

**Short Form**

**Return of Organization Exempt From Income Tax**

**2017**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** , 2017, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization 1 PERCENT FOR OPEN SPACE INC		<b>D</b> Employer identification number 84-1576444
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 1974		<b>E</b> Telephone number (970) 349-1775
	City or town, state or province, country, and ZIP or foreign postal code CRESTED BUTTE, CO 81224		<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		

**I Website:** ▶ N/A

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 121,744.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	117,897.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	736.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> 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) . . . . .	<b>6b</b>	3,082.	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	2,527.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	555.	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . . See Line 8 Stmt. . . . .	<b>8</b>	29.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	119,217.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . See I-1.0 Stmt. . . . .	<b>10</b>	30,000.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	27,398.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	799.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	2,100.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	651.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16 Stmt. . . . .	<b>16</b>	7,685.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	68,633.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	50,584.
	<b>19</b> 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) . . . . .	<b>19</b>	196,021.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	246,605.



Part 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

Table with columns for question number, description, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	<b>Yes</b>	<b>No</b>
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
<b>47</b> 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 . . . . .	<b>47</b>		<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ _____	05/06/2018
	Signature of officer	Date
	▶ PETE NICHOLS, SECRETARY/TREASURER	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DOUGLAS B. GORMAN	Preparer's signature 	Date 05/06/2018	Check <input type="checkbox"/> if self-employed	PTIN P00346071
	Firm's name ▶ DOUGLAS B. GORMAN PC			Firm's EIN ▶ 84-0826709	
	Firm's address ▶ PO BOX 149 214 SIXTH ST, CRESTED BUTTE, CO 81224			Phone no. (970) 349-6156	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**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.
<b>Total</b>	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.
<b>Total</b>	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.