# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990 for instructions and the latest information.

, 2020, and ending For the 2020 calendar year, or tax year beginning . 20 Check if applicable: D Employer identification number Address change Colorado Coalition of Land Trusts 84-1355809 P.O. Box 16280 Telephone number Name change Golden, CO 80402 303-325-3805 Initial return Final return/terminated Amended return **G** Gross receipts \$ 542,270. F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Rebecca Jewett **H(b)** Are all subordinates included? If "No," attach a list. See instructions Same As C Above Yes Nο Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: ► www.keepitco.org **H(c)** Group exemption number ▶ M State of legal domicile: CO Form of organization: X Corporation Other > L Year of formation: 1991 Part I Summary Briefly describe the organization's mission or most significant activities: Colorado Coalition of Land Trusts promotes and supports land conservation excellence in Colorado Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 11 5 Total number of volunteers (estimate if necessary)..... 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 318,415 525,117. Program service revenue (Part VIII, line 2g)..... 11,824. 16,941 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 234. 212. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 330,473 542,270. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 155,000 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 96,007 225,395 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 94,558. 130,341. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 190,565 510,736. Revenue less expenses. Subtract line 18 from line 12..... 139,908. 31,534. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 225,442. 193,908. 21 0. 0. Net assets or fund balances. Subtract line 21 from line 20..... 22 193,908. 225,442. Signature Block 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. Signature of officer Date Sign Here Anna Schmid
Type or print name and title Treasurer Print/Type preparer's name Preparer's signature James M Davis James M Davis P00290880 **Paid** self-employed Preparer ► Davis & Co., CPAs, P.C. Use Only Firm's address ▶ 9457 S. University Blvd., Firm's EIN ► 84-1184234

Highlands Ranch, CO 80126 May the IRS discuss this return with the preparer shown above? See instructions . . . . . . . . .

Yes

No

Phone no. 3037916800

Par	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III.	
1	Briefly describe the organization's mission:	
	Colorado Coalition of Land Trusts promotes and supports land conservation	excellence_
	in Colorado.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	v 🗔
	Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	🗔
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	total expenses,
4:	a (Code: ) (Expenses \$ 171,155. including grants of \$ 155,000.) (Revenue \$	)
7.	Remote monitoring - During 2020 Colorado Coalition of Land Trusts was the	lead agency
	on a statewide initiative to use remote sensing technologies to monitor th	
	conservation easements. Much of the work was accomplished by providing reg	
	various regional public land trusts in Colorado.	Laires to
4 t	(Code:) (Expenses \$159,263. including grants of \$) (Revenue \$)	)
	Public policy - Colorado Coalition of Land Trust's initiatives ensure that	
	conservation finance incentives in Colorado remain in place. These incenti	
	primary conservation tool used by land trusts and local government open sp	<u>ace</u>
	programs.	
4 0	c (Code:) (Expenses \$ 129,275. including grants of \$) (Revenue \$)	)
	Education - Colorado Coalition of Land Trust's statewide and regional conf	erences,
	publications and newsletters reach thousands of people annually throughout	Colorado
	who are involved in the preservation of Colorado's open space heritage.	
4 (	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
	e Total program service expenses ► 459,693.	<u> </u>

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X	

# Form 990 (2020) Colorado Coalition of Land Trusts Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2020) Colorado Coalition of Land Trusts

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			• • •
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
١	of If 'Yes,' enter the name of the foreign country ►			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
		30		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			17
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Melissa Daruna P.O. Box 16280 Golden CO 80002 (720)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

See instructions for the order in which to list the persons above.											
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
<u> </u>	(C)							,	,		
<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below dotted line)	thar	one both dire	(do n box, an c	ot che unles officer /truste	Highest compensated	i	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Melissa Daruna	40										
Executive Dir.	0			Χ				116,197.	0.	12,745.	
(2) Tony Calgiuri	1										
Vice Chair	0	Χ		Χ				0.	0.	0.	
(3) Anna Schmid	1										
Treasurer	0	Χ		Χ				0.	0.	0.	
(4) Erik Glenn	_ 1							_	_	_	
Director	0	Χ						0.	0.	0.	
	$-\frac{1}{0}$	Х		Χ				0.	0.	0.	
(6) Jessica Jay	1										
Director	0	Х						0.	0.	0.	
(7) Carlos Fernandez	1										
Director	0	Х						0.	0.	0.	
(8) Jim Petterson	1										
Director	0	Х						0.	0.	0.	
(9) Rod Bleiberg	1										
Director	0	Х						0.	0.	0.	
(10) Suzanne Stephens	1										
Secretary	0	Х		Χ				0.	0.	0.	
(11) Jeffrey Boring	1										
Director	0	Χ						0.	0.	0.	
(12) Travis Custer	1										
Director	0	Х						0.	0.	0.	
(13)											
<u>(14)</u>											

Part VII   Section A. Officers, Directors, T		Key	Em			es,	and	d Highest Com	pensated Empl	oyees	<b>S</b> (conti	nued)
	(B)			((	•							
(A)	Average hours			(D) (E)			(F)					
Name and title	officer and a director/trustee) compensation from compensation from the creatistics		(	ated amo								
	(list any hours	or d	isni	Officer	Key	High emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the c	nsation rganizati	ion
	for related	Individual or director	utio	cer	emp	lest o	ner				d related anization	
	organiza - tions	DE TO	nal t		Key employee	omp						
	below dotted	ndividual trustee or director	nstitutional trustee		ð	Highest compensated employee						
	line)		8			ated						
(15)												
	1											
(16)												
(17)												
40												
(18)												
(19)												
		-										
(20)												
	1											
(21)												
(22)	4											
(23)												
(23)												
(24)												
	1											
(25)												
1 b Subtotal						• • •		116,197.	0.		12,7	
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)							<b>-</b>	0. 116,197.	0.		12,7	0.
2 Total number of individuals (including but not limit							ved			ensatio	12, <i>1</i> n	45.
from the organization 1	04 10 111000	notou	abo	• 0)	*****	10001	·ou	ποιο τιαπ φτοσ,σο	o or reportable comp	onsatio		
<u> </u>											Yes	No
3 Did the organization list any former officer, dire	ector, truste	ee, ke	ev er	mple	ovee	e, or	high	nest compensated	employee			
on line 1a? If 'Yes,' compléte Schedule J for s	ıch individu	ıaİ		• • • •						3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations great	of reportab	le co	mpe	ensa	ițion	and	oţh	er compensation	from			
the organization and related organizations grea	iter than \$1	50,00	JU? 	<i>IT</i> 'Y	res,	com	пріе	te Scheaule J for		4		Х
5 Did any person listed on line 1a receive or acc	rue comper	nsatio	n fr	om	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Y	es,' comple	ete Sc	chea	lule	J fo	r suc	ch p	erson		5		X
Section B. Independent Contractors  1 Complete this table for your five highest compe	nsated ind	enen	dent	t coi	ntra	otors	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report comp	ensation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year.			
(A) Name and business address  (B) Description of services  Comp							Compo	C)	\n			
Name and bùsíness address Description of services Compens.								, isali0	9.1			
2 Total number of independent contractors (including	g but not lim	ited to	o the	se l	istec	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	on ► 0											

# Part VIII Statement of Revenue

· ui		Check if Schedule O contains a response or note to any	line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	525,117.			
nue	_	Business Code				
Program Service Revenue	2a b c		16,748. 193.	16,748. 193.		
n Se	e					
grai	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	16,941.			
	3	Investment income (including dividends, interest, and other similar amounts)	212.			212.
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c  Net rental income or (loss)				
		(i) Securities (ii) Other				
	/ a	sales of assets				
	b	other than inventory Less: cost or other basis and sales expenses 7 b				
		Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
r R		See Part IV, line 18				
жhе		Less: direct expenses 8b  Net income or (loss) from fundraising events				
O		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
<b>10</b>	С	Net income or (loss) from sales of inventory  Business Code				
의	11 a					
ane inte	b					
	11 a b c d					
Miscellaneous Revenue						
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	542,270.	16,941.	0.	212.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	155,000.	155,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	116,197.	105,739.	8,134.	2,324.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	80,753.	74,003.	5,250.	1,500.
8	Pension plan accruals and contributions	00,733.	74,003.	3,230.	1,500.
Ü	(include section 401(k) and 403(b) employer contributions)	3,900.	3,549.	273.	78.
9	Other employee benefits	9,918.	9,025.	695.	198.
10	Payroll taxes	14,627.	13,311.	1,024.	292.
11	Fees for services (nonemployees):				
á	Management				
ŀ	Legal				
(	Accounting	700.		700.	
(	Lobbying	48,000.	48,000.		
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	22,830.	16,155.	6,675.	
12	(A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	24,659.	12,331.	4,931.	7,397.
13	Office expenses	1,397.	1,271.	98.	28.
14	Information technology	6,436.	2,815.	3,621.	20.
15	Royalties.	0,430.	2,013.	3,021.	
16	Occupancy	7,270.	6,616.	509.	145.
17	Travel	400.	364.	28.	8.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	400.	304.	20.	<u> </u>
	Conferences, conventions, and meetings	8,191.	7,066.	1,125.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.700		0.700	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,783.		2,783.	
á	Dues & subscriptions	3,134.	2,852.	219.	63.
	Meetings	2,891.		2,891.	
	Training	1,596.	1,596.		
(	Funraising direct expenses	54.			54.
25	All other expenses	510,736.	459,693.	38,956.	12,087.
		310,730.	437,073.	30,930.	14,007.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing				1	
	2	Savings and temporary cash investments			193,908.	2	225,442.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contributors	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		-			
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· ·		7	
G	7	Inventories for sale or use				<del></del>	
et	8			<u></u>		8	
Assets	9	Prepaid expenses and deferred charges	1 1			9	
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,413.			
	b	Less: accumulated depreciation		2,413.		10 c	
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line		193,908.	16	225,442.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part		L_		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u> _		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
a	27	•			193,908.	27	225,442.
Bal	28	Net assets with donor restrictions		<b> </b>	133,300.	28	225, 112.
Þ		Organizations that do not follow FASB ASC 958, che					
Net Assets or Fund Balance		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds	<u></u>		29		
ě	30	Paid-in or capital surplus, or land, building, or equipm		<u></u>		30	
Asi	31	Retained earnings, endowment, accumulated income		<u></u>		31	
et.	32	Total net assets or fund balances		L	193,908.	32	225,442.
	33	Total liabilities and net assets/fund balances			193,908.	33	225,442.
RΔ	Λ		TEEA0111L	10/07/20			Form <b>990</b> (2020)

	, control of Land Trabel				<u> </u>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	•			<u> 270.</u>
2	Total expenses (must equal Part IX, column (A), line 25).	-	5	10,	
3	Revenue less expenses. Subtract line 2 from line 1				534.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	-	1	93,	908.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2	25,	112
Pai	rt XII Financial Statements and Reporting	10		23,	142.
ı u					
	Check if Schedule O contains a response or note to any line in this Part XII				
_				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
	were the organization's financial statements audited by an independent accountant?		. 2b		Х
,	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ.		. 20		Λ
	basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ale			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits.		٦.		
D 4 4	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(2020)
BAA	IEEAUTZL 10/13/20		Forn	1 990	(2020)

Form **990** (2020)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Colorado Coalition of Land Trusts 84-1355809 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	157,427.	108,288.	70,940.	318,415.	525,117.	1,180,187.				
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 the organization without charge						0.				
	<b>Total.</b> Add lines 1 through 3 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)	157,427.	108,288.	70,940.	318,415.	525,117.	1,180,187. 405,865.				
6	Public support. Subtract line 5 from line 4						774,322.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total				
7	Amounts from line 4	157,427.	108,288.	70,940.	318,415.	525,117.	1,180,187.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36.	40.	138.	234.	212.	660.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.				
	Total support. Add lines 7 through 10						1,180,847.				
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.				
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶				
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage								
	Public support percentage for 20 Public support percentage from 2						65.57 % 63.39 %				
	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	he organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	S% or more, check	this box				
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box				
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-ai	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how				
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-a d-circumstances' t	nd-circumstances est. The organiza	test, check this betien qualifies as a	oox and <b>stop here</b> a publicly support	Explain in Part ed organization.	VI how the ►				

84-1355809

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to 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.						
С	Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	<b>-</b>
	tion C. Computation of Pul	•					
	Public support percentage for 20				•		%
	Public support percentage from					16	%
	tion D. Computation of Inv					Т -	
	Investment income percentage f	•		-			%
	Investment income percentage f						8
	<b>33-1/3% support tests—2020.</b> If is not more than 33-1/3%, check <b>33-1/3% support tests—2019.</b> If t	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	า ▶ 🔲
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported orga	nization •
-				, , , , , , , , , , , , ,			1 1

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# **Section A. All Supporting Organizations**

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described in line 11a above?	11b		
		s controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year.  The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations		l l	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
1	D:4 th	he experientian provide to each of its supported experientians, by the last day of the fifth month of the		Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilzation's governing documents in effect on the date of notification, to the extent not previously provided:	•		
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	H	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	H	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
ı		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	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)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
á	Average monthly value of securities	1a					
I	Average monthly cash balances	1b					
•	Fair market value of other non-exempt-use assets	1c					
	d Total (add lines 1a, 1b, and 1c)	1d					
-	Discount claimed for blockage or other factors     (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization			

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:	_		
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
BΛΛ		Schodulo A (Fo	rm 990 or 990-F7) 2020

BAA

Schedule A (Form 990 or 990-EZ) 2020

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 E, 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.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

2020

OMB No. 1545-0047

Color	ado Coalition	of Land Trusts	84-1355809
Organiza	ation type (check one):		
Filers of	:	Section:	
Form 990	or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n
		527 political organization	
Form 990	)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General	Rule		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special I	Rules		
X	under sections 509(a)( received from any on	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line e contributor, during the year, total contributions of the greater of (1) \$5,000; ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total purposes, or for the p	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, sciention of cruelty to children or animals. Complete Parts I (entering 'N/A' is address), II, and III.	fic, literary, or educational
	during the year, control \$1,000. If this box is charitable, etc., purpo	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such cont checked, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the <b>General Rule</b> applies to this cively religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990,	990-EZ,	or 990-PF)	(2020)
Name of organization			

Employer identification number

C01019	ado Coalition of Land Trusts	84-1.	333809
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Gates Family Foundation  1390 Lawrence Street, #400  Denver, CO 80204	\$175,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-  \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Colorado Coalition of Land Trusts

84-1355809

Part II Noncash	Property (see instructions).	Use duplicate copies of	Part II if additional space is needed.
-----------------	------------------------------	-------------------------	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
		  \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Schedule B (Form 990, 990-E	<u> </u>

Employer identification number 84-1355809

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributor. Cor completing Part III, enter the total of exclu (Enter this information once. See instruc	usively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A		·			
	(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			· - <del> </del>			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
	<b> </b>					

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	,	501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organiza	* * * * * * * * * * * * * * * * * * * *	-		Employer identific	ation number
Col	Lorado	Coalition of	Land Trusts		84-135580	
			rganization is exempt under section			zation.
1	Provide	a description of the	organization's direct and indirect political o	campaign activities in	Part IV.	
•			on of 'political campaign activities')		<b>&gt;</b> A	
			xpenditures (See instructions)campaign activities (See instructions)			
		•	rganization is exempt under sections			
1	Enter ti	ne amount of any exc	ise tax incurred by the organization under	section 4955	<b>▶</b> ċ	0.
2			sise tax incurred by organization managers			
			a section 4955 tax, did it file Form 4720 for			
		-		•		
		' describe in Part IV.				Ties Ino
	,		rganization is exempt under section	on 501(c) . excep	t section 501(c)(3).	
			pended by the filing organization for section			
2			g organization's funds contributed to other			
		•	es		¬ Ş	
3			ditures. Add lines 1 and 2. Enter here and		<b>&gt;</b> \$	
4			e Form 1120-POL for this year?			
5	Enter the organizamount segrega	ne names, addresses ation made payments of political contribution ated fund or a politica	and employer identification number (EIN) s. For each organization listed, enter the as received that were promptly and directly delation committee (PAC). If additional spanning	of all section 527 pol mount paid from the livered to a separate po ace is needed, provide	itical organizations to w filing organization's fun olitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)			 			
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Scriedule C (FOITH 990 OF 990-EZ) 2020				84-1355	
Part II-A Complete if th section 501(h)	e organizatior ).	is exempt under sect	tion 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► if the filing of	organization belong	s to an affiliated group (and li	ist in Part IV each affilia	ed group member's name,	
address, El	IN, expenses, and	I share of excess lobbying e	expenditures).		
<b>B</b> Check ► if the filing	organization ched	cked box A and 'limited conf	trol' provisions apply.		
(The term 'e	Limits on Lobby xpenditures' mea	ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditure	es to influence pul	olic opinion (grassroots lobb	oying)		
<b>b</b> Total lobbying expenditure	es to influence a l	egislative body (direct lobby	ring)	48,000.	
c Total lobbying expenditure	es (add lines 1a a	nd 1b)		48,000.	0.
<b>d</b> Other exempt purpose exp			<u> </u>	462,736.	
e Total exempt purpose exp	enditures (add lin	es 1c and 1d)		510,736.	0.
f Lobbying nontaxable amore both columns		ount from the following tabl		101,610.	
If the amount on line 1e, colum	n (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% of the excess o	ver \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess o	ver \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,000 plus 5% of the excess ov	er \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
<b>g</b> Grassroots nontaxable am	•	•	<u> </u>	25,403.	0.
h Subtract line 1g from line	1a. If zero or less	s, enter -0		0.	0.
i Subtract line 1f from line	1c. If zero or less	, enter -0		0.	0.
j If there is an amount other t section 4911 tax for this ye	han zero on either ear?	line 1h or line 1i, did the orga	nization file Form 4720 i	eporting	Yes No
		4-Year Averaging Period Ur	nder Section 501(h)		
(Some o		t made a section 501(h) ele ow. See the separate instru			
	Lobb	ying Expenditures During 4	-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total
2 a Lobbying nontaxable amount	30,82	2. 10,793.	38,329.	101,610.	181,554.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					272,331.
<b>c</b> Total lobbying expenditures	6,60	9,200.	17,500.	48,000.	81,300.
d Grassroots nontaxable amount	7,70	6. 2,698.	9,582.	25,403.	45,389.
e Grassroots ceiling amount (150% of line 2d, column (e))					68,084.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

84-1355809

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(n)).						
<b>-</b>	Not be a second of the second	(a	1)		(b	)	
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No		Amo	unt	
1	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:  a Volunteers?						
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?						
	<ul> <li>d Mailings to members, legislators, or the public?</li></ul>						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				_	_	_
	b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
1 2 3					1 2 3	Yes	No
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5)	, or s	ectio	n 50 }, is	1(c)	
1	Dues, assessments and similar amounts from members.		1				
2	expenses for which the section 527(f) tax was paid).						
	a Current year.		2a				
	<b>b</b> Carryover from last year.		2 b				
	c Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		5				
4	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)		5				

# 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.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	lorado Coalition of Land Trust			84-13558	09
Par	₹   Organizations Maintaining Dono	or Advised Funds or Other:	Similar Funds	or Accounts.	
	Complete if the organization answ	wered 'Yes' on Form 990, P	art IV, line 6.		
		(a) Donor advised fund	ds	(b) Funds and othe	er accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the				es No
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing t	hat grant funds ca	an be used only	
	for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other pur	pose conferring	es 🗆 No
Day	t II Conservation Easements.				
Fai	Complete if the organization answers	wered 'Yes' on Form 990 P	art IV line 7		
1	Purpose(s) of conservation easements held by				
•	Preservation of land for public use (for example)	•	<u> </u>	of a historically importa	int land area
	Protection of natural habitat	pio, reoreation of education,		of a certified historic st	
	Preservation of open space				. acta. c
2	Complete lines 2a through 2d if the organization h	held a qualified conservation contribu	ition in the form of	a conservation easemer	nt on the
_	last day of the tax year.	Total a qualification control of the	_		
			L	Held at the End	d of the Tax Year
	a Total number of conservation easements		L.	2 a	
	Total acreage restricted by conservation ease		<u> -</u>	2 b	
•	Number of conservation easements on a certification	fied historic structure included in (	(a)	2 c	
(	d Number of conservation easements included in structure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or to	erminated by the o	rganization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re				
_	and enforcement of the conservation easemer				<u> </u>
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violations, an	d enforcing conser	vation easements during	the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and en	forcing conservatio	on easements during the	year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	rements of section	n 170(h)(4)(B)(i)	es 🗆 No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	oorts conservation easements in its	s revenue and ex	pense statement and b	palance sheet, and
	conservation easements.	to the organization's infancial state	ciricitis triat acso	ribes the organizations	s accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or Otleart IV, line 8.	her Similar Assets	<b>.</b>
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education.	or research in fu	ment and balance shee rtherance of public ser	t works of art, vice, provide in
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or res	search in furtherand	ce of public service, prov	orks of art, ride the
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hamounts required to be reported under FASB	nistorical treasures, or other similar a ASC 958 relating to these items:	assets for financial	gain, provide the following	ng
ä	a Revenue included on Form 990, Part VIII, line	: 1			
-	Assets included in Form 990, Part X			<b>▶</b> \$	<u> </u>

Part III Organizations Maintai	illing Colle	CUOIIS OF AIL	, nistoric	ai ireasures, or	Other Sillillar ASS	ets (COITUI	iueu)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other records,	,	· ·	ke significant use of its	collection	
<b>a</b> Public exhibition		d	Loan or e	xchange program			
<b>b</b> Scholarly research		е	Other				
c Preservation for future generation	ations						
4 Provide a description of the organiz Part XIII.	ation's collect	ions and explain l	how they furt	ther the organization's	exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather the	nan to be ma	intained as part	of the organ	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	<b>l Arrangen</b> amount on	<b>nents.</b> Compl Form 990, P	ete if the art X, line	organization ans e 21.	wered 'Yes' on Fo	m 990, P	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other interr	nediary for	contributions or other	r assets not included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement							
bili res, explain the arrangement	iii i ait Xiii t	ina complete the	, lollowing t	abic.		Amount	
<b>c</b> Beginning balance						Amount	
<b>d</b> Additions during the year							
* *							
e Distributions during the year							
f Ending balance						٠,	
2a Did the organization include an a					- L	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here if the	e explanation	on has been provided	I on Part XIII		
Part V Endowment Funds. C	•	ĭ		<u>ered 'Yes' on For</u>			
	(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the curre	nt year end bala	ance (line 1	g, column (a)) held a	s:	•	
a Board designated or guasi-endowme	ent ►	%					
<b>b</b> Permanent endowment ►	8						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in the organization by:	he possession	of the organization	on that are h	neld and administered	for the	Yes	. No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ited organiza	tions listed as re	equired on S	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the	organization's e	ndowment f	unds.		,	
Part VI Land, Buildings, and I Complete if the organi			n Form 9	90 Part IV line	11a See Form 99	) Part X	line 10
Description of property		(a) Cost or othe (investmen		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment				2,413.	2,413.		0.
e Other	<u></u> .						
Total. Add lines 1a through 1e. (Column	n (d) must e	qual Form 990, F	Part $X$ , colu	mn (B), line 10c.)			0.
BAA					Schedi	ıle D (Form 9	990) 2020

Schedule D (Form 990) 2020

Complete if the organization answere  (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
) Financial derivatives	` '	(0)	
2) Closely held equity interests.			
3) Other			
A) B) C) C) C) E)			
"	_		
<u>"</u>			
<u>'</u>			
<del>-</del> )	_		
G) 	_		
	_		
l) 			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27. (2	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Vec' on Form 991	N/A Dert IV line 11c See	Form 990 Part Y line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
	(b) Dook value	(c) mothod of valuation. Oc	set of one of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	Dart IV line 11d See	Form 990 Part V Jino 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D	N/A	D, Part IV, line 11d. See	Form 990, Part X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D  (1)  (2)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  (1)  (2)  (3)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  (1)  (2)  (3)  (4)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  (1)  (2)  (3)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription	O, Part IV, line 11d. See	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription	O, Part IV, line 11d. See	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Complete if the organization answered 'Yes' on	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value  (b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column  Other Liabilities. Complete if the organization answered 'Yes' on  (1) Federal income taxes (2)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on  (1) Federal income taxes (2) (3)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (a) Desc. (1) Federal income taxes (2) (3) (4)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X  Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value  (b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X  Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (c) (d) (d) (d) (d) (d) (e) (f) (g)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value  (b) Book value  X, line 25.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value ▶  X, line 25.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value  (b) Book value  X, line 25.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d. See	(b) Book value    Control   Control

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses. 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
A LLI' A LAI	1 4
c Add lines 4a and 4b.  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c 5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 84-1355809 Colorado Coalition of Land Trusts Part I General Information on Grants and Assistance

### 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Colorado West Land Trust							Remote
1006 Main Street							monitoring
Grand Junction, CO 81501	74-2155358		67,000.	0.			regrant
(2) Aspen Valley Land Trust							Remote
320 Main Street, Suite 204							monitoring
Carbondale, CO 81623	84-0574754		15,000.	0.			regrant
(3) Palmer Land Trust							Remote
102 S. Tejon St., Suite 360							monitoring
Co Springs, CO 80903	84-0763346		15,000.	0.			regrant
(4) Colorado Cattlemans Land Trus							Remote
8833 Ralston Road							monitoring
Arvada, CO 80002	84-1317592		14,000.	0.			regrant
(5) The Nature Conservancy							Remote
2424 Spruce Street							monitoring
Boulder, CO 80302	53-0242652		10,000.	0.			regrant
(6) San Isabel Land Protection Tr							Remote
P.O. Box 124							monitoring
Westcliffe, CO 81252	84-1311010		10,000.	0.			regrant
(7) Colorado Open Lands							Remote
1546 Cole Blvd., Suite 200							monitoring
Lakewood, CO 80401	84-0866211		10,000.	0.			regrant
(8) Eagle Valley Land Trust							Remote
P.O. Box 3016							monitoring
Edwards, CO 81632	74-2205958		7,000.	0.			regrant
2 Enter total number of section 501(c)(	<ol><li>and government or</li></ol>	ganizations listed	in the line 1 table				9

3 Enter total number of other organizations listed in the line 1 table.....

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

# Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Organization has a strong historic relationship with grantees and works closely with them to assure the regrant's objectives are understood and acheived.

# **Continuation Sheet for Schedule I (Form 990)**

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III. 2020

Continuation Page 1 of 1Name of the organization Employer identification number Colorado Coalition of Land Trusts 84-1355809 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of (a) Name and address of organization or government (b) EIN (d) Amount of cash (f) Method of (e) Amount of nonvaluation (book, FMV, appraisal, grant or assistance (if applicable) grant cash assistance noncash assistance other) Rio Grand Headwaters Land Remote \_\_Trust, P.O. Box 444 monitoring Del Norte, CO 81132 84-1495770 7,000 regrant

Schedule I Cont (Form 990) 2020

### **SCHEDULE 0** (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.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

84-1355809

#### Form 990 - Additional DBAs

Colorado Coalition of Land Trusts

Keep it Colorado

### Form 990, Part VI, Line 11b - Form 990 Review Process

Board members receive a draft copy of the Form 990 and formally approve the return before it is filed.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Reviewed annually with each director, policy compliance statement re-signed annually by each director.

## Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Reviewed annually by Board of Directors and adjustments are based on merit, practices of similarly situated nonprofits based on salary survey, and budget contraints.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents available upon receipt of a valid request.