Foff. 990-T	E	Exempt Orga					ax Return	ı ٔ ا	ОМВ	No 1545-0687
		•	nd proxy tax und		-		30 2010		2	018
٥	Forca	lendar year 2018 or other tax ye	irs.gov/Form990T for i				30, 2019	-		0 10
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbe								Public Inspection for Organizations Only
A Check box if address changed		Name of organization (Check box if name changed and see instructions.)							DEmployer identification number (Employees' trust, see instructions)	
B Exempt under section	Print	Print Energy Outreach Colorado							74-2543881	
x 501(c 0 (3)	or Type								ated busing the struction	ness activity code s
408(e) 220(e)	'',pe	225 E 16th Ave, No. 200								
408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80203-1612							00	
C Book value of all assets	L	F Group exemption num								
at end of year 27,017	,517.	G Check organization typ		poration	501(c)) trust	401(a)	trust		Other trust
H Enter the number of the	organiza	tion's unrelated trades or t	ousinesses >	1	D	escribe	the only (or first) un	related		
trade or business here	Inve	stment in limited	partnership.		. If or	nly one,	complete Parts I-V.	If more	than on	e,
describe the first in the b	lank spa	ce at the end of the previou	us sentence, complete P	arts I an	d II, complete a S	chedule	M for each addition	al trad	ог ог	
business, then complete										
I During the tax year, was	•	•		nt-subsi	diary controlled g	roup?	▶ L	Ye	es <u>x</u>	∟ No
		tifying number of the parer	it corporation							
J The books are in care of		larna Steuart de or Business Inc	omo	 -	(A) Income		one number > 30 (B) Expenses		5-8750	(C) Net
		ae or business inc	One	$\overline{}$	(A) Illcollin	-	(B) Expenses			(C) MET
1 a Gross receipts or sale b Less returns and allow			c Balance	1c						
2 Cost of goods sold (S		A line 7)	Chalance	2						
3 Gross profit. Subtract		•		3						
4a Capital gain net incom				4a	15	,509.				15,509.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	1 4797)	4b						
c Capital loss deduction	for trus	sts		4c						
5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	-8	,340.	Stmt 1		1	-8,340.
6 Rent income (Schedu				6		P	ECEIVED) 		
7 Unrelated debt-finance				7					<u> </u>	
		nd rents from a controlled	-	8		1	FR() 7 2020		<u> </u>	
		on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9 10	15	31 -1		<u>}`</u>	<u> </u>	
10 Exploited exempt activ11 Advertising income (S	-	•		11	-	-	GDEN, U	T	+	
12 Other income (See ins		•		12	-	9	JGDEIN, O			
13 Total. Combine lines		,		13	7	,169.				7,169.
Part II Deductio	ns No	t Taken Elsewher	e (See instructions for	or limita						
(Except for o	ontribu	utions, deductions must	be directly connecte	d with t	he unrelated bu	usiness	s income)	,		
14 Compensation of offi	cers, du	ectors, and trustees (Sche	dule K)					14		
15 Salaries and wages								15		
16 Repairs and mainten	ance							16		
17 Bad debts	dulo) /oc	o instructions)						17		·
18 Interest (attach schein19 Taxes and licenses	uule) (St	se instructions)						18 19		1,505.
	ons (See	instructions for limitation	rules) See Statem	ent 4	See Stat	tement	£ 2	20		0.
21 Depreciation (attach	•		1000)		21			20		
. ,		Schedule A and elsewher	e on return		228			22b		
23 Depletion						•		23		
24 Contributions to defe	rred cor	npensation plans						24		
25 Employee benefit pro	grams							25		
26 Excess exempt exper	•	•						26		
27 Excess readership co	•	•						27		
28 Other deductions (att		•			See Stat	tement		28		9,646.
29 Total deductions Ac		_	. Inna daduate - O. E.		forms lost 40		29			11,151.
		icome before net operating				no'		30 31		-3,982.
,	-	oss arising in tax years beg		ıy 1, 20	io (see instructio	iis)	2.1	3 ₁ 32		-3,982.
		come. Subtract line 31 fro					——— <i>Э\</i>	υZ	C	-3,982.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				 		
1 Inventory at beginning of year	1		6 Inventory at end of year							
2 · Purchases	2		7 Cost of goods sold. Subtract line 6							
3 Cost of labor	3			from line 5. Enter here	om line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No		
b Other costs (attach schedule)	4b			property produced or a	acquired	cquired for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued				3/a\Dadustians directly		ated with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)		3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)							,			
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part 1, line 6, column (B)	•	0.		
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)						
			2	. Gross income from or allocable to debt-	751	3 Deductions directly coni to debt-finance		perty		
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)		
(1)			┼─				1			
(2)			 				1			
(3)			1							
(4)					-		1 -			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))		
(1)				%				<u>-</u>		
(2)			1	%						
(3)				%		· <u> </u>				
(4)				%			1			
	-					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals				>		0		0.		
Total dividends-received deductions in	icluded in column	8				•		0.		

Ochedale 1 - Interest	, Alliantic	3, 110 y a	itics, a				ca Organii		10 (366 1113	Struction	3)	
•				Exempt	Controlled O	rganızatı	ons					
1 Name of controlled organi	ization	ion 2. Employer identification number					yments made includ		. Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)							•					
				1				 				
(2)				+				 				
(3)				+				<u> </u>				
(4)				<u></u>		l	-	<u> </u>				
Nonexempt Controlled Orga	inizations											
7 Taxable Income		nrelated incor ee instruction		9. Total	of specified pays made	ments	10 Part of colu in the controll gross		nization's		ductions directly connected income in column 10	
(1)												
(2)		_										
	-	•		 								
(3)				 				-				
_(4)				<u> </u>								
							Add colur Enter here and line 8,		1, Part I, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.			
Schedule G - Investn (see in	nent Incor structions)	me of a	Section	n 501(c)((7), (9), or	(17) Or						
1 De	escription of inco	me			2 Amount of	ıncome	3 Deduction directly connected (attach scheme)	ected	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)					T							
(3)					†							
(4)					†							
(4)					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals				•		0.					0	
Schedule I - Exploite (see ins	d Exempt tructions)	Activity	y Incon	ne, Othe	r Than Ac	lvertisi	ing Incom	9				
1 Description of exploited activity			directly with pi of ur	xpenses connected roduction nrelated ss income	4 Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	6. Exp attribut: colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)					<u> </u>							
					 							
(4)	Enter her page 1 line 10,		page	ere and on 1, Part I,), col (B)			.				Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0.	<u> </u>	0.							0	
Schedule J - Adverti												
Part I Income From	n Periodic	als Rep	orted o	on a Cor	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	ar (loss) (c		5. Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)							 					
(4)					 		 					
Totals (carry to Part II, line (5))	•		0.		0.						0	
											- 000 T (0040	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)						-	
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	-	%	
(4)	·	%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

Form 990-T Incom	e (Loss) from Partnerships	Statement 1
Description		Net Income or (Loss)
Lighthouse Global Long/Short Ordinary Business Tortoise Commingled MLP Fund Income (loss)	-	-2,791. -5,549.
Total Included on Form 990-T,	Page 1, line 5	-8,340.
Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Contributions for energy assistance	N/A	7,508,776.
Total to Form 990-T, Page 1,	line 20	7,508,776.
Form 990-T	Other Deductions	Statement 3
Description		Amount
Tax return preparation fees Investment management fees		1,090. 8,556.
Total to Form 990-T, Page 1,	line 28	9,646.

Form 990-T	Contributions S	Summary	Statement	4
Qualified	Contributions Subject to 100% I	Limit		
For Tax For Tax For Tax For Tax	of Prior Years Unused Contribut Year 2013 10,813 Year 2014 10,553 Year 2015 9,645 Year 2016 8,042 Year 2017 7,733	3,297 3,684 5,303		
Total Carı Total Curı	yover ent Year 10% Contributions	46,788,540 7,508,776		
	ributions Available come Limitation as Adjusted	54,297,316 0		
Excess 100	Contributions Contributions SCONTRIBUTIONS	54,297,316 0 54,297,316		
Allowable	Contributions Deduction			0
Total Cont	ribution Deduction			0

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

2018

Name

Employer identification number

74-2543881 Energy Outreach Colorado Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (e) Cost (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on 15,509. Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 6 Unused capital loss carryover (attach computation) 7 15,509. Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter pain from Form 4797, line 7 or 9 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

Part III Summary of Parts I and II

14 Capital gain distributions

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

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

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Schedule D (Form 1120) 2018

15,509.

15,509.

13

14

15

16

17

18

JWA

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2018

Attachment

Name(s) shown on return

Energy Outreach Colorado

Social security number or taxpayer identification no.

74-2543881

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part Short-Term. Transact	ions involving capit	tal assets you held	1 year or less are ge	enerally short-term (se	e instructio	ns) For long-term	-
transactions, see page 2 Note: You may aggregate a codes are required Enter th	ll short-term transa	ctions reported on Schedule D. line 1	Form(s) 1099-B shor	wing basis was report d to report these tran	ted to the IF	S and for which no i	adjustments or ructions)
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one b	ox. If more than one to one or more of the box	oox applies for your sho es, complete as many fo	rt-term transactions, com orms with the same box	iplete a sepan checked as yo	ate Form 8949, page 1, 1 ou need	or each applicable box
(A) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis was repo	rted to the IRS (se	e Note abo	ove)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis wasn't re	ported to the IRS			
(C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	(h)	
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and	column (f). See instructions		Gain or (loss). Subtract column (e) from column (d) &
		(ivio , day, yi)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Lighthouse Global							
Long/Short Fund, L.P.							15,509.
			_				
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	-			-			
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	-						
	10.45.45						
2 Totals. Add the amounts in colu			•	1			
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		·					
above is checked), or line 3 (if B	ox C above is ch	necked)			1 1		15,509.

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