## 990-EZ

# 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)

2017

OMB No. 1545-1150

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the	2017 calenda	ar year, or tax year beginning , 2017, and ending		, 20
B	Check if ap	plicable:		COURT OF PAGE 1/2000	entification number
	Address cl	hange	1 PERCENT FOR OPEN SPACE INC 84	4-1576444	
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E Tele	ephone nu	ımber
			970)349-1775		
=	Final return/terminated  City or town, state or province, country, and ZIP or foreign postal code  F. Gro		oup Exer	nption	
	Amended  Application	300	CRESTED BUTTE, CO 81224	mber 🕨	
		ing Method:	☐ Cash 🗵 Accrual Other (specify) ► H Check	▶ ☐ i	f the organization is <b>not</b>
	Vebsite	=			ach Schedule B
					)-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☐ Other		
LA	Add lines	s 5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	3	
(Pa	rt II. coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	121,744.
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	arti		the organization used Schedule O to respond to any question in this Part I		
	4		ons, gifts, grants, and similar amounts received	1	117,897.
	1 2		ervice revenue including government fees and contracts	2	
			ip dues and assessments	3	
	3	Investmen	•	4	736.
Revenue	4	read to the telephone to the	ount from sale of assets other than inventory	-	730.
	5a			-	
	b		or other basis and sales expenses	5c	
	6 6	Gain or (lo Gaming ar	30		
	_	_			
	а		ome from gaming (attach Schedule G if greater than		
	b		ome from fundraising events (not including \$of contributions		
Re		from fund	raising events reported on line 1) (attach Schedule G if the		
			ch gross income and contributions exceeds \$15,000) 6b 3,082	190000000000000000000000000000000000000	
	С	Less: direc	ct expenses from gaming and fundraising events 6c 2,527		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
				6d	555.
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other reve	nue (describe in Schedule O) See. Line 8 Stmt	8	29.
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,217.
	10	Grants and	d similar amounts paid (list in Schedule O) See. L-1,0 Stmt	10	30,000.
	11		aid to or for members	11	
S	12	Salaries, c	ther compensation, and employee benefits	12	27,398.
Expenses	13		nal fees and other payments to independent contractors	13	799.
	14		y, rent, utilities, and maintenance	14	2,100.
	15	Printing, p	ublications, postage, and shipping	15	651.
	16	Other exp	enses (describe in Schedule O) See. Line 16. Stmt .	16	7,685.
	17	Total exp	enses. Add lines 10 through 16	17	68,633.
· co	10	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	50,584.
iet	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with		
4SS		end-of-ye	ar figure reported on prior year's return)	19	196,021.
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	20	
ž	21		s or fund balances at end of year. Combine lines 18 through 20	21	246,605.

Pai	Balance Sheets (see the instructions			5 II		
	Check if the organization used Schedul	e O to respond to ar		Part II  (A) Beginning of year		X  B) End of year
-00	On the service of the			. ,		
22	Cash, savings, and investments				22 23	448,340.
23 24	Land and buildings				24	
25	Total assets				25	448,340.
26	Total liabilities (describe in Schedule O)				26	201,735.
27	Net assets or fund balances (line 27 of colum				27	246,605.
	Statement of Program Service Accor					
	Check if the organization used Schedu					Expenses
What	t is the organization's primary exempt purpose?					iired for section )(3) and 501(c)(4)
as m	cribe the organization's program service accompleasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the	f its three largest pre e services provided	rogram services, , the number of		izations; optional for
28	THE ORGANIZATION RAISED MONEY FROM WITH 25 NEW BUSINESSES ADDED IN 2 ORGANIZATIONS FOR LAND STEWARDSHIP OR (Grants \$ 30,000.) If this amour	017. THE ORGANI TO ACQUIRE LAND	ZATION DONATES FOR OPEN SPACE 1	TO VARIOUS PRESERVATION.	28a	41,162.
29		5 5			204	41,102.
23	(Grants \$ ) If this amour				29a	*
30						
		nt includes foreign gra			30a	
21	Other program services (describe in Schedule O	)				
31						
	(Grants \$ ) If this amoun	nt includes foreign gra			31a	41 160
32	(Grants \$ ) If this amour Total program service expenses (add lines 28a	nt includes foreign gra a through 31a)		🕨	32	41,162.
	(Grants \$ ) If this amount Total program service expenses (add lines 28at IV List of Officers, Directors, Trustees, and K	nt includes foreign gra a through 31a) ey Employees (list each	one even if not comp	ensated—see the in	32 struct	tions for Part IV)
32	(Grants \$ ) If this amour Total program service expenses (add lines 28a	nt includes foreign gra a through 31a) ey Employees (list each le O to respond to an	n one even if not comp ny question in this l	ensated—see the in	32 struct	tions for Part IV)
32	(Grants \$ ) If this amount Total program service expenses (add lines 28at IV List of Officers, Directors, Trustees, and K	nt includes foreign gra a through 31a) ey Employees (list each	n one even if not comp ny question in this l	pensated—see the in Part IV (d) Health benefits, contributions to employe	struct	tions for Part IV)
32 Par	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS	at includes foreign grad through 31a)  ey Employees (list each le O to respond to an hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
32 Par	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER	nt includes foreign gra a through 31a) ey Employees (list each le O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in  Part IV  (d) Health benefits, contributions to employe benefit plans, and	struct	tions for Part IV)
PET SEC GLC	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM	at includes foreign grad through 31a)	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
PET SEC GLC	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT	at includes foreign grad through 31a)  ey Employees (list each le O to respond to an hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
PET SEC GLC PRE DOU	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
PET SEC GLC PRE DOU	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT	at includes foreign grad through 31a)	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
PET SEC GLC PRE DOU VICE KAR	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struct	tions for Part IV)
PET SEC GLC PRE DOU VIC KAR BOA	(Grants \$ ) If this amour Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN	at includes foreign grad through 31a)	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struct	Estimated amount of her compensation
PET SEC GLC PRE DOU VIC KAR BOA BEV	(Grants \$ ) If this amour Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT E PRESIDENT EN JANSSEN RD MEMBER	at includes foreign grad through 31a)	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struct	Estimated amount of her compensation
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA	(Grants \$ ) If this amour Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 struct	Estimated amount of her compensation  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	Grants \$ ) If this amour Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 sstruct	ions for Part IV)
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.
PET SEC GLC PRE DOU VIC KAR BOA BEV BOA MOI	(Grants \$ ) If this amour Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and K Check if the organization used Schedu  (a) Name and title  E NICHOLS RETARY/TREASURER CUNNINGHAM SIDENT G KROFT E PRESIDENT EN JANSSEN RD MEMBER ERLY GRIFFITH RD MEMBER LLY MURFEE	at includes foreign grad through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in part IV	32 sstruct	Estimated amount of her compensation  0.  0.  0.

Part	AN ARTHUR DE MODELLE DE MANAGEMENT DE LA PROPERTIE DE LE MODELLE DE LA PROPERTIE DE LA PROPERT			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year 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, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ CO			
42a	The organization's books are in care of ► MOLLY MURFEE  Telephone no. ► (970)		9-17	75
h	Located at ▶ P O BOX 1974, CRESTED BUTTE CO  ZIP + 4 ▶ 8122  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	∠ 4 	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	×
	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 Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	4.41		
_	completed instead of Form 990-EZ	44b 44c		×
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	44c		^
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		×
				_

46	Did the organization engage, directly or it to candidates for public office? If "Yes," or						Yes	No
Part		s only s must answer que	stions 47–49b and	52, and co			for line	
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization a second complete this table for the organization's employees) who each received more than	t II	i)? If "Yes," complete s ritable related organiz on?		ers, directo	. 47 . 48 . 49a . 49b ors, truste	es, an	
	(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimat other cor		
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	's five highest compe anization. If there is no	ensated independent			received		; than
52 Under p	enalties of periury. I declare that I have examined this	ule A? <b>Note:</b> All se	ection 501(c)(3) organ	nizations m	best of my kn	.▶X Ye		<b>No</b>
Sign Here	Signature of officer PETE NICHOLS, SECRETA Type or print name and title  Print/Type preparer's name DOUGLAS B. GORMAN	n officer) is based on all info	ormation of which preparer h	nas any knowle 05, Date	dge. /06/2018 e	if PTIN		
Prep Use	arer	SIXTH ST, CRE	STED BUTTE, CO	Firm	n's EIN ▶84- ne no. (9		)9 -6156	

## Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

#### **Continuation Statement**

Description	Amount
WORKERS COMPENSATION DIVIDEND	29.
, Total	29.

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

#### **Continuation Statement**

Description	Amount
ADVERTISING	3,648.
DUES & SUBSCRIPTIONS	260.
OFFICE SUPPLIES	181.
TELEPHONE	833.
INTERNET EXPENSE	712.
ENTERTAINMENT	454.
BANK CHARGES	10.
WEBSITE EXPENSES	247.
OTHER EXPENSE	0.
INSURANCE	1,340.
INTEREST EXPENSE	0.
PROFESSIONAL DEVELOPMENT	0.
Depreciation	0.
Amortization	0.
Total	7,685.

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

### **Continuation Statement**

Organization's Primary Exempt Purpose
THE ORGANIZATION RECEIVES DONATIONS,
THEN USES THE FUNDS TO HELP SUPPORT
AND FUND OPEN SPACE PROJECTS IN
GUNNISON COUNTY, COLORADO.