Form **990-EZ**

2949214228511 **Short Form** Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form, as it may be made public. Department of the Treasury

Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

▶Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change COLORADO SPRINGS AUTOMOBILE DEALERS Name change ASSOCIATION 74-2211848 Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 5455 KATES DRIVE 719-233-5834 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending COLORADO SPRINGS CO 80919 Number > X Accrual Other (specify) ▶ Cash Accounting Method Check ► |X | If the organization is not N/A Website: required to attach Schedule B 501(c)(3) X 501(c) (6) **∢** (inse<u>rt no</u>) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — 527 Form of organization X Corporation Trust Association Other 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 2,800 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 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 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 8 80. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 RECEIVED 11 Benefits paid to or for members 11 100 12 Salaries, other compensation, and employee benefits 12 DEC 09 2020 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 OGDEN, UT 16 34,893 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 14,469 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Net Assets 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) 259,463 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20

Form **990-EZ** (2019)

21

273,932

Form **990-EZ** (2019)

DAA

F	Part II Balance Sheets (see the instructions for P	•				ਰ ਜ਼	
	Check if the organization used Schedule O to	respond to any				X	
			(A) Be	ginning of year		(B) End of year	
22	Cash, savings, and investments			255,253	_22	265,872	
23	Land and buildings		0	_23			
24	Other assets (describe in Schedule O)			4,310	24	8,160	
25	Total assets			259,563	25	274,032	
	Total liabilities (describe in Schedule O)		ļ	100	26	100	
	Net assets or fund balances (line 27 of column (B) must agree			259,463	27	<u> 273,932</u>	
P	Part III Statement of Program Service Accomp	•					
	Check if the organization used Schedule O to	o respond to any	question in this Part	III X		Expenses	
٧h	at is the organization's primary exempt purpose?				(Required for section		
	SEE SCHEDULE O		501(c)(3) and 501(c)(4)				
	scribe the organization's program service accomplishments for ea	•	• •		orga	inizations, optional for	
	measured by expenses In a clear and concise manner, describe	•	ed, the number of		othe	ers)	
oer	sons benefited, and other relevant information for each program to	itle			···		
28	EXPENSES RELATED TO NATIONAL ASSOCIATION AND M	MEMBER COSTS.					
	(Grants \$) If this amount includes for	oreign grants, chec	k here	• • • • • • • • • • • • • • • • • • •	28a		
29							
				1			
	(Grants \$) If this amount includes for	oreign grants, chec	k here	<u> </u>	29a		
30							
				r			
	(Grants \$) If this amount includes for	oreign grants, chec	c here	>	30a		
31	Other program services (describe in Schedule O)				1		
	•				1		
	(Grants \$) If this amount includes for	oreign grants, chec	c here	<u> </u>	31a		
	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a)			b D	32	ne for Part IVA	
	(Grants \$) If this amount includes for	mployees(list each	one even if not compen n this Part IV	sated — see the in	32	ns for Part IV)	
	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key English Check if the organization used Schedule O to response	mployees(list each nd to any question (b) Average	one even if not compen	(d) Health ben	32 nstructio	<u></u>	
	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part (V List of Officers, Directors, Trustees, and Key E	mployees(list each	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to e benefit plans,	32 efits, mployee and	ns for Part IV) (e) Estimated amount of other compensation	
F	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	mployees(list each nd to any question (b) Average hours per week	one even if not compen n this Part IV (c) Reportable compensation	(d) Health ben	32 efits, mployee and	(e) Estimated amount of	
F	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title DAVID PERKINS	mployees(list each nd to any question (b) Average hours per week devoted to position	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to e benefit plans, deferred comper	32 efits, mployee and esation	(e) Estimated amount of other compensation	
F I	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT	mployees(list each nd to any question (b) Average hours per week	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to e benefit plans, deferred comper	32 efits, mployee and	(e) Estimated amount of other compensation	
I I	(Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR	mployees(list each not to any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenfit plans, deferred comper	32 Instruction efits, imployee and insation	(e) Estimated amount of other compensation	
[[[[]	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT	mployees(list each nd to any question (b) Average hours per week devoted to position	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenfit plans, deferred comper	32 efits, mployee and esation	(e) Estimated amount of other compensation	
[] H	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT THOM BUCKLEY	mployees(list each do any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to ei benefit plans, deferred comper	32 efits, mployee and esation	(e) Estimated amount of other compensation	
[Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense Check if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT THOM BUCKLEY SECRETARY/TREASURER	mployees(list each not to any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to ei benefit plans, deferred comper	32 Instruction efits, imployee and insation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT THOM BUCKLEY BECRETARY/TREASURER PHILL EMMERT	mployees(list each nd to any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenefit plans, deferred comper	32 efits, mployee and esation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (and lines 28a through 31a) Check if the organization used Schedule O to respon (and Name and title) DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT THOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR	mployees(list each do any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenefit plans, deferred comper	astruction efits, mployee and nsation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT THOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to ei benefit plans, deferred comper	astruction efits, mployee and nsation 0	(e) Estimated amount of other compensation	
1 1 1 7 7 2 2 1 1 1 1	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY BECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER	mployees(list each nd to any question (b) Average hours per week devoted to position 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to ei benefit plans, deferred comper	efits, mployee and sation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to responsible to the organization used Schedule O to responsib	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenfit plans, deferred comper	efits, mployee and sation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to responsible to the organization used Schedule O to responsib	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eigenfit plans, deferred comper	astruction efits, mployee and and ensation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT PHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	astruction of the struction of the struc	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Expense (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	astruction efits, mployee and and ensation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part (V List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN	mployees(list each nd to any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eight plans, deferred comper	efits, mployee and sation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to responsive to the organization used Schedule	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eight plans, deferred comper	astruction of the struction of the struc	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN MEMBER MARK BARTON	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compenny this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and sation	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to responsive to the organization used Schedule	mployees(list each nd to any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compen n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and on sation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN MEMBER MARK BARTON	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compenny this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and on sation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN MEMBER MARK BARTON	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compenny this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and on sation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN MEMBER MARK BARTON	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compenny this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and on sation 0	(e) Estimated amount of other compensation	
	Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Excheck if the organization used Schedule O to response (a) Name and title DAVID PERKINS PRESIDENT ED BAUR VICE-PRESIDENT FHOM BUCKLEY SECRETARY/TREASURER PHILL EMMERT EXECUTIVE DIRECTOR BOB PENKHUS MEMBER BILL STANTON MEMBER RAY REILLY MEMBER MIKE JORGENSEN MEMBER MARK BARTON	mployees(list each do any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	one even if not compenny this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions to eighen benefit plans, deferred comper	efits, mployee and on sation 0	(e) Estimated amount of other compensation	

Form	990-EZ (2019) COLORADO SPRINGS AUTOMOBILE DEALERS 74-2211848	()	F	Page 3			
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirements in the						
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		r				
		Γ	Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		Х			
24	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed						
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the						
	change on Schedule O. See instructions	34		Х			
35a	The state of the s						
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?						
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O						
С							
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets						
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_ [
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were			1,,			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	 	X			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-[Ī			
39	Section 501(c)(7) organizations Enter	•	'	•			
a	Initiation fees and capital contributions included on line 9	┤		İ			
40a	Gross receipts, included on line 9, for public use of club facilities Section 501(a)(2) arrangement on the arrangement of the	-					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶	•		-			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			}			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	ſ		İ			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed						
_	on organization managers or disqualified persons during the year under sections 4912,	į					
	4955, and 4958			1			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1			
	40c reimbursed by the organization			Ī			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1			
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed ▶ NONE						
42a	The organization's books are in care of ▶ PHILL EMMERT Telephone no ▶ 71	9-23	3-5	834			
	5455 KATES DRIVE						
		919		T			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	X			
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	ŧ					
	Financial Accounts (FBAR)						
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	[X			
	If "Yes," enter the name of the foreign country ▶						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Ì					
	completed instead of Form 990-EZ	44a	ļ	X			
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			‡			
	completed instead of Form 990-EZ	44b	Ь—	X			
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	†		†			
	explanation in Schedule O	44d	├	 ,,			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├—	X			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b		X			
	Form 990-EZ See instructions	45D	1	i Δ			

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

COLORADO SPRINGS AUTOMOBILE DEALERS ASSOCIATION

74-2211848

Employer identification number

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION

AMOUNT

EXPENSES

PROMOTION & TRAINING	\$	1,809
OFFICE	\$	1,128
LUNCHEONS	\$	11,956
CHARITABLE CONTRIBUTIONS	\$	20,000
	TOTAL, S	34.893

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS RECEIVABLE \$ 4,310 \$ 8,160

TOTAL \$ 4,310 \$ 8,160

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION BEG. OF YEAR END OF YEAR

CREDIT CARD PAYABLE \$ 100 \$ 100

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

- TO FURTHER THE PUBLIC GOOD THROUGH THE EDUCATION AND ENLIGHTENMENT OF
CITIZENS CONCERNING THE AUTOMOBILE BUSINESS: TO FURTHER THE WELFARE OF
AUTOMOBILE AND TRUCK DEALERS AND TO ENHANCE AN UNDERSTANDING AND
COOPERATIVE RELATIONSHIP AMONG THEM AND CONSUMERS: TO PROMOTE THE GENERAL
AND COMMON INTERESTS OF NEW AND USED CAR AND TRUCK DEALERS: TO PROTECT THE
RIGHTS OF CONSUMERS AND DEALERS OF NEW AND USED CARS AND TRUCKS: TO PROMOTE

Name of the organization

COLORADO SPRINGS AUTOMOBILE DEALERS

Employer identification number

74-2211848

UNDERSTANDING AMONG NEW AND USED CAR AND TRUCK DEALERS AND THE PUBLIC IN GENERAL: TO FOSTER AND NURTURE A HEALTHY AND FAIR ECONOMIC RELATIONSHIP AND ENVIRONMENT FOR NEW AND USED CAR AND TRUCK DEALERS AND THE PUBLIC IN GENERAL: AND TO DO ANY AND ALL LAWFUL THINGS WHICH SUCH A CORPORATION MAY DO PURSUANT TO THE LAWS OF THE STATE OF COLORADO