Gross receipts, incli	uded on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) o	rganizations Enter amount of tax imposed on the organization during the year under			
		, section 4912 ▶, section 4955 ▶			
b	excess benefit trans has not been report		10ь		No
<i>y</i>	Section 501(c)(3)	501(c)(4) and 501(c)(70) organizations. Enter amount of tax imposed on organization	-	J	
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<b>6</b> Did th	e organization engage, directly or indirectly are indirectly or subject office? If "Yes." complete	tly, in political campaid Schedule C. Part I	n activities on behalf o			4.5		NI -
		·				46		No
and dates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for 51.  Check if the organization used Schedule O to respond to any question in this Part VI.  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 1 section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 is the organization as school as desoribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 is 10 tid the organization make any transfers to an exempt non-chantable related organization? 49b If "Yes," was the related organization a section 527 organization? 49c (a) Name and title of each employee (b) Average (c) Reportable (c) Reportable (d) Name and title of each employee (b) Average (c) Reportable (d) Health is not one microbian to employee (d) Health is not one microbian to employ the microbian to	s for li	nes 50	and					
		1	_					
	-						Yes	No
		es or have a section 50	D1(h) election in effect	during the tax year?	,	47	Yes	
Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		No
a Did th	e organization make any transfers to an	exempt non-charitable	related organization?			49a		No
o If "Ye:	s," was the related organization a section	527 organization?				49b		No
Comp	lete this table for the organization's five l	nighest compensated e	mployees (other than o	officers, directors, tru	ا ustees a	nd kev	employ	ees)
who e	ach received more than \$100,000 of com	pensation from the org	janization If there is n	one, enter "None "				
(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-	contributions to em benefit plans, a	nployee and			
٧E	Section 501(c)(3) organizations only All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables 51. Check if the organization used Schedule O to respond to any question in this Part VI.  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 \$\frac{1}{2}\$\$ Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  11 "Yes," was the related organization a section 327 organization?  12 "Yes," was the related organization a section 327 organization?  13 "Yes," was the related organization a section 327 organization?  14 "Yes," was the related organization as section 327 organization?  15 "Yes," was the related organization of the organization of other independent contractors each receiving over \$100,000.  15 Total number of other independent contractors each receiving over \$100,000.  15 Total number of other independent contractors each receiving over \$100,000.  16 Total number of other independent contractors each receiving over \$100,000.  17 Total number of other independent contractors each receiving over \$100,000.  18 Total							
Compl	lete this table for the organization's five l	nighest compensated in		who each received i	more that	an \$100	D,000 of	-
Compl	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in none, enter "None "						
Compl	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in none, enter "None "						
Compl	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in none, enter "None "						
Compl	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in none, enter "None "						
Compl	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in none, enter "None "						
Comple	lete this table for the organization's five lensation from the organization. If there is  (a) Name and business address of e	nighest compensated in s none, enter "None " sach independent contr	actor	(b) Type of service				
Comple compe	lete this table for the organization's five lensation from the organization. If there is  (a) Name and business address of e	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	ensation	
Comple compe	lete this table for the organization's five lensation from the organization. If there is  (a) Name and business address of each of the contract of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s	do my
Comple compering the compering	lete this table for the organization's five lensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A? It is true, correct, and complete wiedge	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s	do my
Comple compe	lete this table for the organization's five lensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A? It is true, correct, and complete wiedge	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s	do my
Comple compe	I number of other independent contracto  the organization complete Schedule A? In the organization completed Schedule A	rs each receiving over:	\$100,000	(b) Type of service	(c)	Compe	s	do my
Comple compe	I number of other independent contracto  the organization complete Schedule A? Independent Schedule A. Independent completed Schedule A. Independent completed Schedule A. Independent completed Schedule A. Independent completed Schedule A. Independent contractor schedule A. Independent contractor completed Schedule A. Independent contractor contr	rs each receiving over some this return, include Declaration of prepare	\$100,000	(b) Type of service  st attach a	nts, and mation c	Compe ✓ Ye to the	s	do my
Complete Competer Com	Inumber of other independent contractors of personal programments of the organization of the result of the organization of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over some this return, include Declaration of prepare	\$100,000	(b) Type of service  st attach a	nts, and mation of PTIN P00290	Compe Ye  to the of which	s	do my
Comple compered to the compere	Inumber of other independent contracto  the organization complete Schedule A? Inpleted Schedule A	rs each receiving over seach r	\$100,000	st attach a  edules and statemer is based on all informate  Check if self-employed Firm's EIN ▶ 8	PTIN P00290	Compe Ye  to the of which	s	
d Tota Did com ler penalt wiedge a any know  in re  id eparer	Inumber of other independent contracto  (a) Name and business address of experience of other independent contractors the organization complete Schedule A? Inpleted Schedule A	rs each receiving over :  NOTE. All section 501(continued this return, include Declaration of preparer's signature	\$100,000	st attach a  edules and statemer is based on all informate  Check if self-employed Firm's EIN ▶ 8	PTIN P00290	Compe Ye  to the of which	s	do my

Form 990-EZ (2018)

Page **4** 

## **Additional Data**

**Software ID:** 18007218

**Software Version:** 2018v3.1 **EIN:** 84-1355809

Name: Colorado Coalition of Land Trusts

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by ex	program service accomplishments for each of its three largest program spenses. In a clear and concise manner, describe the services provided, the d, and other relevant information for each program title.	`(c	Expenses quired for section 501 )(3) and 501(c)(4) panizations; optional for others.)
	d regional conferences, publications and newsletters reach thousands of people who are involved in the preservation of Colorado's open space heritage	28a	
(Grants \$ 4,683)	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501 (c)(4) organizations; optional for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments

1	29		29a	
		that conservation finance incentivesin Colorado remain in place. These in tool used by land trusts and local government open space programs.		
ı	' '			
1	(Grants \$ 42,000)	If this amount includes foreign grants, check here $\blacktriangleright$ $\Box$		1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492315021359 OMB No 1545-0047 **SCHEDULE A Public Charity Status and Public Support** (Form 990 or Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990EZ) ▶ Attach to Form 990 or Form 990-EZ. **Open to Public** ► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Inspection Name of the organization **Employer identification number** Colorado Coalition of Land Trusts 84-1355809 POTETTE PORCOMAGE Public Charity Ftatus (All programmer complete this part ) Socialistics of tan saturas

instructions

P	Support Schedule for (b)(1)(A)(ix)	_					
	(Complete only if you che III. If the organization fa						y under Part
s	iection A. Public Support	ns to quality and	acr the tests hat	ea below, pieas	e complete rait	111.)	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(6) 2013	(6) 2016	(d) 2017	(e) 2016	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	154,563	142,438	157,427	108,288	70,940	633,656
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	154,563	142,438	157,427	108,288	70,940	633,656
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76,863
6	Public support. Subtract line 5 from line 4						556,793
	ection B. Total Support	l.		1	I	L	
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	( <b>d)</b> 2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶	` '	, ,	` ,		` '	
7	Amounts from line 4 Gross income from interest,	154,563	142,438	157,427	108,288	70,940	633,656
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	23	32	36	40	138	269
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10							0
11	<b>Total support.</b> Add lines 7 through 10						633,925
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>					▶ □	
s	section C. Computation of Public	Support Perce	entage				
14	· · · · · · · · · · · · · · · · · · ·			olumn (f))		14	87 830 %
	Public support percentage for 2017 Sch					15	86 200 %
	33 1/3% support test—2018. If the			on line 13, and line	14 is 33 1/3% or		
	and stop here. The organization qualif	fies as a publicly si	upported organiza	tion			▶ ☑
<b>17</b> a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	—2018. If the org n meets the "facts-	anization did not o and-circumstance	check a box on line s" test, check this	box and stop her	re. Explain	▶□
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here.	▶□
18	supported organization <b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶⊔

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Sche	dule A (Form 990 or 990-EZ) 2018						Page <b>3</b>
Р	art IIII Support Schedule for	Organization	s Described in	Section 509(	a)(2)		
	(Complete only if you ch						er Part II. If
	the organization fails to	qualify under	the tests listed I	below, please co	omplete Part II.	)	
_Se	ection A. Public Support			ı	1		
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
,	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6)						
Se	ection B. Total Support		1		<u> </u>	1	
	Calendar year	(-) 2014	(1-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets (Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization	n's first, second, tl	hird, fourth, or fift	th tax year as a se	ection 501(c)(3) oi	
	check this box and <b>stop here</b>						▶⊔
	ection C. Computation of Public S						
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S	*	*			16	
	ection D. Computation of Investr						
17	Investment income percentage for 201	<b>ខ</b> (line 10c, colu	mn (f) divided by	line 13, column (f	r))	17	

Schedul	lle A (Form 990 or 990-EZ) 2018	F	Page <b>4</b>
Part :	Supporting Organizations  (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part Sections A and D, and complete Part V)	ı checked art I, comţ	12b of plete
Sect	tion A. All Supporting Organizations		
	_	Yes	No
1 A	Are all of the organization's supported organizations listed by name in the organization's governing documents?	[	]
. 8	· <del>[</del>		
	P		
J			
	Schedule A (Form 990 o	r 990-EZ)	2018

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

## **Additional Data**

 Software ID:
 18007218

 Software Version:
 2018v3.1

**EIN:** 84-1355809

Name: Colorado Coalition of Land Trusts

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional infoinstructions)

Facts And Circumstances Test

ef	ile GRAPHIC pri	nt - DO NOT PROCESS	As Filed	Data -			DLN: 9	3492	315021359
SC	HEDULE C	Political (	Campai	gn and Lo	obbying A	ctivities	5	OMB	No 1545-0047
	orm 990 or 990-	For Organizations Exen	npt From II	ncome Tax U	nder section 5	01(c) and s	section 527	2	018
•	nrtment of the Treasury nal Revenue Service	►Complete if the organizate ►Go to <u>www.irs.go</u>							n to Public spection
• : • • If th	Section 501(c)(3) or Section 501(c) (oth Section 527 organia se organization ans	swered "Yes" on Form 990, P ganizations Complete Parts I- er than section 501(c)(3)) orga zations Complete Part I-A only swered "Yes" on Form 990, P	A and B Do inizations Co  Part IV, Line	not complete Parts I-, omplete Parts I-, 4, or Form 990	art I-C A and C below D - <b>EZ, Part VI, Iine</b>	o not comple	ete Part I-B	nen	
<u>-</u>									
=		·	14						
R		nses, and share of excess lobb e filing organization checked bo		•	ovisions annly				
<u> </u>		Limits on Lobbyi	ing Expei	nditures			(a) Filing organization's totals		( <b>b)</b> Affiliated group totals
		·-			reu.)		Cotais		
		enditures to influence public op					0.20	20	
b		enditures to influence a legislat		rect lobbying)			9,20		
C		enditures (add lines 1a and 1b)	)				9,20	_	
d	Other exempt purp	ose expenditures (add lines 1c	and 1d\				44,76 53,96	_	
		,	•		- 4  -		33,90	50	
f	columns	ole amount Enter the amount f				_,	10,79	93	
	Not over \$500,000	Time 1e, column (a) or (b)		e amount on line :					
	Over \$500,000 but no	at over £1,000,000			xcess over \$500,000				
			·		xcess over \$300,000 xcess over \$1,000,0				
	Over \$1,000,000 but	<u> </u>							
		not over \$17,000,000	·		cess over \$1,500,00				
	Over \$17,000,000		\$1,000,00						
	Graceroote nontax	able amount (enter 25% of line	o 1f\				2.60	28	
g L		able amount (enter 25% of line om line 1a  If zero or less, ente	•				2,69	50	
	_	om line 1c If zero or less, enter							
_		ınt other than zero on either lir		1ı, dıd the orga	nızatıon file Form	4720 report	ing		Yes ☑ No
	(Some	4-Year organizations that made columns below. Se	a section	501(h) elec		ve to com		ne fiv	e
		Lobbying E	xpenditur	es During 4-	Year Averagin	g Period	,		
	Cal	lendar year (or fiscal year beginning in)		(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	8	(e) Total
<b>2</b> a	Lobbying nontaxa	ble amount		33,972	45,618	30	,822 10	0,793	121,205
b	Lobbying ceiling a (150% of line 2a,								181,808

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).  Section 501(h)).  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency  6	dule C (Form 990 or 990-EZ) 2018			Pag
Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		(c)(3) and f	led Form 5768 (election un	der
Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)				
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	heck Lifthe filing organization belongs to an affiliated group (and list in Part I	V each affiliate	d droup member's_name_address	FIN
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)				
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)				
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)				
Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Section C - Distributable Amount		Current Ye	ear
Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Enter 85% of line 1	2		
Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Enter greater of line 2 or line 3	4		
temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	Income tax imposed in prior year	5		
instructions)	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
instructions)	Check here if the current year is the organization's first as a non-functionally-	integrated Typ	e III supporting organization (see	
Schedule A (Form 990 or 990-EZ		,,		
Schedule A (Form 990 or 990-Ez	instructions)		C-b-d-l- A (F 000 000 l	F7\ 2
	•		Schedule A (Form 990 or 990-l	EZ) 2

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

## Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

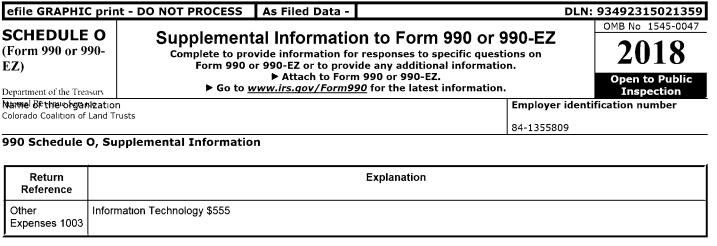
Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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



990 Schedule O, Supplemental Information Return Explanation Reference Other Royalties \$165 Expenses 1004

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$483 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$1684 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference Other Educational \$783 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Bank & merchant fees \$594

Other Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other Payroll fees/job ads \$270
Expenses 3

Return Explanation

990 Schedule O, Supplemental Information

Reference

Other Prepaid Expenses and Deferred Charges - Beginning \$215 Prepaid Expenses and Deferred Charges - Ending \$0
Assets 1011