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2009

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 \$500,000 and total assets
less than \$1,250,000 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

Open to Public Inspection

| Α               | For the 2009 ca     | a <u>lendar</u>    | year, or tax year beginning   |  | 2009, and er  | nding                  |               | ,               |                        |
|-----------------|---------------------|--------------------|---|--|---------------|------------------------|---------------|-----------------|------------------------|
| B               | Check if applicable | l                  | C Name of organization  |  |               |                        | D Emplo       | oyer identifica | lion number            |
|                 | Address change      | Please<br>use IRS  | HOUSING AND BUILDING AS   | SOCIATION OF NORTHW  | ESTERN CO     | LORADO, INC.           | 84-           | -074894         | 5                      |
|                 | Name change         | label or           | Number and street (or P O box, if                                   |  |               |                        |               | hone number     |                        |
|                 | Initial return      | type.              | SEO C MESTICATE DD  |  | #3            | ,                      | (0)           | 701 245         | _0252                  |
| Ш               | Termination         | See<br>Specific    | 569 S WESTGATE DR   | 710 + 4  | [#3           | ·                      | (9            | 70) 245         | -0253                  |
|                 | Amended return      | Instruc-<br>tions. | City of town, state of country, and                                 | ZIF + 4  |               |                        | F Grou        | ıp Exempti      | on                     |
| $\perp$         | Application pending |                    | GRAND JUNCTION  |  | CO 81         | 505                    | <u>Num</u>    |                 |                        |
|                 | • Section           | 501(c)(.           | 3) organizations and 4947(a)(1)                                     | nonexempt charitable tr  | usts          | G Accounting           |               | Cash            | X Accrual              |
|                 | <i>n</i>            | nust att           | ach a completed Schedule À (  | Form 990 or 990-EZ).   |               | Other (spec            |               |                 |                        |
|                 |                     | , ,                |   |  |               | H Check ► L            |               | e organizat     |                        |
| J               |                     |                    | banwco.com  |  |               | required to 990-EZ, or | attach S      | schedule B      | (Form 990,             |
| <u>J</u>        |                     |                    | <del></del>   | (Insert no) 4947(a)(1)   |               | <u> </u>               | <u>·</u>      |                 |                        |
| K               |                     |                    | ganization is not a section 5096<br>EZ or Form 990 return is not re |  |               |                        |               |                 |                        |
| L               | Add lines 5b, 6     | b, and             | 7b, to line 9 to determine gros                                     | s receipts, if \$500,000 or  | more, file F  | orm 990                |               | <b>-</b> ¢      | 306 663                |
| D'-             | instead of Form     |                    |   | in Not Accets or Fre   | nd Palan      | cae (Saa tha           | ınetriis      | tions for       | 306,663.               |
|                 |                     |                    | Expenses, and Changes   |  | inu balan     | ces (See tile          | 11151140      |                 |                        |
|                 |                     |                    | ifts, grants, and similar amoun                                     |  |               |                        | <br>          | 1               | 15,300.                |
|                 | _                   |                    | revenue including governmen   | t rees and contracts   |               |                        | -             | 2               | 29,180.                |
|                 | 1                   | -                  | es and assessments  |  |               |                        | <u> </u>      | 3               | 92,333.                |
|                 | 4 Investme          |                    |   |  | 1 - 1         |                        | _             | 4               | <u>241.</u>            |
|                 | 1                   |                    | om sale of assets other than i                                      | nventory   | 5 a           |                        |               |                 |                        |
| _               | 1                   |                    | ner basis and sales expenses  |  | 5 b           |                        |               |                 |                        |
| REVERUE         |                     |                    | sale of assets other than inventory (Sul                            |  |               |                        |               | 5c              |                        |
| V<br>E          | 6 Special eve       | ents and a         | ctivities (complete applicable parts of                             | Schedule G) If any amount is fro   | omgaming, che | ck here                |               | : (3)           |                        |
| Ñ               | a Gross re          | venue (            | not including\$   | of contributions   |               |                        | , ·           |                 |                        |
| Ĕ               | reported            | on line            | 1)  |  | 6a            | 169,6                  |               |                 |                        |
|                 | <b>b</b> Less dir   | ect exp            | enses other than fundraising e                                      | xpenses  | 6 b           | 68,9                   | )35. <u>·</u> |                 |                        |
|                 | c Net income        | or (loss)          | from special events and activities (Su                              | btract line 6b from line 6a)   |               |                        |               | 6c              | 100,674.               |
| 2A              | 7a Gross sa         | les of I           | nventory, less returns and allo                                     | wances   | 7 a           |                        |               | . 1             |                        |
| ő               | b Less co           | st of go           | ods sold  |  | 7b            |                        |               | ,               |                        |
|                 | c Gross pr          | ofit or (          | loss) from sales of inventory (                                     | Subtract line 7b from line   | 7a)           |                        |               | 7c              |                        |
| <b>Z</b>        | 8 Other rever       | nue (desc          | ribe ►  |  |               |                        |               | 8               |                        |
| SCANNED         | 1                   | -                  | Add lines 1, 2, 3, 4, 5c, 6c, 7c,                                   | and 8  |               | ·                      | _′ ▶          | 9               | 237,728.               |
| ä               |                     | -                  |   |  |               |                        |               | 10              | 2377720.               |
|                 | t .                 |                    | lar amounts paid (attach schei                                      | idle)  |               |                        |               | 11              |                        |
| AŬĜ'            |                     | •                  | or for members  |  |               |                        | <u> </u>      |                 | 122 001                |
| Ξĝ.             | 12 Salaries,        | , other t          | compensation, and employee to said other payments to mae            | enents   |               |                        | _             | 12              | 132,901.               |
| ⇒ĸ              | 1                   |                    |   |  |               |                        | <b>)</b>      | 13              | 24,819.                |
| မာ <sup>ဋ</sup> |                     |                    | t, utilities, and maintenance                                       |  |               |                        |               | 14              | 13,233.                |
| ٠ŝ              | 15 Printing,        | publica            | ations postage, and shipping  | 1 O1   |               |                        |               | 15              | 3,388.                 |
| 0°0             | 16 Other expe       | nses (des          | cribe See Other Expenses S  | tate with the same of the same |               |                        | _             | 16              | 118,565.               |
|                 |                     |                    | Add lines 10 through 16   |  |               |                        |               | 17              | 292,906.               |
| ,               | 18 Excess o         |                    | cit) for the xex CSDE Not, like                                     |  |               |                        | <b>⊢</b>      | 18              | -55,178.               |
| N S S           | 19 Net asse         | ets or fu          | and balances at beginning of your prior year's return)              | ear (from line 27, column  | (A)) (must a  | agree with end-of      | r•year j⊸.    | 19              | 66,668.                |
| Ŧ               | 20 Other ch         | •                  | n net assets or fund balances                                       | (attach explanation)   | See L         | -20 Stmt               | _ ⊢           | 20              | 258.                   |
| 5               | 31                  | _                  | ind balances at end of year. Co                                     |  |               | 5                      | -             | 21              | 11,748.                |
| D.              |                     |                    | Sheets. If Total assets on line                                     |  |               | oro filo Form 99       | <u>_</u>      | <del>_</del>    |                        |
| 1               | antin, Dare         | ance s             | (See the instructions for   |  | 30,000 01 111 | (A) Beginning          |               |                 |                        |
| 2               | ) Cook com          | ,                  | •                             | i ait II )   |               |                        |               | ,               | End of year            |
| 2               |                     |                    | mivestinents  |  |               |                        | 425.          |                 | 57,690.                |
| 2:              |                     |                    | the Cos T O4 Ct   | ,  |               |                        | 703.          | 23              | 89,889.                |
| 24              |                     |                    | be ► See L-24 Stmt  | )  |               |                        |               | 24              | 5,885.                 |
| 2               |                     |                    |   |  |               |                        | <u>,775.</u>  | 25              | 153,464.               |
| 20              |                     |                    | cribe ► See L-26 Stmt   |  |               |                        | ,107.         | 26              | 141,716.               |
| _2              |                     |                    | balances (line 27 of column (B                                      |  |               | 1 66                   | ,668.         |                 | 11,748.                |
| BA              | A For Privacy       | Act and            | d Paperwork Reduction Act No  | otice, see the separate in:  | structions.   |                        |               | For             | m <b>990-EZ</b> (2009) |

|      | 990-EZ (2009) HOUSING AND BUILD   | ING ASSOCIATION OF NO                                      | RTHWESTERN COLOR        | ADO, INC. 84                              | -074                             |   |
|------|---|--|-------------------------|---|----------------------------------|---|
|      | t III Statement of Program Sers the organization's primary exempt purpose? BU   |  |                         | ons.)                                     | (Req                             | Expenses<br>uired for section   |
| Desc | s the organization's primary exempt purpose: <u>bo</u><br>ribe what was achieved in carrying out the<br>ribe the services provided, the number of<br>am.title | e organization's exempt purp persons benefited, or other r | loses In a clear and co | ncise manner,<br>each                     | 501 (d<br>organ<br>4947<br>for o | uired for section  2)(3) and (4)  2)(3) and section  3)(1) trusts; optional  2) thers.) |
|      | N.W. COLORADO BUILDING IND  |  |                         | EDUCATION                                 |                                  |   |
|      | THROUGH PROGRAMS AND EVEL   |  |                         |   |                                  |   |
|      | BOARDS & GOVERNMENT AGENCIES (Grants \$ ) If the  | is amount includes foreign gr                              |                         | MD Obinions:                              | 28 a                             |   |
| 29   | (Carana +   |  |                         |   |                                  |   |
|      |   |  |                         |   |                                  |   |
|      | (Grants \$ ) If the   | is amount includes foreign gr                              | ants, check here        |   | 29 a                             |   |
| 30   |   |  |                         |   |                                  |   |
|      |   |  |                         |   | !                                |   |
| 21   | (Grants \$ ) If the Other program services (attach schedule   | iis amount includes foreign <u>gr</u>                      | rants, check here       | <u> </u>                                  | 30 a                             |   |
|      | (Grants \$ ) If th  | is amount includes foreign gr                              | rants, check here       | ▶ □                                       | 31 a                             |   |
|      | Total program service expenses (add in  |  | -1                      |   | 32                               |   |
| Par  | till List of Officers, Directors  | (b) Title and average hours                                |                         | (d) Contributions                         |                                  |   |
|      | (a) Name and address  | per week devoted<br>to position                            | not paid, enter -0)     | employee benefit pla<br>deferred compensa | ns and                           | (e) Expense account and other allowances  |
| SEE  | ATTACHMENT  |  |                         |   |                                  |   |
|      |   |  | }                       |   |                                  |   |
|      |   |  |                         |   |                                  |   |
|      |   |  |                         |   |                                  |   |
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|      |   | -  |                         |   |                                  |   |
|      |   | -  |                         |   |                                  |   |

|    | The variety in the state of the |              |                                       |                |
|----|--|--------------|---------------------------------------|----------------|
|    |  |              | Yes                                   | No             |
| 33 | *Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of  |              |                                       |                |
| 24 | each activity  | -33<br>34    |                                       | - X-           |
|    | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.  | 34<br>1/2000 | Mary Mary                             | X              |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  | 1 6 1/4      |                                       |                |
|    | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,  |              |                                       |                |
|    | reporting, and proxy tax requirements?  b If 'Yes,' has it filed a tax return onForm 990-T for this year?  | 35 a         | X                                     | 77             |
|    |  | 35 b         |                                       | X              |
|    | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N  | 36           |                                       | x              |
|    | a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 2,500.  | 1) \$2       |                                       | ; <del>,</del> |
|    | b Did the organization file Form 1120-POL for this year?   | 37 b         | 1945年                                 | X              |
| 38 | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were<br>any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38 a         |                                       | X              |
|    | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b   | ,            | ; -                                   | ì              |
| 39 | Section 501(c)(7) organizations Enter:   | ٠.           | G. L.                                 | 3.             |
|    | a Initiation fees and capital contributions included on line 9   | 7.73         | 1                                     | <b>₱</b>       |
|    | <b>b</b> Gross receipts, included on line 9, for public use of club facilities  39b  |              | 1.3                                   | <b>E</b>       |
| 40 | a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   | . 300        | La Land                               | 3              |
|    | section 4911 ►; section 4912 ►; section 4955 ►   | <u> </u>     | b, 1                                  |                |
|    | b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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  | 40 ь         |                                       | !              |
|    |  | , ,          | 7                                     |                |
|    | c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  | )            | \$ 1.00 p                             | **             |
|    | d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   | 1            | 4                                     | 1              |
|    | e 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   |              | , t.                                  |                |
| 41 |  | 40 e         | l                                     | <u> </u>       |
| 71 | List the states with which a copy of this fecture is fired   |              |                                       |                |
| 42 | a The organization's books are in care of ► THE ASSOCIATION Telephone no. ► (970)  Located at ► 569 S WESTGATE DR #3 GRAND JUNCTION CO ZIP + 4 ► 81505   | <u>254</u>   | - <u>02</u> 5                         | 53<br>         |
|    | <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a   |              | Yes                                   | No             |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42 b         |                                       | X              |
|    | If 'Yes,' enter the name of the foreign country►   | ٥            | ٠ ٠                                   |                |
|    |  | ٠,           | , , , , , , , , , , , , , , , , , , , | ·              |
|    |  | ٠, ,         | ` .                                   |                |
|    | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  | 2 -          | 4                                     |                |
|    | c At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42 c         |                                       | X              |
|    | If 'Yes,' enter the name of the foreign country►   |              |                                       |                |
|    |  |              |                                       |                |
| 43 | 1  |              | ▶ ∐                                   |                |
|    | and enter the amount of tax-exempt interest received or accrued during the tax year  |              |                                       |                |
|    |  |              | 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,' Form 990 must be completed instead of Form 990-EZ  | 45           |                                       | X              |
|    |  | 1 73         | <u> </u>                              | 1 4            |

| Form 99<br>Part V                   | O-EZ (2009) HOUSING AND BUILDING A  Section 501(c)(3) organization  501(c)(3) organizations and sec  46-49b and complete the tables  | s and section 4947<br>ction 4947(a)(1) no  | (a)(1) nonexempt<br>nexempt charitab                             | charitable trusts only  | . All sectio                                 | Page 4<br>N      |
|-------------------------------------|--|--|--|---|--|------------------|
| 47 Did<br>48 Is<br>49 a Did<br>b If | d the organization engage in direct or indirect public office? If 'Yes,' complete Schedule of the organization engage in lobbying activities organization a school as described in set of the organization make any transfers to an 'Yes,' was the related organization a section implete this table for the organization's five | ties? If 'Yes,' complete<br>ection 170(b)(1)(A)(ii)?<br>exempt non-charitable<br>n 527 organization? | Schedule C, Part II If 'Yes,' complete Sch related organization? | nedule E  | 47<br>48<br>49 a<br>49 b                     | No               |
| en                                  | nployees) who each received more than \$10  (a) Name and address of each employee paid more than \$100,000   | 00,000 of compensation<br>(b) Title and average<br>hours per week<br>devoted to position             | from the organization (c) Compensation                           | If there is none, enter 'No (d) Contributions to employee benefit plans and deferred compensation | (e) Expense<br>account and<br>other allowand |                  |
| <b>51</b> Co                        | otal number of other employees paid over \$  | highest compensated i  | ndependent contracto   | rs who each received more   | than \$100,00                                |                  |
|                                     | (a) Name and address of each independent cont  |  | )  | (b) Type of service   | (c) Compensa                                 | lion             |
|                                     |  |  |  |   |  |                  |
|                                     |  |  |  |   |  |                  |
| <b>d</b> To                         | otal number of other independent contractor  | s each receiving over \$   | 100,000  | <b>&gt;</b>   |  |                  |
| Sign<br>Here                        | Under penalties of perjury, I declare that I have exartrue, correct, and complete Declaration of preparer  Signature of officer  Type or print name and title  | mined this return, including acciding than officer) is based on the than officer.                    | all information of which prep                                    | itements, and to the best of my know<br>arer has any knowledge                                    | ledge and belief, i                          | 15               |
| Paid<br>Pre-                        | Preparer's signature  Firm's name (or Chadwick, Stein)   | circhner, Davis  | Date & Co., P.C.   | Check if self-employed ►  | earer's Identifying<br>Instructions          | Number           |
| parer'<br>Use<br>Only               | yours if self-<br>employed),<br>address, and<br>ZIP+4  225 North 5th S   | Street, Suite 4  | 01<br>CO 81501   | EIN >-2645 Phone no > (970)   |  | <del>1 -</del> - |
| May the                             | e IRS discuss this return with the preparer s  | inown above? See instr   | UCHONS   |   | ► X   Yes  <br>Form 990-E2                   | No (2009)        |

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

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

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

► Complete if the organization is described below.

Open to Public Inspection

Department of the Treasury Internal-Revenue-Service-

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

| If the organization | answered 'Yes,' to | Form 990, Part IV, | line 3, or For | m 990-EZ, Part     | VI, line 46 (Political | Campaign Activities), | , then |
|---------------------|--------------------|--------------------|----------------|--------------------|------------------------|-----------------------|--------|
| A O L FO1 /- \/     | (1)                |                    | O O L          | annual state David |                        |                       |        |

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

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

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

|     |   | ,' to Form 990, Part IV, line 5 (Proxy Tax), t<br>rganızatıons: Complete Part III   | hen   |  |   |  |  |  |
|-----|---|---|---|--|---|--|--|--|
|     | of organization   | ganizations Complete Fart III   | <del></del>                                       | Employer identific   | ation number  |  |  |  |
|     | •   | ACCOCTAMION OF NORWEIGHGED  | N GOLODADO T                                      | ' '  |   |  |  |  |
|     |   | ASSOCIATION OF NORTHWESTER<br>ganization is exempt under section  |   | <del></del>  |   |  |  |  |
|     |   | <del>~</del>  |   |  | Zationi   |  |  |  |
|     | ·   | organization's direct and indirect political c  | ampaign activities in r                           |  | •   |  |  |  |
|     | Political expenditures  |   |   | ► \$   | ·   |  |  |  |
|     | Volunteer hours   |   | E01(-)(2)   |  |   |  |  |  |
|     |   | ganization is exempt under section  |   |  |   |  |  |  |
|     | •   | ise tax incurred by the organization under  |   | <b>►</b> \$  |   |  |  |  |
|     |   | ise tax incurred by organization managers   |   | <b>►</b> \$  |   |  |  |  |
|     | 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   |   |   |  |   |  |  |  |
| 4 a | Was a correction made?  |   |   |  | Yes      No   |  |  |  |
|     | If 'Yes,' describe in Part IV.  |   |   |  |   |  |  |  |
| Par | t I-C   Complete if the o   | rganization is exempt under section   | on 501(c) , except                                | section 501(c)(3)  | •   |  |  |  |
| 1   | Enter the amount directly ex  | pended by the filing organization for section   | n 527 exempt function                             | n activities.  | \$  |  |  |  |
| 2   | 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities |   |   |  |   |  |  |  |
| 3   | 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$                          |   |   |  |   |  |  |  |
| 4   |   |   |   |  |   |  |  |  |
| 5   | Enter the names, addresses made For each organization contributions received that w   | and employer identification number (EIN) illisted, enter the amount paid from the filingere promptly and directly delivered to a see (PAC). If additional space is needed, pro- | ng organization's fund<br>parate political organi | s Also enter the amo<br>zation, such as a sep                            | which payments were unt of political  |  |  |  |
|     | (a) Name  | (b) Address   | (c) EIN   | (d) Amount paid from filing<br>organization's funds<br>If none, enter-0- | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization<br>If none, enter -0- |  |  |  |
|     |   |   |   | _  |   |  |  |  |
|     |   |   |   |  |   |  |  |  |
|     |   |   |   |  |   |  |  |  |
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|     |   |   |   |  |   |  |  |  |
|     | <del></del>   |   |   | <u></u>  |   |  |  |  |

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

Schedule C (Form 990 or 990-EZ) 2009

| Schedule C (Form 990 or 990-EZ) 20                                    | the organization               |   |   | nd filed Form 5768 (e                         |  |
|---|--------------------------------|---|---|---|--|
| section 501( A ,Check ► If the fill                                   |                                | longs to an affiliated grou   | un  |   |  |
|   |                                | ecked-box A and limited   |   | lv  |  |
|   | Limits on Lobby                | ring Expenditures—<br>eans amounts paid or inc                                  | · <u>···</u> · · · · · · · · · · · · · · · · ·                              | (a) Filing organization's totals              | (b) Affiliated group totals            |
| 1 a Total lobbying expendit   | ures to influence p            | ublic opinion (grass roots  | lobbyina)   |   |  |
| <b>b</b> Total lobbying expendit                                      |                                | • • •   | :   |   |  |
| c Total lobbying expendit   |                                |   | ,,  |   |  |
| d Other exempt purpose  | expenditures                   | ,   |   | <del></del>                                   |  |
| e Total exempt purpose e  | expenditures (add l            | ines 1c and 1d)   |   |   |  |
| f Lobbying nontaxable ar both columns                                 | mount Enter the a              | mount from the following  | table ın  |   |  |
| If the amount on line 1e, col   | lumn (a) or (b) is             | The lobbying nontaxable   | e amount is   |   | ************************************** |
| Not over \$500,000  | ,, ,,                          | 20% of the amount on line 1e  |   |   | 1 3 3 3 mg                             |
| Over \$500,000 but not over \$1                                       | ,000,000                       | \$100,000 plus 15% of the exc   | ess over \$500,000.   | 3 c d 4                                       |  |
| Over \$1,000,000 but not over \$                                      | \$1,500,000                    | \$175,000 plus 10% of the exc   |   |   |  |
| Over \$1,500,000 but not over \$                                      | \$17,000,000                   |   |   |   |  |
| Over \$17,000,000   |                                |   |   |   |  |
| g Grassroots nontaxable   | amount (enter 25%              | of line 1f)   |   |   |  |
| h Subtract line 1g from lii   | ne 1a If zero or le            | ss, enter -0  |   |   |  |
| i Subtract line 1f from lin   | ne 1c Ifzero or les            | s, enter -0-  |   |   |  |
| j If there is an amount of<br>section 4911 tax for this               | ther than zero on e<br>s year? | either line 1h or line 1i, die  | d the organization file F   | Form 4720 reporting                           | ☐ Yes ☐ No                             |
| (Sor  | ne organizations t<br>colun    | 4-Year Averaging Perio<br>hat made a section 501(h<br>nns below. See the instru | d Under Section 501(h<br>) election do not have<br>ctions for lines 2a thro | )<br>to complete all of the five<br>ough 2f.) |  |
|   | Lol                            | bying Expenditures Dur  | ing 4-Year Averaging F  | Period  |  |
| Calendar year (or fiscal year beginning in)                           | (a) 2006                       | <b>(b)</b> 2007   | (c) 2008  | <b>(d)</b> 2009                               | <b>(e)</b> Total                       |
| 2a Lobbying non-taxable amount  |                                |   |   |   |  |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)). | 4                              |   |   |   |  |
| <b>c</b> Total lobbying<br>expenditures                               |                                |   |   |   |  |
| <b>d</b> Grassroots nontaxable amount                                 | :                              |   |   |   |  |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))       |                                |   |   |   |  |
| f Grassroots lobbying<br>expenditures                                 |                                |   |   |   |  |
| BAA   |                                |   |   | Schedule C (Fo                                | rm 990 or 990-EZ) 2009                 |

| Schedule C (Form 990 or 990-EZ) 2009 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO,  Part II-B Complete if the organization is exempt under section 501(c)(3) and has  (election under section 501(h)).                  |                         |            |  | Page 3              |
|--|-------------------------|------------|--|---------------------|
| , telection under section 50 (17).   |                         | a)         | (  | b)                  |
|  | Yes                     | No         | Am   | ount                |
|  |                         | D - 1      |  |                     |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local<br>legislation, including any attempt to influence public opinion on a legislative matter or referendum,<br>through the use of | Pri Sect                | 1 . 2 di - | \$1. 14 · 14 · 14 · 14 · 14 · 14 · 14 · 14 | والمثر كهمم يهدائين |
| a Volunteers?  |                         | ļ          |  | •                   |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?   |                         |            | 1  |                     |
| d Mailings to members, legislators, or the public?   |                         |            |  |                     |
| e Publications, or published or broadcast statements?  |                         |            |  |                     |
| f Grants to other organizations for lobbying purposes?   |                         |            | _  |                     |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |                         |            |  |                     |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                         |            |  |                     |
| i Other activities? If 'Yes,' describe in Part IV  |                         |            |  |                     |
| i Total. Add lines 1c through 1i   | ,                       | ;          |  |                     |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                         |            | S  |                     |
| <b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912.  |                         | 1          |  |                     |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912   | 1 2                     |            |  |                     |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                         |            | 1. 10.                                     | in the same         |
| Part'III-A Complete if the organization is exempt under section 501(c)(4), section   | 501(c)(5)               | ), or s    | ection 5                                   | 01(c)(6).           |
|  |                         |            |  | Yes No              |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                         |            | 1  | X                   |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                         |            | 2  | X                   |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?   |                         |            | 3  | X                   |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, I   | 501(c)(5)<br>ine 3 is a | inswe      | ered 'Yes                                  |                     |
| 1 Dues, assessments and similar amounts from members   |                         | 1          |  | 90,326.             |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).   | cal                     | · 🔆        |  |                     |
| a Current year   |                         | 2a         |  | 19,659.             |
| <b>b</b> Carryover from last year  |                         | 2b         |  | • •                 |
| c Total  |                         | 2c         |  | 19,659.             |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                         | 3          |  | 19,659.             |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?          | excess<br>d political   | 4          |  |                     |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                         | 5          |  | 0.                  |
| 🌣 🏗 Supplemental Information   |                         |            |  |                     |

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 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. See separate instructions.

OMB No 1545-0047

Open to Public

-Department-of-the-Treasury-Internal Revenue Service

| Name of the organization  |                                       |              |                            | <del> </del>               |               | Employer identifica              | tion number                      |
|---|---------------------------------------|--------------|----------------------------|----------------------------|---------------|----------------------------------|----------------------------------|
| HOUSING AND BUILDING ASSO   | OCIATION O                            | OF NORT      | CHWESTE                    | RN COLORADO, I             | NC.           | 84-074894                        | 5                                |
| Part I Fundraising Activities. Compl<br>Form 990EZ filers are not requ          | ete if the organ                      | ization an   | swered 'Ye                 | es' to Form 990, Part IV   | /, line 1     | 7                                |                                  |
| 1 Indicate whether the organization i   |                                       | -            |                            | owing activities Check     | all that      | apply                            |                                  |
| Mail solicitations  |                                       |              |                            | Solicitation of non-       |               |                                  |                                  |
| Internet and email solicitations  | <b>;</b>                              |              |                            | Solicitation of gove       | _             | -                                |                                  |
| Phone solicitations   |                                       |              |                            | Special fundraising        |               | -                                |                                  |
| In-person solicitations   |                                       |              |                            | optoid: iditarationing     | o v o v no    |                                  |                                  |
| 2a Did the organization have written of employees listed in Form 990, Par       | or oral agreeme<br>t VII) or entity i | ent with an  | y individua                | al (including officers, di | rectors,      | trustees or keys?                | . Yes No                         |
| b If 'Yes,' list the ten highest paid in<br>compensated at least \$5,000 by the | dividuals or ent                      | tities (fund | •                          | _                          |               |                                  |                                  |
|   |                                       |              |                            |                            |               | mount paid to                    | <del></del>                      |
| (i) Name of individual  | (ii) Activity                         |              | fundraiser                 | (iv) Gross receipts        | (or           | retained by)<br>raiser listed in | (vi) Amount paid to              |
| or entity (fundraiser)  |                                       | of contr     | dy or control<br>ibutions? | from activity              | lunai         | col (i)                          | (or retained by)<br>organization |
|   |                                       | Yes          | No                         |                            |               | ``                               | <u> </u>                         |
|   |                                       |              |                            | !                          |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            | }             |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            | <u>.</u>                   |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       | ļ            |                            |                            |               |                                  |                                  |
|   |                                       |              |                            | ~                          |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   | <u> </u>                              |              | <u> </u>                   |                            |               | <del>.</del>                     |                                  |
| Total   |                                       |              | •                          |                            |               |                                  |                                  |
| 3 List all states in which the organiz<br>or licensing                          | ation is registe                      | red or lice  | nsed to so                 | licit funds or has been    | notified      | l it is exempt fro               | om registration                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            | . <b></b>     |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               | <del>_</del> _                   |                                  |
|   |                                       |              |                            |                            | . <del></del> |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |
|   | <b></b> .                             |              |                            |                            |               |                                  |                                  |
|   |                                       |              |                            |                            |               |                                  |                                  |

| √Par   | t II  | Fundraising Events. Complete if reported more than \$15,000 on F | the organization ar                 | nswered 'Yes' to Fo<br>a. List events with          | orm 990, Part IV, lir<br>gross receipts grea | ne 18, or<br>iter than :    | \$5.00                   | 00.          |  |
|--|---|--|-------------------------------------|---|--|-----------------------------|--------------------------|--------------|--|
| RE   | -   | reperted more than project on i                                  | (a) Event #1 HOME EXPO (event type) | (b) Event #2 PARADE OF HOMES (event type)           | (c) Other Events  1 (total number)           | (d) Tota<br>(Add col. (     | l Ever                   | nts          |  |
| CZM <m2< th=""><td>1</td><td>Gross receipts</td><td>113,728.</td><td>37,176.</td><td>7,771.</td><td>1</td><td>58,6</td><td>575.</td></m2<> | 1   | Gross receipts   | 113,728.                            | 37,176.   | 7,771.                                       | 1                           | 58,6                     | 575.         |  |
| Ě  | 2   | Less Charitable contributions                                    |                                     |   |  |                             |                          |              |  |
|  | 3   | Gross income (line 1 minus line 2)                               | 113,728.                            | 37,176.   | 7,771.                                       | 1                           | 58,6                     | <u> 575.</u> |  |
|  | 4   | Cash prizes  |                                     |   |  |                             |                          |              |  |
|  | 5   | Noncash prizes   |                                     |   |  | <u>-</u>                    |                          |              |  |
| DIRECT   | 6   | Rent/facility costs  |                                     |   |  |                             |                          |              |  |
|  | 7   | Food and beverages   |                                     |   |  |                             |                          |              |  |
| X  | 8   | Entertainment  |                                     |   |  |                             |                          |              |  |
| EXPENSES   | 9   | Other direct expenses  |                                     |   |  | <del> </del>                |                          |              |  |
| S  | 10  | - · · - · · · · · · · · · · · · · · · ·                          | - · · ·                             |   | •  |                             |                          | 675.         |  |
| Par  | 11 Net income summary Combine lines 3, column (d) and line 10  Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or rep |  |                                     |   |  |                             |                          |              |  |
| 1 ai   |   | \$15,000 on Form 990-EZ, line 6a                                 | allon answered Te                   |   | it iv, iiile 19, oi le                       | Jorteu III                  |                          |              |  |
| REVENUE  |   |  | (a) Bingo                           | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) Other gaming                             | (d) Tota<br>(Add col<br>col | l gam<br>(a) thr<br>(c)) | ing<br>ough  |  |
| E  | 1   | Gross revenue  |                                     |   |  |                             |                          |              |  |
| E<br>D X<br>I P  | 2   | Cash prizes  |                                     |   |  |                             |                          |              |  |
| DIRENSES   | 3   | Non-cash prizes  |                                     |   |  |                             |                          | <del></del>  |  |
| S  | 4   | Rent/facility costs  |                                     |   | <u> </u>                                     |                             |                          |              |  |
|  | 5   | Other direct expenses  |                                     |   |  |                             |                          |              |  |
|  | 6   | Volunteer labor  | Yes%                                | Yes%  | Yes%   |                             |                          | <del></del>  |  |
|  | 7   | •  |                                     |   | <del> , - , .</del>                          |                             |                          |              |  |
|  | 8   | Net gaming income summary Combine                                | lines 1, column (d) and             | line 7  | <b>.</b>                                     |                             | <del>,</del>             |              |  |
| 9  | Ent   | er the state(s) in which the organization o                      | perates gaming activitie            | es  |  |                             | YES                      | NO           |  |
|  |   | ne organization licensed to operate gamini<br>lo,' explain:      | g activities in each of th          | nese states?  |  | 9a                          |                          |              |  |
|  |   |  |                                     |   |  | ,                           |                          | , , ,        |  |
|  |   | re any of the organization's gaming license                      | es revoked, suspended               | or terminated during th                             | ne tax year?                                 | 10 a                        |                          |              |  |
| 1  | t' b lf<br>— —  | 'es,' explain<br>  |                                     | ·   |  |                             |                          | -            |  |
| 11   | <br>Doe   | es the organization operate gaming activiti                      | es with nonmembers?                 |   |  | 11                          | ļ                        | -            |  |
|  | ls t  | he organization a grantor, beneficiary or tr                     |                                     | ember of a partnership                              | or other entity formed to                    |                             | ,                        | -            |  |
|  | aon   | ninister charitable gaming?                                      |                                     |   |  | 12                          | l                        | <u> </u>     |  |

|  |                    | YES       | NO     |
|--|--------------------|-----------|--------|
| 3 Indicate the percentage of gaming activity operated in   |                    | -         |        |
| a. The organization's facility   |                    | \$ '2 m.  | 1      |
| b An-outside facility  | et Willy           | 1         | No var |
| 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  | THE REAL PROPERTY. | Z Links   | 4      |
| , change and the second of the property of the second of t |                    |           |        |
| Name <sup>,</sup>  | **                 |           | 4      |
| Address ►  |                    |           |        |
| /todicos   |                    | L         | L      |
| 5 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  | 15 a               |           |        |
| <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount   | 3.                 |           |        |
| of gaming revenue retained by the third party \$   |                    | s: 5      | 1.     |
| c If 'Yes,' enter name and address of the third party  | C Sept             | 100       | 1      |
|  | 20.50              | 7         | 4      |
| Name   | , , ,              | Tr. C     | [      |
| Address. •   | ,                  |           |        |
| 6 Gaming manager information   |                    |           |        |
| Name. ►  | !                  | ,         |        |
| Gaming manager compensation ► \$   | ,                  | <u>'</u>  | L.     |
|  | -                  |           | 1      |
| Description of services provided. >  |                    |           |        |
| Director/officer Employee Independent contractor   | İ                  | ,         |        |
| [] Director/officer [] Employee [] Independent contractor  | . ;                |           |        |
| 7 Mandatory distributions  | *                  |           | Į.     |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   | 17a                | ļ <u></u> | -      |
| · · ·  |                    |           | T      |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   | 71                 | 1         |        |

Department of the Treasury Internal Revenue Service

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2009

OMB No 1545-0172

Name(s) shown on return HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. Identifying number 84-0748945

| ∃usıne        | ss or activity to which this form relat   | es                                   |  |  |             |                                       |               |                   |
|---------------|---|--------------------------------------|--|--|-------------|---------------------------------------|---------------|-------------------|
|               | m 990 / Form 990  | EZ                                   |  |  |             |                                       |               |                   |
| Par           |   | ense Certain P                       | roperty Under Sectomplete Part V before                          | t <mark>ion 179</mark><br>you complete Pa    | art I       |                                       |               |                   |
| 1             | Maximum amount See the  | e instructions for a                 | higher limit for certain t                                       | ousinesses                                   |             |                                       | 1             | \$250,000.        |
| 2             | Total cost of section 179 p   | property placed in s                 | ervice (see instructions   | )  |             |                                       | 2             |                   |
| 3             | Threshold cost of section   | 179 property before                  | reduction in limitation  | (see instructions                            | <b>i)</b>   |                                       | 3             | \$800,000.        |
| 4             | Reduction in limitation Su  | btract line 3 from l                 | ine 2 If zero or less, er  | iter -0-                                     |             |                                       | 4             |                   |
| 5             | Dollar limitation for tax ye  | ar. Subtract line 4 f                | from line 1. If zero or le                                       | ss, enter -0 If r                            | narried     | filing                                |               |                   |
|               | separately, see instruction   | is                                   | <u>.</u>   |  |             |                                       | 5             | <del>  , , </del> |
| 6             | (a)   | Description of property              | · · · · · · · · · · · · · · · · · · ·                            | (b) Cost (business                           | use only)   | (C) Elected                           | cost          | - "               |
|               |   |                                      |  |  |             |                                       |               |                   |
|               |   |                                      |  | <u>                                     </u> |             |                                       |               |                   |
| 7             | Listed property Enter the   |                                      |  |  | 7           |                                       |               |                   |
| 8             | Total elected cost of section   |                                      |  | c), lines 6 and 7                            |             |                                       | 8             |                   |
| 9             | Tentative deduction. Enter  |                                      |  |  |             |                                       | 9             | <u> </u>          |
| 10            | Carryover of disallowed de  |                                      | •  |  | l           | . <b></b>                             | 10            | <del> </del>      |
| 11            | Business income limitation  |                                      |  |  |             | e o (see msus)                        | 11 12         |                   |
| 12            | Section 179 expense dedu<br>Carryover of disallowed de  |                                      |  |  | <b>►</b> 13 |                                       | 112           | 1 2 2 1 2 2 2 2 2 |
| 13<br>Note    | : Do not use Part II or Part  |                                      |  |  | 1 13        |                                       |               | <u> </u>          |
| Par           |   |                                      | ce and Other Depre   |  | • malud     | listed proper                         | h/) (Soo      | instructions )    |
|               |   |                                      | •  | •  |             |                                       |               | mstructions /     |
| 14            | Special depreciation allow tax year (see instructions)  | ance for qualified p                 | property (other than list  | ed property) plac                            | ced in s    | ervice during t                       | ne  <br>  14  |                   |
| 15            | • •   |                                      |  |  |             |                                       | 15            |                   |
|               | 5 Property subject to section 168(f)(1) election 6 Other depreciation (including ACRS)          |                                      |  |  |             |                                       | 16            | <del> </del>      |
| Pai           |   |                                      | al. da 1. da d   | >  |             |                                       | 10            |                   |
| <u>i</u> F)a≀ | 4 JII   IMAGRO Depie  | Ciation (Do not in                   | clude listed property) (S<br>Sectio                              | -  |             | · · · · · · · · · · · · · · · · · · · |               |                   |
| 17            | MACRS deductions for as   | sats placed in serv                  |  |  |             |                                       | 17            | 5,722.            |
| 17            | MACAS deductions for as   | sets placed ill servi                | ice iii tax years begiiiiii                                      | ily belore 2003                              |             |                                       | 17            |                   |
| 18            | If you are electing to grou asset accounts, check her   | p any assets place                   | d in service during the f  | tax year into one                            | or mor      | e general 🕨 🗀                         | ٦ 🖫           |                   |
|               |   |                                      | in Service During 2009   | Tay Year Heing                               | the Gen     | eral Deprecia                         | ion Sys       | tom               |
|               | (a)   | (b) Month and                        | (C) Basis for depreciation                                       | (d)  | (e          |                                       | (f)           | (g) Depreciation  |
|               | Classification of property  | year placed<br>in service            | (business/investment use only — see instructions)                | Recovery period                              | Conve       |                                       | thod          | deduction         |
|               | 3-year property   |                                      |  |  | -           |                                       |               |                   |
|               | 5-year property   | -1-1                                 | 1  |  | <b></b>     |                                       | <del></del> - |                   |
|               | 7-year property   | _                                    |  |  |             |                                       |               |                   |
|               | d 10-year property  |                                      |  |  | ļ           |                                       |               |                   |
|               | 15-year property  |                                      |  |  | <u> </u>    |                                       |               |                   |
| 1             | 20-year property  | 3. 1 7. 2                            |  |  |             |                                       |               |                   |
| 9             | 25-year property  | 1,77                                 |  | 25 yrs                                       |             |                                       | /L            |                   |
| i             | n Residential rental  |                                      |  | 27.5 yrs                                     | M           |                                       | /L            |                   |
|               | property  |                                      |  | 27.5 yrs                                     | M           | M S                                   | /L            |                   |
| i             | Nonresidential real   |                                      |  | 39 yrs_                                      | M           | M S                                   | /L            |                   |
|               | property  |                                      |  |  | M           | м I s                                 | /L            |                   |
|               | Section C   | <ul> <li>Assets Placed in</li> </ul> | Service During 2009 T  | ax Year Using th                             | ne Alter    | native Depreci                        | ation Sy      | ystem             |
| 20 8          | a Class life  |                                      | -  |  |             | S                                     | /L            |                   |
|               | <b>o</b> 12-year  |                                      |  | 12 yrs                                       | 1           | S                                     | /L            |                   |
|               | c 40-year   |                                      |  | 40 yrs                                       | М           |                                       | /L            |                   |
|               | TIV Summary (See  | nstructions)                         | ············   |  |             |                                       |               |                   |
|               |   |                                      | ·  |  |             |                                       | $\overline{}$ |                   |
| 21            | Listed property Enter am  | ount from line 28                    |  |  |             |                                       | 21            |                   |
|               | Listed property Enter am  Total Add amounts from line 12 the appropriate lines of your returns. |                                      | nes 19 and 20 in column (g), a<br>corporations — see instruction | ind line 21 Enter her                        | e and on    |                                       | 21            | 5,722.            |

Form 4562 (2009) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945 .Part V.⊸ Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes Yes No (b) (c) Business/ investment (i) Date placed in service Basis for depreciation (business/investment Elected section 179 Type of property (list vehicles first) Cost or other basis Recovery Method/ Depreciation deduction Convention use only) use cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related persolf, you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) **(f)** Total business/investment miles driven during the year (do not include 30 Vehicle 1 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 No Yes Yes No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 35 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees what not more than 5% owners or related persons (see instructions). No Yes Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization begins amount section period or for this year percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions) Amortization of costs that began before your 2009 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44 44

# **Other Assets and Liabilities**

2009

Name as Shown on Return
HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945

| Line 24 - Other Assets:                 | Beginning<br>of Year | End of<br>Year |
|---|----------------------|----------------|
| ACCOUNTS RECEIVABLE                     | 11,647.              | 3,035          |
| PREPAID EXPENSE                         | 0.                   | 2,850.         |
|   |                      |                |
| Totals to Form 990-EZ, Part II, line 24 | 11,647.              | 5,885          |
| Line 26 - Total Liabilities:            | Beginning<br>of Year | End of<br>Year |
| ACCOUNTS PAYABLE                        | 0.                   | 846            |
| DEFERRED HOME EXPO REVENU               | 46,700.              | 58,415         |
| LONG TERM LIABILITIES                   | 73,289.              | 79,278.        |
| PAYROLL LIABILITIES                     | 1,118.               | 3,072          |
| DUE TO PROJECT BILD                     |                      | 105            |
|   |                      |                |
| Totals to Form 990-EZ, Part II, line 26 | 121,107.             | 141,716        |

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## Form 990-EZ, Part I, Line 16 Other Expenses Statement

| Other expenses (describe)    |             |
|------------------------------|-------------|
| WEB SITE EXPENSE             | 6,369.      |
| OFFICE INSURANCE             | 532.        |
| ADVERTISING                  | 520.        |
| DUES/SUBSCRIPTIONS           | 674.        |
| MISCELLANEOUS EXPENSE        | 2,761.      |
| CREDIT CARD FEES             | 4,102.      |
| CAHB ASSESSMENT              | 1,555.      |
| CAHB DUES                    | 30,235.     |
| NAHB DUES                    | 27,030.     |
| CAHB MEETINGS                | 1,219.      |
| EO CONVENTION                | 3,935.      |
| MEMBERSHIP DRIVE             | 4,441.      |
| NATIONAL DIRECTOR MEETING    | <u>570.</u> |
| Depreciation                 | 5,722.      |
| COMPUTER                     | <u>899.</u> |
| OFFICE SUPPLIES              | 4,418.      |
| TRAVEL EXPENSE               | 415.        |
| EDUCATION PROGRAMS EXPENSE   | 6,822.      |
| ENERGY STAR EXPENSE          | 6,129.      |
| STEAMBOAT PROJECT EXPENSE    | 5,458.      |
| LIABILITY INSURANCE          | 605.        |
| BUILDER FUSION               | 3,002.      |
| M2M                          | 972.        |
| NAHB CONVENTION              | 300.        |
| POLITICAL ACTION COMMITTE    |             |
| MEMBERSHIP DIRECTORY EXPENSE | 235.        |
| Total                        | 118,565.    |
|                              |             |

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

| Description                            | Amount |
|--|--------|
| TRANSFER FROM CHECKING TO FUND BALANCE | 258.   |
| Total                                  | 258.   |

Housing and Building Association of Northwestern Colorado, Inc.

Attachment to 990-EZ

Part IV: List of Officers, Directors, Trustees, and Key Employees

| Name and Address    | Title                       | Average<br>hours per<br>week<br>devoted to<br>position | Compensation | Contributrions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---------------------|-----------------------------|--|--------------|--|--------------------------------------|
| Debbie Rich         |                             |  |              |  |                                      |
| 569 S Westgate Dr   |                             |  |              |  |                                      |
| Grand Jct, CO 81502 | Executive Officer           | 40   | \$43,211     | \$0  | \$0                                  |
| Cheryl Ballew       |                             |  |              |  |                                      |
| 569 S Westgate Dr   |                             |  |              |  |                                      |
| Grand Jct, CO 81502 | Office Coordinator          | 40   | \$15,082     | \$0  | \$0                                  |
| Traci Weinbrecht    |                             |  |              |  |                                      |
| 569 S Westgate Dr   |                             |  |              |  |                                      |
| Grand Jct, CO 81502 | Events Director             | 40   | \$38,547     | \$0  | \$0                                  |
| Duncan McArthur     |                             |  |              |  |                                      |
| 569 S Westgate Dr   | Director of Governmental    |  |              |  |                                      |
| Grand Jct, CO 81502 | Affairs                     | 20   | \$20,636     | \$0  | \$0                                  |
| Dennis Wiltgen      |                             |  |              |  |                                      |
| 569 S Westgate Dr   |                             |  |              |  |                                      |
| Grand Jct, CO 81502 | Past President              | 1  | . \$0        | \$0  | \$0                                  |
| Rob Griffin         |                             |  |              |  |                                      |
| 569 S Westgate Dr   | President of Grand Junction |  |              |  |                                      |
| Grand Jct, CO 81502 | Chapter                     | 1  | . \$0        | \$0  | \$0                                  |
| Bonnie Petersen     |                             |  |              |  |                                      |
| 569 S Westgate Dr   | Treasurer of Grand          |  |              |  |                                      |
| Grand Jct, CO 81502 | Junction Chapter            | 1  | . \$0        | \$0  | \$0                                  |
| Sara Landis         |                             |  |              |  |                                      |
| 569 S Westgate Dr   | Secretary of Grand          |  |              |  |                                      |
| Grand Jct, CO 81502 | Junction Chapter            | 1  | . \$0        | \$0  | \$0                                  |
| John Moir           |                             |  |              |  |                                      |
| 569 S Westgate Dr   | Described Street            | _  |              |  |                                      |
| Grand Jct, CO 81502 | President Elect             | 1  | \$0          | \$0  | \$0                                  |
| Jody McPherson      |                             |  |              |  |                                      |
| 569 S Westgate Dr   | Discrete                    | _  | <b>.</b> _   | <b>.</b> -   |                                      |
| Grand Jct, CO 81502 | Director                    | 1  | \$0          | \$0  | \$0                                  |
|                     |                             |  |              |  |                                      |

Housing and Building Association of Northwestern Colorado, Inc. Attachment to 990-EZ

Part IV: List of Officers, Directors, Trustees, and Key Employees

| Name and Address  | Title    | Average hours per week devoted to position | Compensation | Contributrions to employee benefit plans and deferred compensation | Expense account and other allowances |   |
|---|----------|--|--------------|--|--------------------------------------|---|
| Nate Porter   |          |  |              |  |                                      | • |
| 569 S Westgate Dr<br>Grand Jct, CO 81502                    | Director | 1  | L \$0        | \$(  | 0 \$0                                | ı |
| Darren Davidson<br>569 S Westgate Dr<br>Grand Jct, CO 81502 | Director | 1  | L \$6        | o \$6  | 0 \$0                                | J |
| Randy Stone<br>569 S Westgate Dr<br>Grand Jct, CO 81502     | Director | 1  | L \$6        | o \$   | 0 \$0                                | ) |
| Darren Adams<br>569 S Westgate Dr<br>Grand Jct, CO 81502    | Director | 1  | ı \$6        | o \$   | o \$0                                | ) |
| Bill Murphy<br>569 S Westgate Dr<br>Grand Jct, CO 81502     | Director | <u>:</u>                                   | 1 \$1        | 0 \$   | o \$0                                | ) |
| Fritz Diether<br>569 S Westgate Dr<br>Grand Jct, CO 81502   | Director | :  | 1 \$1        | 0 \$   | 0 \$0                                | ) |
| Fred Shurtleff<br>569 S Westgate Dr<br>Grand Jct, CO 81502  | Director | :  | 1 \$         | 0 \$   | 0 \$0                                | ) |