

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### 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)

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service

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

	For the	2009 calend	dar year,	or tax year beginning		, 2009	, and	endin	<u> </u>				
В	Check if a	pplicable		C Name of organization			-			D Employ	er Identific	ation Number	
	Addre	ess change	Please use IRS label	Old Colorado Cit	ty Ass	ociates, Lt	d.			84-0	08853	34	
	Name	e change	or print or type.	Number and street (or P O b				Room/su	ite	<b>E</b> Telepho	ne number	•	
	Initia	l return	See specific	PO Box 6206						(719	9) 63:	2-9194	
	Term	ination	Instruc- tions	City, town or country		State	ZIP co	ode + 4					
	Amer	nded return		Colorado Springs	S	СО	809	934		G Gross re	eceipts \$	286,70	3.
	Apple	cation pending	F Name a	and address of principal officer				- 1	H(a) is this a	group retur	n for affilia	tes? Ye	s X No
		, -	Don Wi	ick 115 S. 26th	St. col	orado Springs CO	2 8 O	904		affiliates incl		Ye	s No
ı	Tax-e	xempt statu				4947(a)(1) or	52		IT INO,	attach a list	(see instru	ictions)	
J	Webs			oldcoloradocity		1			H(c) Group (	exemption nu	ımber ►		
ĸ		<del>-</del>	X Corpora			er► L	Year of		on 1984			al domicile C	0
		Summa											
تت.				ganization's mission or mo	st signific	ant activities Pi	romo	tior	of O	ld Col	orado	City	
m	1	-		District									
Activities & Governance	-		<b>-</b>										
Ĕ	_		<del>-</del>										
Š	2 C	heck this bo	x ► 🔲	if the organization discont	inued its	operations or disp	osed	of moi	re than 2	5% of its			
ص ص				bers of the governing bod							3 1		
es	l .		-	it voting members of the g	overning	body (Part VI, line	e 1b)				4 1	<u> </u>	
Ϊ			•	yees (Part V, line 2a) eers (estimate if necessar	~/\	•					<b>5</b> 0		
Act				ousiness revenue from Pai		dumn (C) une 12		•			7a		0.
-		•		taxable income from For						l	7b		
		ot armorated	. 000000	, taxable interine in emi. en	550 .,	<u></u>			Р	rior Year		Current	Voor
	8 0	ontributions	and gran	its (Part VIII, line 1h)					<u> </u>	iioi icai		Ourient	<u> </u>
ĭĕ	1		_	ue (Part VIII, line 2g)						19,2	35.	286	5,336.
Ver	<b>9</b> Pr			art VIII, column (A), lines	3. 4. and	7d)					47.		367.
æ		nvestment income		II, column (A), lines 5, 6d						86,0	59.		
			-	nes 8 through 11 (must eq			ne 12)	)		105,5		286	5,703.
	13 G	rants and si	ımılar amı	ounts paid (Part IX, colum	n (A), line	es 1-3)							
-	14 B	enefits paid	to or for	members (Part IX, column	n (A), line	4)							
_	15 S	alaries, othe	er comper	nsation, employee benefits	(Part IX	, column (A), lines	5-10	)		19,5	71.		
Expenses	16a P	rofessional	fundraisin	o fees (Part IX, column (A	ar line 11	<del>e)</del>		1				-	
pen	h T	ntal fundrais	sina eynei	nses (Part IX, column (D)	line 25)	ECEIVED		0.			62.6		
ŭ	17 0	thar avacac	os (Part I	X, column (A), lines 11a-	14 1162	MA	70	<del>                                     </del>	42 - 4 B 41	101,7	<del></del>	7 777 5 757 11	3,385.
				nes 13-17 (must equal Pa			RS-OSC	ļ		121,2			3,385.
				s.Subtract line 18 from lin		ON BICEDIO	S	ſ	-	-15,7			3,318.
- R		evenue less	expense	s. Subtract file 15 from file				╁──	Do min				
\$ E	20 T	otal assets (	/Dart V II	no 16)	L 00	GDEN, UT	79	ł	Begin	ning of Y		End of	1,228.
88	20 To	otal liabilitie	•		4	9961.4, 0	· 	j		10, 3	10.		1,220.
Net Assets or Fund Balancos	20 1		-		l 20				-	10,9	10	1 /	1 220
	22 N     N		rung bais	ances Subtract line 21 fro	m line 20	·			<u> </u>	10,9	10.1		1,228.
	11.6 11.4.	· · · · · · · · · · · · · · · · · · ·	<del>/- /</del>	4						te the boot o	f my knowl	adea and ballot	
		true, correct	nd complete	I declare that I have examined this Declaration of prepared (other tha	n officer) is	based on all information	of whic	no state h prepar	er has any l				. 11 15
Sig	nn		plat,	11/66					1	6-2	2-/2		
He	re	Signature	of officer		<u>.</u>				Dat	te	<u>.                                    </u>	<del></del>	
		► Don V	Nick \	•									
			int name and	d title	<del></del> .								
							Date		CH	neck if	Prepa	arer's identifyin	number
Pa	id		( ひん	111 <					se			instructions)	
Pr	e-	Preparer's signature	► Gra	eme Cloutte CPA		į,	06/2	2/10		. ,*=	_		
рa	rer's	Firm's name (d		utte & Associate	s, P.C		, _				•		
Üs		yours if self- employed),		South Cascade A		Suite 300			EII	N - 2	4-11	48759	<b>ວ</b> ´
Or	ııy	address, and ZIP + 4		orado Springs	,	CO 8090	3	· · · · · · · · · · · · · · · · · · ·			<del> </del>	633-61	
Ma	v the IRS	<u> </u>		with the preparer shown a	bove? (se							X Yes	No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

TEEA0101 07/20/09

	- 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	84-088533	4		Page 2
Rař	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	Promotion of Old Colorado City				
	and Historic District				
		- <b></b> -			
	Did the organization undertake any significant program services during the year which were not listed on the pi	rior			
2			Yes	x	No
	Form 990 or 990-EZ?		163	$\triangle$	140
_	If 'Yes,' describe these new services on Schedule O.		V	E)	N1 -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	penses Section	on 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported	ations to other	3, 1110	iotai	
<b>4</b> a		enue \$			
	Furthering the promotion and economic development of the area	<b></b>			
	generally known as Old Colorado City, Colorado Springs, CO and				
	promoting and assisting the growth and development of business				
	concerns, including small business concerns in said area.				
			<del>-</del>		
		. – – – – –			
			<b>-</b>		
41	(Code: ) (Expenses \$ including grants of \$) (Reve	enue Ś			,
41					
		. <b></b>	<b>-</b>		
		. <b></b>			
		<del></del> -			
		_			
40	: (Code) (Expenses \$ including grants of \$) (Reve	enue \$			)
			=		
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			- <b></b>		
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		<del>-</del>	<del>-</del>		· <del>-</del>
		<b></b> _	- <b></b>		
		. <b>-</b>			
40	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
46	e Total program service expenses ► 274,861.				

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts # 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D. Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?f 'Yes,' complete 9 Х Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments f' 'Yes,' complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes' 7f so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI • Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? IVes, complete Schedule D. Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12 A Was the organization included in consolidated, independent audited financial statement for the tax No Yes 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

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19

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Form 990 (2009) Old Colorado City Associates, Ltd.

Part'IV \*\* Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees $\mathcal{H}$ 'Yes,' complete Schedule $J$	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 20027f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	a A current or former officer, director, trustee, or key employee <sup>∂</sup> If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions of 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations 7f 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets *If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2009)

В

Part V Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 1 a Information Returns Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) **4** a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5 c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g a For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations and the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 Х holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a X 96 X **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.) 12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section	n A.	Governing Body and Management						
			,	1		. , >	Yes	No
<b>1 a</b> En	ter the	number of voting members of the governing body	<del></del>	11		1		
<b>b</b> Ent	ter the	number of voting members that are independent	1 b	11			216	(
2 Did offi	d any o icer, di	fficer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee $^{\circ}$	elation	nship wi	th any other	2		X
3 Did of c	the or	ganization delegate control over management duties customarily performed by or it, directors or trustees, or key employees to a management company or other pers	under on?	the dire	ect supervision	3		х
4 Did	the o	ganization make any significant changes to its organizational documents				4		X
sin	ce the	prior Form 990 was filed?						
<b>5</b> Did	the o	ganization become aware during the year of a material diversion of the organization	n's as	ssets?		5		_X
<b>6</b> Do	es the	organization have members or stockholders?				6		<u>X</u>
<b>7a</b> Doo gov	es the	organization have members, stockholders, or other persons who may elect one or body?	more	membe	rs of the	7a		X
<b>b</b> Are	e any c	ecisions of the governing body subject to approval by members, stockholders, or o	ther p	ersons'	?	7b		X
8 Did	the o	ganization contemporaneously document the meetings held or written actions undi	ertake	en durin	g the year by			
a The	e gove	rning body?				8a	Х	
<b>b</b> Eac	ch con	mittee with authority to act on behalf of the governing body?				8b	Х	
9 Ist	there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca on's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot	be reac	hed at the	9		x
Section		Policies (This Section B requests information about policies not	requ	ired by	the Internal	1		
Revenue		•	•	_				
							Yes	No
<b>10 a</b> Do	es the	organization have local chapters, branches, or affiliates?				10 a		Х
<b>b</b> If "	Yes,' d	oes the organization have written policies and procedures governing the activities of the organization?	of suc	h chapt	ers, affiliates,	10Ь		
		rganization provided a copy of this Form 990 to all members of its governing body	before	e filing t	the form?	11		Х
11 A De:	scribe	in Schedule O the process, if any, used by the organization to review this Form 99	C					
<b>12 a</b> Do	es the	organization have a written conflict of interest policy? If 'No,' go to line 13				12 a		X
	e office	rs, directors or trustees, and key employees required to disclose annually interests s?	that	could gi	ve rise	12 b		
c Do	es the <i>hedule</i>	organization regularly and consistently monitor and enforce compliance with the pool of how this is done	olicy?f	'Yes,' c	describe in	12c		
13 Do	es the	organization have a written whistleblower policy?				13		X
14 Do	es the	organization have a written document retention and destruction policy?				14		Х
15 Did	the parsons,	ocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	appro	oval by	ındependent			
		nization's CEO, Executive Director, or top management official				15 a		X
<b>b</b> Oth	ner offi	cers of key employees of the organization				15b		X
If "	Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions.)				1		
ent	tıtv dur	ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?				16a		X
		as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard high respect to such arrangements?	n to e	valuate organiza	its participation ation's exempt	16b		ক ব
		Disclosures						
		tates with which a copy of this Form 990 is required to be filed					<del>-</del>	
18 Sei	ction 6 pection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply.	nd 99	90-T (50	1(c)(3)s only) a	vailabl	e for p	oublic
	Own	website Another's website X Upon request						
sta	itemen	in Schedule O whether (and if so, how) the organization makes its governing docuits available to the public						incial
<b>20</b> Sta	ate the	name, physical address, and telephone number of the person who possesses the				anızat	on.	
► <u>T</u> c	odd I	Delahanty 28 Amherst Circle Florissant C	.ō	8081	<u>6</u> <u>(</u> 7	19)_2	29-4	1138

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) (D) (E) (F) Average Position (check all that apply) Reportable compensation from Reportable compensation from Estimated Name and Title hours per week amount of other Officer adividual frustee institutional רטייחפיו the organization (W-2/1099 MISC) related organizations (W-2/1099-MISC) compensation from the organization director. est commensated empkyee and related organizations rustee Nelson Roseland Director 2.00 Х Julie Fabrizio 2.00 Secretary Deanna Wheeler 2.00 Х 2.00 Х 6.00 X

Director Patti Birtz-Sharpton Director Barb Hodges \_ Director <u>Don Wick</u> President 12.00 Х <u>Mazie Baalman</u> Vice President 2.00 X Emily Lincoln Director 2.00 X <u>LauraAnn Martin</u> Director 2.00 James Maguire Director 2.00 Х Jake Topakas Director 2.00 Х Todd Delahanty Treasurer 10.00 Diane Dimbat 2.00 Director

(A) Name and Title	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week		Institutional trustee	Officer	1	a Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							,			
1 b Total							<b>&gt;</b>			
2 Total number of individuals (including but not limite from the organization ►										table compensation  Yes No
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translutural.</li> </ul>	portable han \$15	e coi 50,00	mpe )0 <i>?lf</i>	nsat f 'Ye	tion s' c	and omp	l oth olete	er compensation Schedule J for s	from uch	3 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens edule J	atio for	n fro s <i>ucl</i>	om a h <i>pe</i>	any <i>rsoi</i>	unre	elate	ed organization fo	r services	5 X
Section B. Independent Contractors			-l i			-10		t recovered more t	hon \$100,000 of	
Complete this table for your five highest compensate compensation from the organization		peno ——		COI	ııraı			<del> </del>		
Name and business addres	s							Description	of Services	(C) Compensation
		_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization)	but not	lımı	ted	to th	nose	e list	ed a	above) who receiv	red more than	

\$100,000 in compensation from the organization

Pai	t VIII Statement of Revenue		(A)	(B)	(C)	(D)
		Park the second	Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
محن <del>د</del> دی	1a Federated campaigns	1a		revenue		512, 513, or 514
ANT	<b>b</b> Membership dues	1b				2.02
MO.	c Fundraising events	1c			: 	
FTS R A	d Related organizations	1d		f		
S	e Government grants (contributions)	1e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS				7. 15 21		
HBU	f All other contributions, gifts, grants, and similar amounts not included above	1f	_			
N S	g Noncash contribns included in Ins 1a-1f:	\$	_			4
8 ₹	h Total. Add lines 1a-1f				Series de la companya	المستنبذ
PROGRAM SERVICE REVENUE		Business Code	7			
E	2a Membership Dues	541800	15,537.		0.	0.
H.	b Territory Days Event Inc		225,521.	225,521.	0.	0.
ž	c Old Town Showdown Event Inc		22,943.	22,943.	0.	0.
1 SE	d Ice on the Avenue Event Inc		8,714.	8,714.	0.	0.
RA	e Other Event Income	713900	13,621.	13,621.	0.	0.
ő	f All other program service revenue		286 336	<b>建作的专家</b>		
-	g Total. Add lines 2a-2f	<del></del>	286,336.	Safe that And In the see	" see . 36 (16.1) 2 (18.1) 2	ストン・シー 大き二番 (1972年)
	3 Investment income (including divided other similar amounts)	dends, interest and	367.	367.	0.	0.
	4 Income from investment of tax-ex-	empt bond proceeds	<b>&gt;</b>			
	5 Royalties	ompt some proceeds	<b>&gt;</b>		<del></del>	<del></del>
1	(i) Rea	il (ii) Personal	7.5			
	6a Gross Rents					
J	<b>b</b> Less rental expenses					
	c Rental income or (loss)			to the second second	1	· 「「「「「「「」」」「「「「」」「「「」」「「」」「「」」「「」」「「」」「
	d Net rental income or (loss)		<b>-</b>			
	7a Gross amount from sales of (i) Securi	ties (ii) Other		197		
	assets other than inventory					
	<b>b</b> Less: cost or other basis	, i				
ĺ	and sales expenses					
	c Gain or (loss)					
- 1	<b>d</b> Net gain or (loss)		>			
	8a Gross income from fundraising even	ents				
2	(not including \$					3
<u> </u>	of contributions reported on line 1	c)				
8	See Part IV, line 18	a				
OTHER REVENU	<b>b</b> Less direct expenses	b[				
_	c Net income or (loss) from fundrais			NAME AND PERSONS AND	R VICTOR TO THE	programme viting
	9a Gross income from gaming activiti See Part IV, line 19	es ]				
l	<b>b</b> Less direct expenses	a			R. A. C. C. C. C.	Mary on the
	c Net income or (loss) from gaming	activities	>	**************************************		(A)
			2-3-3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		No. Carlo	
ſ	10a Gross sales of inventory, less retu and allowances	rns				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of	inventory				
}	Miscellaneous Revenue	Business Code	The state of the		2 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
1	11a				<del></del>	
	b					
	c					
ļ	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	1	286,703.	286,703.	0.	0.

Part IX - Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				\$ C
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				Extension value
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	<del></del>			
10	Payroll taxes .				
11	Fees for services (non-employees)		<u> </u>		
a	Management				
t	Legal .	1,044.	0.	1,044.	0.
c	Accounting	2,350.	0.	2,350.	0.
C	<b>i</b> Lobbying				
e	Prof fundraising svcs See Part IV, In 17		ार रेसिक्सिकिसिटी क्रिका	1990年	
f	Investment management fees				
ç	<b>O</b> ther				
12	Advertising and promotion	90,764.	90,764.	0.	0.
13	Office expenses	815.	0.	815.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	478.		478.	0.
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
ā	COGS	10,488.	10,488.	0.	0.
t	Insurance	7,838.	7,838.	_0.	0.
	Decorations	862.	862.	0.	0.
C	Dues & Subscriptions	552.	0.	552.	0.
•	Licenses	5,388.	5,388.	0.	0.
f	All other expenses	162,806.	159,521.	3,285.	0.
25	Total functional expenses Add lines 1 through 24f	283,385.	274,861.	8,524.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

Pa	it X	Balance Sheet					
	•				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing			6,988.	1	13,394.
	2	Savings and temporary cash investments			2,710.	2	100.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus Il of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	ed und	ler section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete P	art II of Schedule L		6	
S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis	10 a	1,699.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10 b	965.	1,212.	10 c	734.
	11	Investments – publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments – program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		10,910.	16	14,228.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
AB	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
LIABILITIES	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, sons	key employees, Complete Part II		View .	
Ī		of Schedule L				22	
5	23	Secured mortgages and notes payable to unrelated the	urd pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	partie	es .		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
N E T		Organizations that follow SFAS 117, check here ►	X ar	nd complete lines		7	
		27 through 29 and lines 33 and 34.					
S	27	Unrestricted net assets			10,910.	27	14,228.
Ĕ	28	Temporarily restricted net assets				28_	
ETS OR	29	Permanently restricted net assets		_		29	in the arrangement of the control of the state of
R		Organizations that do not follow SFAS 117, check he	re►	and complete			
E		lines 30 through 34.					\$16.50 But 10.00
Ď	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip				31	
FUZD BALAZCES	32	Retained earnings, endowment, accumulated income,	or oth	ner funds		32	
Ç	33	Total net assets or fund balances			10,910.	33	14,228.
Š	34	Total liabilities and net assets/fund balances			10,910.	34	14,228.

BAA

Form **990** (2009)

Part XI Financial Statements and Reporting Yes No X Cash Accrual Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 2b Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2 c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

Х

3 a

3b

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

**Public Charity Status and Public Support** 

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

Employer identification number

OMB No 1545 0047

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Department of the Treasury Internal Revenue Service Name of the organization

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

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Schedule A (Form 990 or 990-EZ) 2009

Pa	TIESupport Schedule for	_			an (VIXAXIV) an	а тибрутуску	VI)
Sec	· (Complete only if you check	ed the box on line	5, 7, or 8 or Par	(1)		<del></del>	<del></del>
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		,			-	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here.		nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3)
$\overline{}$	tion C. Computation of Pu						
14	Public support percentage for 20 Public support percentage from			ne II, column (t)		14	<u>%</u> %
	33-1/3 support test — 2009. If the	•	•	x on line 13 and	the line 14 is 33-	<del></del>	
	and <b>stop here</b> . The organization	qualifies as a put	blicly supported or	rganization			▶ []
ŀ	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization .	, and line 15 is 33	-1/3% or more, ch	neck this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box andtop here.	Explain in Part IV	how
ŧ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box andtop here.	Explain in Part IV	
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	s box and see ins	tructions -
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2009

|Rart ||||變| Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in)▶ (b) 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b THE RESERVE OF THE PERSON OF T 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 4-16 Sp. 30 5 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. • Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990	or 990	-EZ) 2	009	01	d C	olo	rad	0 (	City	As	soc	iates	, ]	Ltd.		84	-08	8533	4	-	Page 4
Schedule A Part IV	Suppler	nental	Info	rmat	ion.	Cor	nple	te th	IIS I	part	to p	rovid	e the	exp	lanat	ions re	equire	ed by	Part	II, line	e 10,	
<del></del>	Part II, I	ine 17	a or	170,	anu	Га		, 11116	- 12	<u> </u>	OVIU	e any	y Othe	ı at	Juilloi	-	Ollila		-		LIONS	·
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## (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Employer Identification number

Old Colorado City Associates, Ltd. 84-0885334 Rart M Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? |**Part্যাৡি Conservation Easements** Complete if the organization answered 'Yes' to Form 990, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements Ś during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and  $170(h)(4)(B)(ii)^7$ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Rart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990. Part VIII, line 1 **>**\$ b Assets included in Form 990, Part X

Schedule <b>D</b> (Form 990) 2009 Old (	Colorado City	/ Associate	s. Ltd.	84-088	5334		Page 2
Part III Organizations Mainta	ining Collection	s of Art. Histo	rical Treasures, c			ntınu	
3 Using the organization's acquisit items (check all that apply)		_					
a Public exhibition		<b>d</b> $\square$ Loan o	or exchange programs	;			
<b>b</b> Scholarly research		e Other	<b>5</b> . <b>5</b>				
c Preservation for future gener	ations	- 🗀					
4 Provide a description of the organ Part XIV		s and explain how	they further the orga	inization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds i	ition solicit or receiv	e donations of art	t, historical treasures, of the organization's co	or other similar ollection?	Yes	Г	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements	Complete if o	rganization answe		90, Part	IV,	line
· · · · · · · · · · · · · · · · · · ·				they regate not			
1a Is the organization an agent, true included on Form 990, Part X?				ther assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	III Fait Aiv and coi	inplete the lollowi	ng table.		Amount		
a Danisana halanaa				10	Amount		
c Beginning balance				1 c			
d Additions during the year				1e			
e Distributions during the year				1f			
f Ending balance		D-4 V I 212		11	Yes		No
2a Did the organization include an a		, Part X, line 217			☐ 162	L	
b If 'Yes,' explain the arrangement		ation oncurar	nd 'Vas' to Form 0	90 Part IV June 10			
Rart.V. Endowment Funds Co			· · · · · · · · · · · · · · · · · · ·				n back
1 - Decrease of combalance	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Fo	Ji year	2 Dack
1 a Beginning of year balance		ļ		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
<b>b</b> Contributions					<u> </u>	· ·	ها د کور د
c Net Investment earnings, gains, and losses							
<b>d</b> Grants or scholarships					4.5.4	ند اعداث	
<ul> <li>Other expenditures for facilities and programs</li> </ul>						7.0	
f Administrative expenses			والمستحدة المستوسية	- ide in	المستنفأة		11.
<b>g</b> End of year balance			the same		a 1.885 -12		N 18 2
2 Provide the estimated percentag	e of the year end ba	lance held as					
a Board designated or quasi-endov	vment ►	<b>%</b>					
<b>b</b> Permanent endowment <b>b</b>	<u> </u>						
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not organization by	in the possession of	the organization	that are held and adm	ninistered for the	[-	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations listed	as required on So	hedule R?		3b		
4 Describe in Part XIV the intende	-				<u> </u>		
Part VI Investments-Land, B				C. line 10.			
Description of investmen	t (a) Co	st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	( <b>d)</b> Bo	ok Va	alue
1 a Land	,	,		The state of the s			
<b>b</b> Buildings		1					
c Leasehold improvements							
d Equipment			1,699.	965.			734.
				<del> </del>			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) BAA

Schedule **D** (Form 990) 2009

734.

	dule D (Form 990) 2009 Old Colorado City Associates, 1		85334 Page <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990	to Financial Statements	T
1	•		<del></del>
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		··
4	Net unrealized gains (losses) on investments  Donated services and use of facilities		
5			
6	Investment expenses		
7 8	Prior period adjustments Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
_	Excess or (deficit) for the year per audited financial statements. Combine lii	nes 3 and 9	
	TXIII Reconciliation of Revenue per Audited Financial Stater		<u>'</u> -
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments	2a	
ı	Donated services and use of facilities	2 b	•
•	Recoveries of prior year grants	2 c	
(	Other (Describe in Part XIV)	2d	
•	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1 .	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line		
i	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1
ı	Other (Describe in Part XIV)	4b	
	: Add lines 4a and 4b	40	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
	t XIII Reconciliation of Expenses per Audited Financial State	ements with Expenses per Ret	urn
	Total expenses and losses per audited financial statements	Name of the last o	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	
	Donated services and use of facilities	2b	
	Prior year adjustments Other losses	2c	1
	Other losses  Other (Describe in Part XIV)	2d	
	Add lines 2a through 2d	26	1
	Subtract line 2e from line 1	3	
_	Amounts included on Form 990, Part IX, line 25, but not on line:		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	,
	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b	40	.]
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	18)5	
Pa	t XIV Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines mation	9, Part III, lines 1a and 4, Part IV, lines 2d and 4b Also complete this part to	s 1b and 2b, Part V, provide any additional
- <b>-</b>			
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BAA	TEEA3304 02/02/10	Sch	edule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 Old Colorado City Associates, Ltd.	84-0885334	Page 5
Schedule D (Form 990) 2009 Old Colorado City Associates, Ltd.  Part XIV. Supplemental Information (continued)		
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Old Colorado City Associates, Ltd.	84-0885334
old colorado city Associates, Eta.	
Pt VI-B, Line 11A The return will be emailed to board for review	

#### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

010	Colorado City As	ssociates,	Ltd.				84	1-0885334
	ess or activity to which this form relat							
	m 990 / Form 9901							
Pä	Election To Exp Note: If you have a	ense Certain I ny listed property,	Property Under Sec complete Part V before	tion 179 you complete P	Part I			
1							1	\$250,000
2	Total cost of section 179 p		2					
3	Threshold cost of section 1		3	\$800,000				
4	Reduction in limitation, Su		4					
5	Dollar limitation for tax yea separately, see instruction	ar. Subtract line 4	ing	5				
6	(a)	(C) Elected co	st					
							_	A Section of the sect
_	Listed property Enter the				7		<del> </del>	
8	Total elected cost of section			c), lines 6 and 7	,		8	
9	Tentative deduction Enter			:::			10	<del> </del>
10 11	Carryover of disallowed de Business income limitation		•		a) or line F	(eaa inetre)	11	<del> </del>
12	Section 179 expense dedu		•		•	(see msus)	12	<del></del>
13	Carryover of disallowed de				<b>►</b> 13 ⊤		1 12	The second second
	: Do not use Part II or Part				1 - 3 - 1	<del></del>		مراه مرود بازدر بند آن ما الله المراه ال المراه المراه المرا
	t II Special Depreci				t include I	sted property)	(See	instructions )
	Special depreciation allows tax year (see instructions)	ance for qualified					14	
15	Property subject to section		1				15	
	Other depreciation (includi						16	
_	t III MACRS Deprec		clude listed property) (S	See instructions)			1 .0	<u> </u>
(	<u> </u>	, , , , , , , , , , , , , , , , , , ,	Sectio				•	<del></del>
17	MACRS deductions for ass	ets placed in serv					17	478
	If you are electing to group asset accounts, check here	o any assets place	_	-	or more (	general ► □		
	Section B	- Assets Placed	in Service During 2009	Tax Year Using	the Gener	al Depreciation	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(1)		(g) Depreciation deduction
19a	3-year property	100 Marie 100						
	5-year property							
	7-year property							
	110-year property							
е	15-year property		-					
	20-year property							
$\overline{}$	25-year property			25 yrs		S/L		
	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C -	- Assets Placed in	Service During 2009 To	ax Year Using th			n Svs	stem
20 a	Class life	Proceedings and				S/L		
	12-year .		····	12 yrs		S/L		
	40-year			40 yrs	MM	S/L		
	t'IV. Summary (See in	structions.)	<del></del>					<del> </del>
	Listed property Enter amo						21	

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

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

	Sectio	n A – Deprecia	ation and Other	er Inform	ation (Ca	ution:	See the	ınstr							<del></del>	
24	a Do you have eviden	ce to support the bu	usiness/investme	nt use clain	ned?	1	Yes		No i	24b If 'Y	es, is the	e evidenc	e written?		Yes	No_
Ту	Type of property (list vehicles first)  Date placed in service  Date placed in service  percentage		(d Cost other i	or	(e) Basis for depreciation (business/investment use only)			Recovery Met		( <b>g)</b> thod/ vention	(h) Depreciation deduction		(I) Elected section 179 cost			
25	25 Special depreciation allowance for qualified listed property placed in service during the used more than 50% in a qualified business use (see instructions)								ne tax y	ear and	25			2		
26	Property used i								_			,	'			·· ·· ·· ·· ·· ·· ·· · · · · · · · · ·
						_			<u> </u>		_					
	- <u>-</u>	<u> </u>	<u> </u>						<u> </u>				<u> </u>			
_27	Property used 5	0% or less in a	a qualified bus	iness us	e				1		η.				7556	CONTRACT.
	<del></del>	<del></del>	<del> </del>			•			-		<del> </del>		-		-	
			<del>  </del>			<del></del>			-		-				-	
28	Add amounts in	column (h) lir	nes 25 through	27 Ente	er here ar	nd on I	ine 21	nage	<u>'                                     </u>			28	<del>                                     </del>		- 55	
	Add amounts in		-				21,	puge	•					29	PED-CEN	
			<u> </u>		B – Infor		on Use	e of	Vehic	cles		-			<u> </u>	
	plete this section															ıcles
to yo	our employees, fi	irst answer the	questions in S	Section C	to see if	you m	eet an e	exce	ption	to com	pleting	this sec	ction for	those v	ehicles	
30	Total business/	investment mile	es driven	- 1	(a) (b) (				(c) (d)		•	<b>(e)</b> 4 Vehicle 5		(f)		
30	during the year	(do not include		Veh	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4			Vehicle 6		
21	commuting mile	•	<b>.</b>	-						ļ						
	Total commuting m	•	•					-								
32	Total other pers miles driven	sonai (noncomr	nuting)													
33	Total miles driven during the year Add lines 30 through 32															
				Yes	No	Yes	No	Ye	25	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	e available for p hours?	personal use													
35	5 Was the vehicle used primarily by a more than 5% owner or related person?															
36	ls another vehic personal use?															
			C – Question								-	•	-			
Ansv	wer these question owners or related	ons to determin d persons (see	ie if you meet instructions)	an excep	otion to co	ompleti	ng Sect	ion l	B for	vehicle	s used l	by emp	loyees v	whate no		han ———
37	Do you maintair by your employ	n a written polic ees?	cy statement t	hat prohi	bits all pe	ersonal	use of	veh	cles,	ıncludır	ng comr	nuting,			Yes	No
38	Do you maintair employees? Se	n a written police e the instruction	cy statement t	hat prohi	bits perso	onal us e office	e of vet ers. dire	nicles	s, exc	cept cor	nmuting	g, by yo	our			
39	Do you treat all			-												
40	Do you provide vehicles, and re	more than five	vehicles to you	our emplo	yees, obl	tain inf	ormatio	n fro	m yo	our emp	loyees a	about th	ne use d	of the		
41	Do you meet the Note: If your an															
Pai	t VI  Amorti	zation						-								4.11.2.1
	(a) Description of costs		Date ar	(b) nortization egins	(C) Amortizable amount		(d) Code section		(e) Amortization period or percentage			(f) Amortization for this year				
42	Amortization of	costs that beg	ıns durıng you	r 2009 ta	x year (se	ee inst	ructions	)	_'_							
												<u> </u>				
43	Amortization of												43	<u> </u>		
44	Total. Add amo	ounts in column	(f) See the	nstructio	ns for who	ere to i	report_						44	<u> </u>		