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2008

Open to Public Inspection

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For t	ne 2008 calendar year, or tax year beginning $10/01$ , 2008, and en	ding 9/30		. 2009		
В		k if applicable C D E			mployer identification number		
	Addres	dress change   Please use IRS   COLORADO   ASSESSORS   ASSOCIATION			84-1179322		
┕	1	lame change label or 5334 S. PRINCE STREET			Celephone number		
⊨	Initial i	See Hillington, of tolor	3	303-795-4600			
F	Termin	ation Specific Instruct					
上	1	tions ation pending		roup E umber	Exemption		
			G Accounting meth		X Cash Accrual		
		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify) ►		<del></del>		
ı	Webs	site: ► WWW.E-CAA.COM	H Check ► X if	tne oi h Sche	rganization is <b>not</b> edule B (Form 990.		
<u>J</u>	Organ	zation type (check only one) —   X   501(c) ( 6 ) ◄ (Insert no )   4947(a)(1) or   527	990-EZ, or 990-F	F).			
K	Chec \$25,0	k ►if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gri00. A return is not required, but if the organization chooses to file a return, be sure to	oss receipts are norr file a complete returi	nally n	ot more than		
L	Add	ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file F ad of Form 990-EZ	orm 990	► ŝ	185,427.		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See the ins				
	1	Contributions, gifts, grants, and similar amounts received		1			
	2	Program service revenue including government fees and contracts		2	88,392.		
	3	Membership dues and assessments.		3	95,136.		
	4	Investment income		4	1,899.		
		Gross amount from sale of assets other than inventory  5a	<del></del>	4			
D		Less. cost or other basis and sales expenses  5b		<b>-</b>			
Ë	I .	Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	l. h	5c			
RE VE NU	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, chec	k nere				
	a	Gross revenue (not including \$of contributions reported on line 1) 6a		:			
E	١,	reported on line 1) 6a Less. direct expenses other than fundraising expenses . 6b	1	,			
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
		Gross sales of inventory, less returns and allowances 7a		1			
		Less. cost of goods sold 7b		1			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c				
	8	Other revenue (describe ►	)	8			
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, 4nd 8)	<u> </u>	9	185, 427.		
	10	Grants and similar amounts paid (attach schedule) RECEVED SEE ST	TATEMENT 1	10	4,250.		
E	11	Benefits paid to or for members		11			
X	12	Salaries, other compensation, and employee benefits ALIC 2 2 2042		12			
Ė	13	Salaries, other compensation, and employee benefits Applications 2010  Professional fees and other payments to independent contractors 2010  Occupancy, rent, utilities, and maintenance		13	13,157.		
S E	14	Occupancy, rent, utilities, and maintenance	14				
S	15	Printing, publications, postage, and snipping		15			
	16	Other expenses (describe > SEE STATEMENT 2 OGDEN, U ]	16	182,863.			
<u> </u>	17	Total expenses (add lines 10 through 16)	<u></u>	17 18	200,270.		
<b>Ω</b> Α	18 Excess or (deficit) for the year (Subtract line 17 from line 9)				-14,843.		
N S E S T E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				232,968.		
ŤĘ	20	Other changes in net assets or fund balances (attach explanation)		19 20	232,300.		
s	21	Net assets or fund balances at end of year Combine lines 18 through 20.	•	21	218,125.		
Pa	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mor	e, file Form 990 inste	_			
		(See the instructions for Part II.)	(A) Beginning of ye		(B) End of year		
22	2 Cas	sh, savings, and investments	232,968	. 22	218,125.		
23		d and buildings		23			
24		er assets (describe •)	222	24	07-1-		
25		al assets	232,968	_			
26		al liabilities (describe) assets or fund balances (line 27 of column (B) must agree with line 21)	232 069				
	146	assets of runa balances (line 27 of column (b) must agree with line 21)	232,968	3 . 27	218, 125.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-E	Z (2008) COLORADO ASSESS	ORS ASSOCIATION			-117	79322 Page 2
Part III	Statement of Program Se	rvice Accomplishment	<b>s</b> (See the instructi			Expenses
What is the org Describe who	ganization's primary exempt purpose? <u>SE</u> hat was achieved in carrying out th e services provided, the number of	E STATEMENT 3 e organization's exempt purpor persons benefited, or other r	oses. In a clear and cor	ncise manner,	and	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional
program titl	e. CATION OF ASSESSORS AN					thers)
 (Gran		nis amount includes foreign gr	contra shook hore		28a	116,916.
29 MON	ITORING OF LEGISLATIVE TAXATION FOR THE BENE	ACTIVITY CONCERNI	ING PROPERTY AS	SESSMENT	26 a	110, 910.
	COLORADO.	nis amount includes foreign gr			29a	61,414.
30						01/1111
 (Gran	te \$	nis amount includes foreign gr	ants check here		30 a	
	program services (attach schedule				31 a	
	program service expenses (add lir		ants, check here		32	178,330.
Part IV	List of Officers, Directors		nployees. (List each o	one even if not co		
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense account and other allowances
SANDRA	J. HOSTETTER	PRESIDENT 0	· ·		0.	0.
ALAMOSA NAOMI K	, CO 81101 EYS	VICE PRESIDENT	0.		0.	0.
CONEJOS	, CO 81129	0				
AMBIE C		VICE PRESIDENT			0.	0.
CHEYENN	E WELLS, CO 80810 SAKDOL	TREASURER	0.		0.	0.
	ON, CO 80166	0	1		•	<b>.</b>
TERI CO	•	SECRETARY 0	1		0.	0.
CASTLE	ROCK, CO 80104			<del></del>		<u> </u>
				v.		·
		700		1		
			;			
		1	I .	I	- 1	

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Form **990-EZ** (2008)

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	To the time the state of the st		V	- N-
22	Did the example and an any activity not provide the respected to the IDS2 If Week attached decreasing of		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	, ,			İ
č	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
ŀ	Did the organization file Form 1120-POL for this year?	37 ь		X
<b>38</b> a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9  39a  N/A			
	Gross receipts, included on line 9, for public use of club facilities.  N/A			
40 8	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
ŧ	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	·		<b></b> -
	year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40ь		ł
,	Enter amount of tax imposed on organization managers or disqualified persons during the	-10.5		
	year under sections 4912, 4955, and 4958 0.			
C	Enter amount of tax on line 40c reimbursed by the organization  0.			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed NONE	400		L_ <u>^</u> _
12:	Telephone no. ► 303-7	05_4	ຣດດ	
720	The books are in care of CORBIN SAKDOL, ASSESSOR  Located at 5334 S. PRINCE STREET LITTLETON CO  ZIP + 4 > 80166	25 4	000	
		 r		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	420		<del>,</del>
	Soo the instructions for executions and filling requirements for Form TD F 00-22.1 Boned of a Foreign Bonk and Figure 18 Accounts			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	Х
	If 'Yes,' enter the name of the foreign country:	-1201		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		- □	N/A
7.0	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
				$\equiv$
		$\vdash$	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			_
BAA	Form 990 must be completed instead of Form 990-EZ	45		X
	TEEA0812L 01/14/09 Fo	rm <b>990</b>	~F.K. (	(CUUD)

Firm's name (or yours if self employed), address, and ZIP + 4

parer's Use

Only

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RICHARDS

LITTLETON,

AND WATTS,

CO 80120

5808 S RAPP STE 106

May the IRS discuss this return with the preparer shown above? See instructions

84-1206938

►X Yes

(303)

795-5131

Form 990-EZ (2008)

No

FIN

Phone no

Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None, (b) Title and average (d) Contributions to employer benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position other allowances Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 Under penalties of perungal declare that There examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, pactaration of prepayer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Type or print name and title Date / 15/10 Preparer's Identifying Number (See instructions) Check If Preparer's signature Paid self P00518623 employed Pre-

CPA'S.

2008	FEDERAL STATEMENTS		PAGE 1
<b>CLIENT 16963</b>	COLORADO ASSESSORS ASSOCIATION		84-1179322
8/15/10  STATEMENT 1  FORM 990-EZ, PART I, L  GRANTS AND SIMILAR	LINE 10 AMOUNTS PAID		05.54PM
DONEE'S NAME: CASH AMOUNT GIVEN:	EDUCATIONAL SCHOLARSHIPS AWARDED		\$ 4,250.
STATEMENT 2 FORM 990-EZ, PART I, L OTHER EXPENSES	LINE 16		
BANK CHARGES DUES AND SUBSCRIPTI EDUCATION EXPENSES LOBBYING EXPENSE MEMORIAL CONTRIBUTI OFFICE EXPENSES SUPPLIES TRAVEL			\$ 10. 1,325. 116,916. 61,414. 250. 121. 554. 250.
WEBSITE EXPENSES		TOTAL	\$ 2,023. 182,863.

## STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASSISTANCE TO ASSESSORS THROUGH EDUCATION AND TRAINING.