990

732001 11-28-17

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning $JUL 1$, 2017 and e	ال nding	UN 30, 2018									
В	Check if applicable	C Name of organization		D Employer identifi	cation number								
	Addres	CRESTED BUTTE LAND TRUST											
Ļ	Name change	Doing business as		84-1	190830								
L	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 2224	Room/suite	E Telephone numbe	r 349–1206								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	966,526.								
	Amend			H(a) Is this a group re									
	Applica	I F Name and address of principal officer; LKICA MOLLILL		for subordinates									
	pending	BOX 2224, CRESTED BUTTE, CO 81224		H(b) Are all subordinates in	ncluded? Yes No								
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)								
		e: ▶ CBLANDTRUST.ORG		H(c) Group exemption									
		organization: X Corporation Trust Association Other	L Year	of formation: 1991 $ m extbf{ iny}$	State of legal domicile: CO								
P		Summary											
ø	1 E	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f S}$	CHEDU	LE O									
auc	_	. [=]											
Governance	1	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
်	1			3	12 12								
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			7								
ţį	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			150								
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.								
¥	1	Net unrelated business taxable income from Form 990-T, line 34			0.								
	 "	vet unrelated business taxable income from 1 om 350 1, line 04		Prior Year	Current Year								
Revenue	8 (Contributions and grants (Part VIII, line 1h)		984,618.	929,300.								
		Program service revenue (Part VIII, line 2g)		0.	0.								
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-430,377.	-361.								
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,692.	-510.								
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		571,933.	928,429.								
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.								
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		15,262.	0.								
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		278,429.									
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
ă	b 7	Fotal fundraising expenses (Part IX, column (D), line 25) 28,70		00000	E10 (E0								
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		209,099.									
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		502,790.	977,914.								
<u>_ (</u>	19 F	Revenue less expenses. Subtract line 18 from line 12		69,143.									
Net Assets or Find Balances		Fahal accords (David V. Para 40)		ginning of Current Year 4,824,942.	End of Year 4,449,928.								
Asse Rais	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		577,770.	252,238.								
let/	21 7	Net assets or fund balances. Subtract line 21 from line 20		4,247,172.	4,197,690.								
	art II	Signature Block		1/21//1/20	1/13//0300								
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is								
		, and complete. Declaration of preparer (other than officer) is based on all information of which			,								
Sig	n	Signature of officer		Date									
He		ERICA MUELLER, PRESIDENT											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Pai		KIMBERLY J. HITCHCOCK, CPKIMBERLY J. HITC			P00291937								
		Firm's name MCNURLIN, HITCHCOCK & ASSOCIATES	, P.C	• Firm's EIN ▶	84-1233353								
Use Only Firm's address 1987 WADSWORTH BLVD; SUITE A.													
		LAKEWOOD, CO 80214		Phone no. 30	3-988-5648								
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No								

Pa	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:
	THE MISSION OF THE CRESTED BUTTE LAND TRUST IS TO FOREVER PROTECT AND
	STEWARD OPEN LANDS FOR VISTAS, RECREATION, WILDLIFE AND RANCHING, THUS
	CONTRIBUTING TO THE PRESERVATION OF GUNNISON COUNTY'S UNIQUE HERITAGE
	AND QUALITY OF LIFE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	PRESERVATION OF OPEN SPACE AND ACQUISITION OF LAND AND EASEMENTS: THE
	LAND TRUST WAS AWARDED RENEWED ACCREDITATION THROUGH THE LAND TRUST
	ACCREDITATION COMMISSION, JOINING A SELECT GROUP OF ORGANIZATIONS TWICE
	ACCREDITED BY THE COMMISSION. THE LAND TRUST IS CURRENTLY LEADING
	FEDERAL LAND EXCHANGE WITH THE GUNNISON NATIONAL FOREST TO PROTECT 120
	ACRES ON LONG LAKE UNDER THREAT OF PUBLIC SALE AND CONTRIBUTE 628 ACRES
	OF PRIVATE LAND TO THE AMERICAN PEOPLE. THIS \$3.3 MILLION PROJECT WILL
	PROTECT PUBLIC ACCESS TO LONG LAKE AND ENSURE THE CONSERVATION VALUES
	OF LONG LAKE ARE PROTECTED FOR GENERATIONS TO COME.
4b	(Code:) (Expenses \$
	EASEMENT AND LAND STEWARDSHIP: STAFF MONITORED 59 CONSERVATION
	PROPERTIES TOTALING MORE THAN 5,190 ACRES. STAFF SUCCESSFULLY
	COMPLETED DESIGN AND ENGINEERING OF THE NEW GUNSIGHT BRIDGE. MONITORED
	THE PEANUT LAKE RESTORATION PROJECT TO PROTECT THE SLATE RIVER FROM
	CONTAMINATED SEDIMENTS. THE LAND TRUST CONVENED THE 18 MEMBER SLATE
	RIVER WORKING GROUP TO ADDRESS RIVER RECREATION, WILDLIFE, AND RANCHING
	IN THE SLATE RIVER VALLEY. ORGANIZATION CO-HOSTED YOUTH CORPS MEMBERS
	TO IMPROVE TRAILS, REMOVE NOXIOUS WEEDS, AND REPAIR LIVESTOCK FENCING.
	STAFF COLLABORATED WITH OVER 5 LOCAL, AND STATE ORGANIZATIONS TO
	IMPROVE TRAIL, RESTORE NATIVE VEGETATION, REPAIR FENCE LINES, ELIMINATE
	NOXIOUS WEEDS, AND REMOVE TRASH FROM CONSERVED LANDS.
4c	(Code:) (Expenses \$ 119,115. including grants of \$) (Revenue \$) EDUCATION & COMMUNICATIONS: THE LAND TRUST LED THE THIRD INSTALLATION OF
	THE STORYWALK (TM), ENGAGING CHILDREN'S IMAGINATION IN NATURE. STAFF
	LED THE FIRST STEWARDSHIP EDUCATION DAY IN PARTNERSHIP WITH OTHER
	NATURAL RESOURCE PROFESSIONALS TO DEEPEN COMMUNITY UNDERSTANDING OF THE
	NATURAL RESOURCE PROFESSIONALS TO DEEPEN COMMONITY UNDERSTANDING OF THE NATURAL HISTORY OF THE GUNNISON VALLEY. STAFF LED TWO EDUCATION
	PROGRAMS FOR KINDERGARTNERS AND 9TH GRADERS AT THE CRESTED BUTTE
	IN THEIR EVERYDAY LIVES. STAFF INSTALLED NEW TRAILHEAD SIGNAGE FOR THE
	GUNSIGHT BRIDGE PROPERTY AND SIGNAGE NEAR THE GREAT BLUE HERON ROOKERY
	TO EDUCATE RECREATIONAL USERS ON THE IMPORTANCE OF SAFEGUARDING THE
	CONSERVATION VALUES OF PROTECTED OPEN SPACE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 79,846 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 891,850.
	Form 990 (2017)

Form 990 (2017) CRESTED BUTT Part IV Checklist of Required Schedules

			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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent		7.7	
	endowments, or 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	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	11b		Х
С	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	11c		Х
d	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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	441.		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X

Form 990 (2017) CRESTED BUTTE LAND Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
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? If "Yes," complete Schedule J	23		х
24a	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		
С	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		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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</i> "Yes," <i>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		Х
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		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Lu	filed for the calendar year ending with or within the year covered by this return 2a 7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
- a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:	T a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		21
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		21
b		6h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
	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?	7a		21
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- -		х
	to file Form 8282?	7с		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 211 one of this coolen 2 requests information about periode not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	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			
	taxable entity during the year?	16a		х
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 970-349-1206			
	PO BOX 2224, CRESTED BUTTE, CO 81224			

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

- 1a 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.

Leck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(A)	(B)	(C)		(D)	(E)	(F)				
Nours Per		1	(dn	Position							
(iist any hours for related organizations below line) (iist any hours for related organizations below line) (ii) ROGER CESARIO 3.00 (iv) 2 2 2 2 2 2 2 2 2			box	, unle	ss pe	rsoni	is bot	h an		·	
1 ROGER CESARIO 3.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		(list any hours for related organizations	\vdash	th		the organization	organizations	compensation from the organization and related			
1 ROGER CESARIO 3.00 X		,	Indivi	Institi	Office	Key e	Highe emplo	Form			
Carrage Carr	(1) ROGER CESARIO	3.00									
X	BOARD MEMBER		Х						0.	0.	0.
SECRETARY	(2) JERRY CLARK	4.00							_	_	_
X	TREASURER		Х		X				0.	0.	0.
SETH HISE	(3) BETH APPLETON	5.00								_	
BOARD MEMBER			X		X				0.	0.	0.
Source S		3.00									
BOARD PRESIDENT EMERITUS			X						0.	0.	0.
Column		3.00	l		l						•
BOARD MEMBER X	-		X		X				0.	0.	0.
Table Tabl		3.00	١							•	•
BOARD MEMBER X		1 2 00	X						0.	0.	0.
S		3.00									•
BOARD PRESIDENT X		2 00	X						0.	0.	0.
Source S		3.00	,,		,,					0	0
BOARD MEMBER X 0. 0. 0. (10) CHRIS RIOPELLE 3.00 0. 0. 0. 0. BOARD VICE PRESIDENT X X 0. 0. 0. 0. (11) ZACHARY CHENAULT 3.00 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. (12) JEFF FAHRENBRUCH 3.00 X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. (13) NOEL DURANT 40.00 0.		2 00	A		X.				0.	0.	0.
Column C		3.00								0	0
BOARD VICE PRESIDENT X X X 0. 0. 0.		3 00	^						0.	0.	0.
Column		3.00			\ _V					0	0
BOARD MEMBER X 0. 0. 0. (12) JEFF FAHRENBRUCH 3.00 0. 0. 0. BOARD MEMBER X 0. 0. 0. (13) NOEL DURANT 40.00 0. 0. 0.	-	3 00	^		_				0.	0.	0.
(12) JEFF FAHRENBRUCH 3.00 BOARD MEMBER X (13) NOEL DURANT 40.00		3.00	v						l 0	0	0
BOARD MEMBER X 0. 0. 0. (13) NOEL DURANT 40.00		3.00	25							•	0.
(13) NOEL DURANT 40.00		3.00	x						0.	0.	0.
		40.00									
		1000	1		x				77.635.	0.	0.
									7.70000		
			1								
			1								
			1								

732007 11-28-17 Form **990** (2017)

Part VII Section A	. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) e and title	(B) Average hours per week (list any hours for related organizations below	tee or director oppoor opposition	not c	Pos heck ess pe nd a d	ition more rson irecto		one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MI	on d ns	com fi org an	(F) stimate nount of other upensa rom the janizati d relate anizati	of tion e ion ed
		line)	Individ	Institut	Officer	Keyem	Highes employ	Former				Olg.	ai iizati	
			<u> </u>											
			_											
								<u> </u>	77,635.		0.			0.
d Total (add lines Total number of	inuation sheets to Part V 1b and 1c) individuals (including but i							<u> </u>	77,635. eceived more than \$100	0,000 of reportab	0 • 0 • ole			0.
compensation fr	om the organization												Yes	0 N o
line 1a? If "Yes,"	tion list any former officer complete Schedule J for s	such individual										3		Х
and related orga	al listed on line 1a, is the s nizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		Х
, ,	isted on line 1a receive or organization? If "Yes," con	•				,			ed organization or indiv	idual for services	3	5		Х
1 Complete this ta	ble for your five highest co										mpens	ation	from	
the organization.	the organization. Report compensation for the calendar y (A) Name and business address				ng v E	vitn	or w	ritnir	n the organization's tax (B) Description of s		С	(Compe	C) nsatio	
,			—											
								\dashv						
	independent contractors (iot lii	mite	d to	tho (se li:	stec	d above) who received n	nore than				

Form 990 (2017) CRESTED

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any lin	e in this Part VIII			
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns 1a					
irar		Membership dues 1b					
S, G		Fundraising events 1c	4,200.				
ar /		Related organizations 1d					
s, (mil		Government grants (contributions) 1e	14,501.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
the l		similar amounts not included above 1f	910,599.				
	g	Noncash contributions included in lines 1a-1f: \$	13,587.				
a S		Total. Add lines 1a-1f	>	929,300.			
			Business Code				
9	2 a						
e <u>Z</u> i	b						
Sul	С						
eve	d						
Program Service Revenue	е						
ة ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, in					
		other similar amounts)	>	-361.			-361.
	4	Income from investment of tax-exempt bo					
	5	Royalties)				
		(i) Real					
	6 a	Gross rents 1,06					
	b	Less: rental expenses	0.				
	С	Rental income or (loss) 1,06	1.				
	d	Net rental income or (loss)		1,061.	1,061.		
	7 a	Gross amount from sales of (i) Securit	es (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
anı	8 a	Gross income from fundraising events (no	t				
len		including $\$$ of					
Other Rever		contributions reported on line 1c). See	00 550				
ē		Part IV, line 18					
₹		Less: direct expenses		10 240			12 240
		Net income or (loss) from fundraising ever		-12,340.			-12,340.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities	s				
	10 a	Gross sales of inventory, less returns	a 10,433.				
		and allowances	·				
		Less: cost of goods sold		7,235.	7,235.		
ł	C	Net income or (loss) from sales of inventor Miscellaneous Revenue	Business Code	7,255	7,255		
ł	11 ^	MISCELLANEOUS INCOME	900099	3,534.	3,534.		
	ii a b		- 300033	3,334.	3,3346		
	C		-				
		All other revenue	-				
		Total. Add lines 11a-11d		3,534.			
	12	Total revenue. See instructions.	·····	928,429.	11,830.	0.	-12,701.

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 respons not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	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		элф элгээ	<u></u>	
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	77,635.	68,319.	5,434.	3,882.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	151,467.	133,291.	10,603.	7,573.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,459.	15,364.	1,222.	873.
10	Payroll taxes	18,681.	16,439.	1,308.	934.
11	Fees for services (non-employees):				
а	Management				
b		17,082.	15,032.	1,196.	854.
С	Accounting	38,727.	34,080.	2,711.	1,936.
	Lobbying				
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	43,894.	38,628.	3,072.	2,194. 6,445.
12	Advertising and promotion	23,017.	10,358.	6,214.	6,445.
13	Office expenses	2,113.	1,858.	148.	107.
14	Information technology				
15	Royalties				
16	Occupancy	12,844.	11,303.	899.	642.
17	Travel	4,864.		4,864.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,121.	3,626.	495.	
20	Interest	21,356.	21,356.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,330.		12,330.	
23	Insurance	7,247.	3,986.	3,261.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	IMPAIRMENT LOSS	250,000.	250,000.		
b	GRANT REFUNDS	118,844.	118,844.		
С	LONG LAKE ACQUISITION	51,052.	51,052.		
d	ACQUISITION EXPENSE	44,643.	44,643.		
е	All other expenses	60,538.	53,671.	3,607.	3,260.
25	Total functional expenses. Add lines 1 through 24e	977,914.	891,850.	57,364.	28,700.
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)				

Form 990 (2017) Part X Balance Sheet

Ра	πх	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			25,946.	1	27,341.
	2	Savings and temporary cash investments			980,541.	2	707,090.
	3	Pledges and grants receivable, net	159,775.	3	438,257.		
	4	Accounts receivable, net			217,517.	4	100,701.
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	I(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use		181.	8	597.	
	9	Prepaid expenses and deferred charges			2,710.	9	0.
	10a	Land, buildings, and equipment: cost or other		014 000			
		basis. Complete Part VI of Schedule D		214,828.	100 010		101 004
	b	Less: accumulated depreciation		93,444.	129,840.	10c	121,384.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		2 074	13		
	14	Intangible assets		3,874.	14	0.	
	15	Other assets. See Part IV, line 11		3,304,558.	15	3,054,558.	
	16	Total assets. Add lines 1 through 15 (must equ		4,824,942.	16	4,449,928.	
	17	Accounts payable and accrued expenses		28,570.	17	38,121.	
	18	Grants payable		17 105	18	22 700	
	19	Deferred revenue			17,195.	19	33,700.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
biit		key employees, highest compensated employee					
Lia		Complete Part II of Schedule L			532,005.	22	100 /17
	23	Secured mortgages and notes payable to unrela			334,003.	23	180,417.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	•	·		05	
	26	Schedule D Total liabilities. Add lines 17 through 25			577,770.	25 26	252,238.
	20	Organizations that follow SFAS 117 (ASC 958		k horo X and	311,110	20	232,230•
w		complete lines 27 through 29, and lines 33 an		K liele Lizz allu			
Š	27	Unrestricted net assets			4,129,570.	27	3,839,719.
Fund Balances	28	Temporarily restricted net assets			30,702.	28	271,071.
Ä	29				86,900.	29	86,900.
Ĕ		Organizations that do not follow SFAS 117 (A					
ΥF		and complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds			30		
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
ř.	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			4,247,172.	33	4,197,690.
	I						4,449,928.
	34	Total liabilities and net assets/fund balances			4,824,942.	34	4,449,928

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,24	7,1	72.
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 in Schedule O)	9			3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,19	7,6	90.
Pa	rt XII Financial Statements and Reporting		,		
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	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 reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization CRESTED BUTTE LAND TRUST 84-1190830 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 university: 10 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1446877.	2889922.	725,406.	984,618.	925,100.	6971923.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5,742.	5,735.	5,735.	5,735.	5,735.	28,682.
	Total. Add lines 1 through 3	1452619.	2895657.	731,141.	990,353.	930,835.	7000605.
5	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,						650 060
	column (f)						659,262.
	Public support. Subtract line 5 from line 4.						6341343.
	•••	(-) 0040	(I-) 004.4	/-\ 004E	(-I) 0040	1-1 0047	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2013 1452619.	(b) 2014 2895657.	(c) 2015 731,141.	(d) 2016 990, 353.	(e) 2017 930, 835.	(f) Total 7000605.
	Amounts from line 4	1432013.	2073037•	/ 3 1 , 1 1 1 1	770,333.	750,055.	7000005
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	1,540.	1,199.	1,379.	1,061.	-361.	4,818.
۵	Net income from unrelated business	1,3100	1,1331	173734	1,0010	3010	1,010.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,440.	13,849.	12,725.	9,706.	3,534.	44,254.
11	Total support. Add lines 7 through 10		·				7049677.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·				n 501(c)(3)	
	organization, check this box and stop	here					>
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	89.95 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	91.20 %
16a	33 1/3% support test - 2017. If the o	•		,		,	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	· ·				*	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						.
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	nd see instruction	s

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.)

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	• •				, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2017 (I			actume (fl)		15	0/
	Public support percentage for 2017 (i					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
						18	
	Investment income percentage from 2016 Schedule A, Part III, line 17						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		ŭ	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 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 Part VI.
- **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 Part VI.
- c 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 Part VI.
- 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 10b below.
 - **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.)

		Yes	No
	1		
	2		
	_		
_ ;	3a		
<u> </u>	3b		
-	3с		
	4a		
-	+a		
ď	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
9	9a		
	9b		
	9с		
1	l0a		
	0b		
m 990	or 99	90-EZ)	2017

Par	t IV Supporting Organizations _(continued)			
	- Verilliaee,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	1a		
b	A family member of a person described in (a) above?	1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	71 0 (7	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ĺ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions	;). 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ĺ
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	ea e		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
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 co	omplete Se	ections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 1-1/2% 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 .035	6				
7	Recoveries of prior-year distributions	7				
88	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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	Distributable Amount. 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-functiona	lly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)				
Secti	ion D - Distributions		•	Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes					
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	าร				
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is responsive	е				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

T dit VI	Part IV, Section A, 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 A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
NORTH VILLAGE RESERVE, INC	641,250.	500,256.
SLICK FAMILY FOUNDATION	300,000.	159,006.
Total Excess Contributions to Schedule A, Part II, Line 5		659,262.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

CRESTED BUTTE LAND TRUST

Employer identification number 84-1190830

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other 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 donor advisors in						
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring				
_							
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizat						
	X Preservation of land for public use (e.g., recreation or e		torically important land area				
	X Protection of natural habitat	Preservation of a ce	rtified historic structure				
	X Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		4 000 50				
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired		I I				
_	listed in the National Register						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax				
	ycar	sement is located > 1					
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
•	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting, 296	, nandling of violations, and enforcing col	nservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand \$\Bigsis\$ 26,561.	dling of violations, and enforcing conserv	ation easements during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		X Yes No				
9	In Part XIII, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for				
	conservation easements.						
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descr	ibes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under SFAS 1						
а	Revenue included on Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X						

Par	rt III Organiza	tions Maintaining C	Collections of Ar	t, Historical T	reasures, o	or Othe	r Similar	Asset	S (contin	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibit	tion	d	Loan or exc	change progra	ams				
b	Scholarly res		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did	d the organization solicit o	or receive donations of	of art, historical tre	asures, or oth	er similar	assets			
_		funds rather than to be m						Ш	Yes	X No
Par		and Custodial Arran		ete if the organization	on answered	"Yes" on I	Form 990, F	Part IV, li	ne 9, or	
		amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·							
1a	•	an agent, trustee, custod		•						V
		X?						Ш	Yes	X No
b	If "Yes," explain the	e arrangement in Part XIII	and complete the fo	llowing table:						
									Amount	
	Beginning balance									
		e year								
e		g the year					1e			
30		n include an amount on F							Yes	□ No
	ū	e arrangement in Part XIII.		•			ıy ?		162	
Par		ent Funds. Complete i					<u></u> 0			
<u></u>		one i diraci complete i	(a) Current year	(b) Prior year	(c) Two year		d) Three year	s hack	(e) Four	vears hack
1a	Beginning of year h	palance	626,625.	669,683	, , ,	5,804.		,674.		544,556.
			, .	5,263	-	2,500.		,931.		78,578.
		nings, gains, and losses	5,964.	1,511	+	1,379.		,199.		1,540.
d	Grants or scholarsh		,	,				<u> </u>		
e	Other expenditures									
			0.	49,832						
f	. •	enses		•						
g	End of year balance		632,589.	626,625	. 669	9,683.	645	,804.		624,674.
2	Provide the estimat	ted percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:	•		•		
а	Board designated	or quasi-endowment	86.26	%						
b	Permanent endowr	ment ▶ 13.74	<u>%</u>							
С	Temporarily restrict	ted endowment 🕨	%							
	The percentages of	n lines 2a, 2b, and 2c sho	ould equal 100%.							
3а	Are there endowme	ent funds not in the posse	ession of the organiza	ation that are held	and administe	ered for th	e organizat	ion	_	
	by:									Yes No
		nizations							3a(i)	X
	(ii) related organiz								3a(ii)	X
b	· ·	i), are the related organiza			?				3b	
Do :		If the intended uses of the		wment funds.						
Pai		ildings, and Equipm		Doublik Consider	0 5 000	. D-+-V I				
	•	the organization answere						1	(N D)	
	Description	on of property	(a) Cost or of basis (investn		t or other (other)		cumulated reciation		(d) Book	. value
1-	Land		- ` 	Dasis	(Ou ioi)	uep	COIALIOIT			
				650.			86,830) .	120	0,820.
		ments					55,050	+		. , 020 •
		inents			7,178.		6,614			564.
	0.11				.,		-,	1		
		gh 1e. (Column (d) must e		X. column (B). line	10c.)				121	L,384.
			,	,	- /					

Part VII	Investments -	Other Securities.

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		+	
(H) Tatal (Col. (h) must agual Form 000, Part V, col. (P) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Dort IV	line 11e Coe Form 000 Dort V line	12
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
	(D) Book value	(c) memer or valuation: se	or on one or your market value
(1) (2)			
(3)			
(4) (5)			
(6)			
(7)		-	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV	. line 11d. See Form 990. Part X. line	15.
	Description	, ,	(b) Book value
(1) PRESERVED LAND ACQUISITIO	N		3,051,858
(2) OTHER DEPOSITS			2,700
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		3,054,558
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form 990, Part >	ζ, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ▶		
2 Liability for uncertain tax positions. In Part XIII. provide		ote to the organization's financial stat	oments that reports the

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2017 CRESTED BUTTE LAND TRUST		84-1	190830	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				422
1	Total revenue, gains, and other support per audited financial statements		1	928,	432
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d 3	•		
е	Add lines 2a through 2d		2e		3
3	Subtract line 2e from line 1		3	928,	429
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	928,	429
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Retur	m.	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	977,	914
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			

c Other losses 2c Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 4a

b Other (Describe in Part XIII.) c Add lines 4a and 4b

b Prior year adjustments

4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

ALL COSTS ASSOCIATED WITH CONSERVATION EASEMENTS ARE EXPENSED. DONATIONS OF CONSERVATION EASEMENTS ARE NOT RECOGNIZED, AS THE VALUE AN EASEMENT DONOR IS ABLE TO DEDUCT FOR INCOME TAX PURPOSES IS NOT AVAILABLE TO THE RECIPIENT CONSERVANCY ORGANIZATION.

PART III, LINE 4:

CONSERVATION LANDS ARE PROPERTIES OWNED BY THE LAND TRUST THAT HAVE SIGNIFICANT ECOLOGICAL VALUE. THESE PROPERTIES ARE MANAGED IN AN EFFORT TO PROTECT THE NATURAL BIOLOGICAL DIVERSITY OF THE PROPERTY. CONSERVATION LANDS ARE LANDS HELD FOR THE FURTHERANCE OF THE LAND TRUST'S CONSERVATION MISSION RATHER THAN FOR FINANCIAL GAIN. THESE PROPERTIES ARE PROTECTED

Part XIII | Supplemental Information (continued)

ARE CARED FOR AND PRESERVED, AND ARE SUBJECT TO THE LAND TRUST'S POLICY THAT REQUIRES THE PROCEEDS FROM ANY SALES OF THESE LANDS TO BE USED TO ACQUIRE OTHER CONSERVATION LAND OR LAND INTERESTS. THE MANAGEMENT OF THE LAND TRUST BELIEVES THAT ITS CONSERVATION LANDS MEET THE DEFINITION OF A "COLLECTION" AS DEFINED IN THE ACCOUNTING STANDARDS CODIFICATION ("CODIFICATION"), AND HAS ADOPTED A POLICY OF NOT CAPITALIZING COLLECTION AS SUCH, CONSERVATION LAND ACQUIRED THROUGH PURCHASE OR CONTRIBUTION IS NOT RECOGNIZED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF CONSERVATION LAND ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE LAND IS ACQUIRED, OR AS A DECREASE IN TEMPORARILY OR PERMANANTLY RESTRICTED NET ASSETS IN THE YEAR IF THE ASSETS USED TO PURCHASE THE LAND ARE RESTRICTED BY DONORS. CONTRIBUTIONS OF CONSERVATION LAND ARE NOT REFLECTED ON THE FINANCIAL STATEMENT PROCEEDS FROM THE SALE OF CONSERVATION LAND ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART V, LINE 4:

THE ORGANIZATION USES THEIR BOARD DESIGNATED ENDOWMENT FUNDS FOR

EXPENDITURES RELATING TO MONITORING, MANAGING, AND DEFENDING CONSERVATION

EASEMENTS AND ACQUISITIONS HELD BY THE ORGANIZATION.

PART X, LINE 2:

THE LAND TRUST IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

(IRC) AND STATE INCOME TAXES UNDER REGULATIONS IN THE STATE OF COLORADO.

THEREFORE, THE LAND TRUST IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES

IN CONNECTION WITH ITS EXEMPT ACTIVITIES. IN ADDITION, THE LAND TRUST IS

TREATED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING

Part XIII | Supplemental Information (continued)

OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2018.

THE STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE LAND TRUST MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE LAND TRUST AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED JUNE 30, 2018.

AS OF JUNE 30, 2018, THE LAND TRUST'S TAX RETURNS FOR 2014, 2015, AND 2016

ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART	ХT	LINE	2ח	_	OTHER	ADJUSTMENTS

AUDIT TO TAX ADJUSTMENT DUE TO ROUNDING TO THE NEAREST

WHOLE DOLLAR 3.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CRESTED BUTTE LAND TRUST

Employer identification number 84-1190830

Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	red "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) A fundraiser fundraiser listed in col. (ii)				(vi) Amount paid to (or retained by) organization
		Yes	No			
			>		1.9.5	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2017 CRESTED BUTTE LAND TRUST 84-1190830 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events FISHING NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 26,759. 1 Gross receipts 26,759. 4,200. 4,200. 2 Less: Contributions 22,559. 22,559 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 34,899. 34,899. 9 Other direct expenses 34,899 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2017 CRESTED BUTTE LAND TRUST 84-	1190	830	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	•		
á	The organization's facility	13a		%
ŀ	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(If "Yes," enter name and address of the third party:			
	Name >			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9,	, 9b, 10	Ob, 15b,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	CRESTED	BUTTE	LAND	TRUST		84-1190830	Page 4
Part IV	Supplemental Infor	mation (continu	red)					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CRESTED BUTTE LAND TRUST

Employer identification number 84-1190830

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE CRESTED BUTTE LAND TRUST IS TO FOREVER PROTECT AND
STEWARD OPEN LANDS FOR VISTAS, RECREATION, WILDLIFE AND
RANCHING-CONTRIBUTING TO THE PRESERVATION OF GUNNISON COUNTY'S QUALITY
OF LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FULL BOARD OF DIRECTORS, FINANCE COMMITTEE, AND
EXECUTIVE DIRECTOR REVIEW THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S BOARD MEMBERS SELF MONITOR CONFLICTS OF INTEREST. BOARD
MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION REVIEWED INDUSTRY STANDARDS AND USED COMPARISONS FROM
OTHER RESORT COMMUNITY NON PROFITS TO DETERMINE THE COMPENSATION FOR TOP
MANAGEMENT OFFICALS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL PROVIDE THE DOCUMENTS UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
AUDIT TO TAX ADJUSTMENT DUE TO ROUNDING TO THE NEAREST
WHOLE DOLLAR 3.