

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



Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

• • •	or the	2009 c	alen	ndar year, or tax	year begir	ining		, 2009, all	d ending		, 20	
3 Che	eck if appli				ation COLO	AFFORD	CATHOLIC	HOUSING C	CORP	D Employer ide	entification number	
	Address change		RS el or	Doing Business A	As					84-1183	3023	
	Name c		nt or	Number and stre	et (or PO box	of mail is not de	livered to street	address)	Room/suite	E Telephone nu	ımber	
\Box	Indual re		pe ee	4045 PECOS	STREET	1			A	(303) 830	0-0215	
	Termina		ecific truc-	City or town, stat	e or country, a	ind ZIP + 4			•			
	Amende		วกร	DENVER, CO	80211					G Gross receipt	is \$ 91	4,958
\dashv	Applicat	tion [: Na	ame and address of		fficer RICK	SHRIERB	JRG		H(a) Is this a group	p return for Yes	s X
_	pending	'		PECOS STRE						affiliates? H(b) Are all affiliate	es included? Yes	s
т	Fax-exe	mpt statu		X 501(c) (3)			7(a)(1) or	527		-	h a list. (see instructions)	
		:		ARCHHOUSING		1107	11(0)(1)(0)	1027		H(c) Group exempt		0928
		organizat		X Corporation	Trust	Association	Other ▶		L Year of form		State of legal domicile	
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Activities				of employees (Pa							5	0
۲Į				of volunteers (est							6	0
	7a ⁻	Total gro	ss ur	nrelated business	revenue fron	n Part VIII, co	mm (C) the	FINALE D			7a	
_	b I	Vet unre	ated	l business taxable	income from	Form 990-T	ine 34	<u> </u>			7b	
						i.	i		181	Prior Year	Current	Year
او	8 (Contribut	ions	and grants (Part)	VIII, line 1h)		אחע.	1. 5. 2010.			0.	
Revenue	9 I	Program	serv	rice revenue (Part	VIII, line 2g)	[4	- J 2010	8-0-8-	885,78	13. 88	9,00
اچ	10	nvestme	nt in	come (Part VIII, co	olumn (A), lır	nes 3, 4, and 7	d) L		164	74,11	.9. 2	5,95
	11 (Other rev	enu	e (Part VIII, colum	n (A), lines 5	i, 6d, 8c, 9c, 1	Oc, an t) ()	EN UT	<u> </u>		0.	
- 1	12	Total rev	enue	e - add lines 8 thro	ugh 11 (mus	t equal Part V	II, column (A)	line 12)		959,90)2. 91	4,958
	13 (Grants a	nd sı	ımılar amounts pai	d (Part IX, co	olumn (A), line	s 1-3)				0. 58	0,000
	14	Benefits	oaid	to or for members	(Part IX, co	lumn (A), line	1)				0.	
S.	15	Salanes,	othe	er compensation, e	employee be	nefits (Part IX,					0.	
138				fundraising fees (F							0.	
Expenses	b.	Total fun	drais	sing expenses, Pa	rt IX, column	(D), line 25)						
ώ	17	Other ex	ens	ses (Part IX, colum	n (A), lines 1	11a-11d, 11f-2	46	<i>.</i>		513,72	24. 50	6,20
- 1				es Add lines 13-1						513,72		6,205
				s expenses Subtra			• •			446,17		1,24
5 8					,_ ,,			· · · · · · · · ·		Beginning of Ye		
ທ⊏∣	20	Total ass	ets ((Part X, line 16)						17,398,40		
Ba				s (Part X, line 26)					· · · · · · -	7,819,58		9,58
# E1				r fund balances Si	uhtract line ?	1 from line 20	• • • • • •		· • • • • -	9,578,81		32,41
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		and beli	enalti et/it	es or perjury, I dec is trope, correct, ar	pare that I ha pd complete	ave examined to Declaration of	ns return, inclu preparer (other	uing accompany than officer) is	ing schedules a based on all ir	ind statements, and iformation of which	d to the best of my	knowled
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	ere	Sic	natru	re of officer	en	/ \u.				Date	770 770	
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Jse (CILIV I	address,		710 . 4	NCOLN STRE	ET, SUITE 14	00 DENVER, C	O 80203		Phone no	303-861-4	1545
Jse (Cilly		a thu	s return with the p	reparer shov	vn above? (se	e instructions)	<u> </u>			X Yes	
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May	the IR			perwork Reduction	on Act Notic	e, see the sep	arate instruct	ons. *			Form 9	90 (200
May For F	the IR				on Act Notic	e, see the sep	arate instruct	ons. *			Form 9	90 (200
	the IR Privac	y Act an	d Pa			e, see the sep	v 09-8.		5505		Form 9	9 0 (200 PAG

om	990 (2009	9)	8	34-1183023	Page 2
a	rt III	Statement of Program Service Ac	complishments		
		describe the organization's mission CING, ACQUISITION AND B	: UILDING OF AFFORDABLE HOUSIN	G.	
	the prior		ficant program services during the yea		Yes X No
,		organization cease conducting, o	r make significant changes in how it coi		. Yes X No
ļ	Describe Section	501(c)(3) and 501(c)(4) organizat	ule O. ts for each of the organization's three largions and section 4947(a)(1) trusts are rec and revenue, if any, for each program serv	juired to report the amount	
	FINAN	CING, ACQUISITION AND B	66,458. Including grants of \$ 580	G;	889,002
	UNITS		, CO; 60 UNITS IN SILVERTHOR UNITS IN GYPSUM, CO; 100 UNI UNITS IN DENVER, CO.		
lb	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
c	(Code:_) (Expenses\$	ıncluding grants of \$) (Revenue \$)
1d	-	rogram services. (Describe in Sche			
 4e	(Expens		ants of \$) (Revenue \$ 1,066,458.)	
<u> </u>	, p	- 3 and and a	2, 300, 100.		Form 990 (2009)

Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule D. Schedule of Contributors? It is the organization required to complete Schedule B. Schedule of Contributors? It is the organization required in complete Schedule B. Schedule of Contributors? It is the organization required in direct organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. Sections 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. 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? If "Yes," complete Schedule D, Part III. In the environment, histonic land areas or histonic structures? If "Yes, complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in tabled in Part X, or provide credit counterling, debt management, credit repair, or debt negotiation services? If "Yes, complete Schedule D, Part V, VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for investments—other-accurities in Part X, line 10° If "Yes," complete Schedule D, Part VV, VII, VIII, IX, or X as applicable Did the organization report an amount for investments—other-accurities in Part X, line 10° If "Yes," complete Schedule D, Part VVIII Did the organization report an amount for other assatis in Part X, line 10° If "Yes," complete Schedule D, Part VVIII Did the organization report an amount for other assatis in Part X, line 10° If "Yes," complete Schedule D, Part VVIII Did the organization report an amount for other assatis in Part X, line 10° If "Yes," complete Schedule D, Part VVIII Did the organization report an amount for ot				Yes	No
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Schedule C, Part II		candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•	-	7		x
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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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V	•				v
X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 12 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 13 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 VIII 14 Did the organization report an amount for other liabilities in Part X, line 15° If "Yes," complete Schedule D, Part VIII 15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III. 16 Did the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E. 17 Did the organization as chool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E. 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II. 19 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 II. 20 Did the organization report on Part IX, column (A), line 3, more than \$5,0	a	·	0		
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			^		v
quasi-endowments? If" Yes,"complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, or X as applicable	10		9		_^
Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	10		40	V	
 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 VIII 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 XI Did the organization report an amount for other inabilities in Part X, line 25? If "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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII. Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 12 X Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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 gagregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. Did the organization report at total of more than \$15,000 of e	44		10	_^	
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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 25? If "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? If "Yes,"complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year?	_		100	71	
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If "Yes," completing Schedule D, Parts XI, XII. and XIII is optional	40.4		12		48 X 1
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 A	The discount of the last of th	r		
14a Did the organization maintain an office, employees, or agents outside of the United States?	40			خوان،	2100
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		-		_	_
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		•	14a		_ <u>^</u>
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	a	· · · · · · · · · · · · · · · · · · ·	١		١.,
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		, , ,	14b	-	<u> </u>
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	15				۱
to individuals located outside the United States? If "Yes," complete Schedule F, Part III			15		<u> </u>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	16				
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	·			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		·	17	ļ	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	· · · · · · · · · · · · · · · · · · ·			1
If "Yes,"complete Schedule G, Part III			18	<u> </u>	X
	19		l		
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19	<u> </u>	
	20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
 0 u	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			-
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
2,	substantial contributor, or a grant selection committee 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 transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
U	Schedule L, Part IV	28Ь		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		i	<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
J1	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	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,			
J-T	III, IV, and V, line 1	34	l x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>		
33	Schedule R, Part V, line 2	35	ŀ	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			–
30	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	30	<u> </u>	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
20		1	 	 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	l x	
	19? Note. All Form 990 filers are required to complete Schedule O		990	<u> </u>

Table the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0-if not applicable. 1 b Enter the number of Forms W-2G included in line 1a Enter -0-if not applicable. 1 b 0 0 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a 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. 2 a D o b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4 a 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)? 5 b If "Yes," enter the name of the foreign country > 5 see the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization aparty to a prohibited tax shelter transaction? 6 c If "Yes," to question 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should be organization shat may receive deductible contributions under section 170(c). 6 Did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8 Did t	Yes N
U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-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? 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)? 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 Was the organization a party to a prohibited tax shelter transaction? c if "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization necewe a payment in excess of \$75 made partly as a contribution and partly for goods and services 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	X
U.S. Information Returns. Enter -0- if not applicable b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-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? 3a. b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 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)? 5a. Was the organization for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts 5a. Was the organization a party to a prohibited tax shelter transaction? 5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b. Organizations that may receive deductible contributions under section 170(c). 8c. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	
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a Did the organization during the year receive any funds directly or indirectly to nay promitime on a porconal) / 1
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benefit contract?	4
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	+
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	
required? 7h	1'28. 2
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
organization, have excess business holdings at any time during the year?	· 2 .
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	 -
	 -
b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter	+
testatum ferra and control or state to a method of a D 12000 to 40	1:1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11 Section 501(c)(12) organizations. Enter	'
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	

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

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
	cion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)		Yes	No
40 -	Dans the assessment with the state of the st	40-	163	X
10a	Does the organization have local chapters, branches, or affiliates?	10a		^ -
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10h		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			\vdash
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b	х	1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			· · · · · · · · ·
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	1
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	')		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► THE ORGANIZATION, 4045 PECOS STREET, STE A DENVER, CO 80211			
ICA	303-830-0215			

JSA 9F 1042 5 00 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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.
- 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.

compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee P or director	6 Institutional trustee	heck Officer	Key employee	Highest compensated a employee	y) Former	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
RICHARD A. SCHIERBURG							_			
CHAIR	1.00	х		х				0.	0.	0.
DAN NICKLESS	1100							,		<u> </u>
TREASURER	1.00	Х		х		}		0.	0	0.
JONATHAN REYES										
SECRETARY	1.00	Х		х				o.	0	0.
CHARLENE LAUS										
MEMBER- CFO	1.00	Х		Х				108,574.	0.	27,645.
MARK JOB										
MEMBER	1.00	Х						0.	0	0.
JOSH RUSSELL										
MEMBER- EXECUTIVE DIRECTOR AHI	1.00			Х				91,050.	0	25,473.
	· · · · · · · · · · · · · · · · · · ·		_	_						

Form 990 (2009)

9E1041 3 000

Part VII Section A. Officers, Directors, Tre	ustees, Ko	ey En	nplo	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(c	ontınue	d)
(A) Name and title	(B) Average		·	heck		hat app		(D) Reportable	(E) Reportable		Est	(F) imated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rela organizal (W-2/1099-	ated bons	comp fro orga and	ount of other ensation m the nization related nizations
											,	
												-
		_										
41 7												
Total number of individuals (including but not lim reportable compensation from the organization.)			d al			ho red	ceiv	199,624. red more than \$100	,000 in	0.		53,118.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or ch indi	tru vidi.	stee <i>ial</i>	e, ∣ 	кеу е 	mp	loyee, or highest	compens	ated	3	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,000)?	If "Y	es,'	complete Sched	pensation ule J for	from such		
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accn	ue co	omp	ens	atıo	n fro	m	any unrelated o	 rganızatıon	for	4	X Z
Section B. Independent Contractors	complete 3	scried	uie .	וטו כ	Su	cn per	SOI	<u>'</u>	· · · · · ·	· · ·	5	Х
Complete this table for your five highest compensation from the organization	compensate	ed in	dep	end	ent	cont	ract	tors that received	I more tha	an \$10	0,000	of
(A) Name and business addi	ess							(B) Description of ser	vices	C	(C)	ation
							F		-			
							-	1			-	
												·····
2 Total number of independent contractors (in more than \$100,000 in compensation from the	icluding bu e organizat	ut not ion ▶	lım	ited		thos	e li	sted above) who	received	f		

Par	t VIII	Statement of Revenue	<u> </u>	84-1183023						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns			4					
gifts ar ar	q c	Related organizations 10		,						
ā Ē	e	Government grants (contributions) 1e								
utlo er s	f	All other contributions, gifts, grants,		<i>;</i> .	*:		*			
音		and similar amounts not included above . 1f								
a So	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		0	- <u> </u>					
9	-11	Total. Add lines 1a-11	Business Code	,	, i,		-			
Revenue	2a	PROGRAM RELATED INTEREST	531390	829,002	829,002.					
æ	ь	MANAGEMENT FEES	531310	60,000.	60,000					
<u>×</u>	С						_			
Ser	d		_							
ram	е		_							
Program Service	f	All other program service revenue Total. Add lines 2a-2f		000 000			- 1			
	<u>g</u> 3	Investment income (including dividends, inte		889,002.						
		other similar amounts) ATTACHMEN	T 3	25,956.			25,956			
	4	Income from investment of tax-exempt bond		0.						
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0						
		(ı) Real	(ii) Personal							
	6a	Gross Rents		ei is			- is -			
	b	Less rental expenses		10 110	. aske		1			
	l d	Rental income or (loss)	- ·	0.			·			
		(i) Securitie								
	7a	Gross amount from sales of assets other than inventory					1 1			
	b	Less cost or other basis		23,-		*				
		and sales expenses								
	C	Gain or (loss) L								
4	d	Net gain or (loss)		0.	٧٠.	3,200	. '9.			
nue	8a	Gross income from fundraising events (not including \$	İ		·	** ***	, ,			
, ve		of contributions reported on line 1c)								
æ		See Part IV, line 18	a							
Other Reve	b	Less direct expenses								
ŏ	C	Net income or (loss) from fundraising events	s . <u></u>	0			1			
	9a	Gross income from gaming activities								
		See Part IV, line 19								
	b	Net income or (loss) from gaming activities		0			 			
	10a	Gross sales of inventory, less								
		returns and allowances	a							
		Less cost of goods sold				· · · · · · · · · · · · · · · · · · ·	ļ			
	_ <u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			 			
	44	· · · · · · · · · · · · · · · · · · ·								
	11a	· · · · · · · · · · · · · · · · · · ·	_	 			1			
	b		_	 						
	ď	All other revenue								
	е	Total. Add lines 11a-11d		0.						
	12	Total Revenue. See instructions			889,002.	0.	25,956.			

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and		502.005		
organizations in the U.S. See Part IV, line 21	580,000.	580,000.		
2 Grants and other assistance to individuals in				
the U S See Part IV, line 22	0.			
Grants and other assistance to governments,				
organizations, and individuals outside the		İ		
U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salanes and wages	0.	1		
· · · · · · · · · · · · · · · · · · ·				
Pension plan contributions (include section 401(k)) and section 403(b) employer contributions)	0.			
`` '	0.			
Other employee benefits	0.			
D Payroll taxes	U.			
Fees for services (non-employees)	2 (00		2 (00	
a Management	3,600.		3,600.	
b Legal	0.	·	14 400	
c Accounting	14,400.		14,400.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,747.		1,747.	
2 Advertising and promotion	0.			
3 Office expenses	0.			
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	474,456.	474,456.		
1 Payments to affiliates	0.	, ,		· · · · · · · · · · · · · · · · · · ·
2 Depreciation, depletion, and amortization	12,002.	12,002.		
3 Insurance	0.	,,		
4 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)		•		
a				
b	-			
<u> </u>	 			
d				
e				
f All other expenses	 -	2 % 2 2		
5 Total functional expenses Add lines 1 through 24f	1,086,205.	1,066,458.	19,747.	
6 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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,133,405.	2	2,272,718.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		_6	
Assets	7	Notes and loans receivable, net	13,038,436.	7	12,474,050.
455	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or 10a			
		other basis Complete Part VI of Schedule D			· ·
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,589,898.	12	1,973,125.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	636,662.	15	752,108.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,398,401.	16	17,472,001.
	17	Accounts payable and accrued expenses	39,588.	17	39,587.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified			
ت		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 5	7,780,000.	23	7,650,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u>- </u>
	25	Other liabilities Complete Part X of Schedule D	<u></u>	25	
	26	Total liabilities. Add lines 17 through 25	7,819,588.	26	7,689,587.
		Organizations that follow SFAS 117, check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	6,764,641.	27	6,578,880.
Bal	28	Temporarily restricted net assets	2,814,172.	28	3,203,534.
힏	29	Permanently restricted net assets		29	·
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,578,813.	33	9,782,414.
_	34	Total liabilities and net assets/fund balances	17,398,401.	34	17,472,001.

Form **990** (2009)

Form 990 (2009) Page **12** Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 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 X | 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 Х 3a 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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047 2009 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number COLO AFFORD CATHOLIC HOUSING CORP 84-1183023 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I b | Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Х 11g(ı) (ii) A family member of a person described in (i) above? 11g(iı) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col above or IRC section col (i) of your governing document? (i) organized in the US? (see instructions)) support? Yes Yes Nο No No ATTACHMENT

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

Schedule A (Form 990 or 990-EZ) 2009

0.

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				ļ		
5	The portion of total contributions by each	F , ,					
	person (other than a governmental unit or						
	publicly supported organization) included			*	*	ī	
	on line 1 that exceeds 2% of the amount	7.0		*			
	shown on line 11, column (f)	,					
6	Public support. Subtract line 5 from line 4				<u> </u>	:	
	tion B. Total Support	(-) 2005	#1 0000 I	4) 0007	(1) 0000		1
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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					İ	
12	Gross receipts from related activities, etc. (se		<u> </u>			12	1
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organiza	tion's first, second	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	age				•
14	Public support percentage for 2009 (line	e 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008 S	chedule A, Part	II, line 14			15	%
16a	33 1/3 % support test - 2009. If the c						re, check
	this box and stop here. The organization	on qualifies as	a publicly support	ted organizatio	on		▶∟
þ	33 1/3 % support test - 2008. If the o						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization metal N how the organization meets	the "facts-and-o	circumstances" te	est The organ	ization qualifies	as a publicly s	supported
b	organization						
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organization				-	•	
18	supported organization Private foundation. If the organization						
. •							

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")]		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		i				
	ıts behalf						
5	The value of services or facilities			-			
	furnished by a governmental unit to the	1			ļ	ļ	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons			1			
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of		l.				
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)	_					
Sec	tion B. Total Support						
Ç	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(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 from similar				İ		
	sources	_					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					•	
	activities not included in line 10b, whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u></u>	<u> </u>	L	<u> </u>
14	First five years. If the Form 990 is for	•			•		```
	organization, check this box and stop here			· · · · · · · · · · · ·	<u></u>	<u></u>	▶
	tion C. Computation of Public Sup					т т	
15	Public support percentage for 2009 (line 8, c		•			15	<u> </u>
16	Public support percentage from 2008 Sched				· · · · · · · · ·	16	%_
	tion D. Computation of Investmen					T.= T	
17	Investment income percentage for 2009 (li			3, column (f))		17	
18	Investment income percentage from 2008					18	
19 a	33 1/3 % support tests - 2009. If the o	_					
	17 is not more than 33 1/3 %, check t						
b	33 1/3 % support tests - 2008. If the org				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	P
20 JSA	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19		ox and see inst	

Part IV	Supplemental Information.	Complete this	part to provide	the explanation	required by	Part II, Iir	ne 10;
	Part II, line 17a or 17b; or Pa						

<u></u>			ATTAC	HMENT 1	
ZATIONS					
	(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
84-0499858	01	x	х	х	0
	_				
84-0604106	01	Х	х	Х	0
	(II) EIN 	(III) TYPE OF	(III) TYPE OF (IV) (II) EIN ORGANIZATION YES NO	(III) TYPE OF (IV) (V) (II) EIN ORGANIZATION YES NO YES NO 84-0499858 01 X X	(III) TYPE OF (IV) (V) (VI) (II) EIN ORGANIZATION YES NO YES NO YES NO 84-0499858 01 X X X

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	O AFFORD CATHOLIC HOUSING CORP					84-1183023
Par	Organizations Maintaining Donor Advise the organization answered "Yes" to Form	ed Funds or Othe 990, Part IV, line	er Sii 6.	milar Funds	or Acc	countsComplete if
		(a) Donor adv		unds		(b) Funds and other accounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year				}	
5	Did the organization inform all donors and donor adviso	rs in writing that the	asse	ets held in doi	nor advis	sed
	funds are the organization's property, subject to the org	_				Yes No
6	Did the organization inform all grantees, donors, and do		_		s can be	
	used only for charitable purposes and not for the benefit	t of the donor or dor	nor a	dvisor, or for	any othe	r
	purpose conferring impermissible private benefit?	<u></u>		<u></u>	<u></u>	Yes No
Par	Conservation Easements. Complete if the	e organization ans	swer	ed "Yes" to	Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	ınızatıon (check all t	h <u>at a</u>	pply)		
	Preservation of land for public use (e g , recreation	n or pleasure)	<u> </u>	Preservation	n of an h	istorically important land area
	Protection of natural habitat			Preservation	n of a cei	rtified historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservati	on co	ontribution in t	the form	of a conservation
	easement on the last day of the tax year					Held at the End of the Year
						Tield at the End of the Tear
a	Total number of conservation easements				-	
b	Total acreage restricted by conservation easements . Number of conservation easements on a certified history					
c	Number of conservation easements included in (c) acqu		•	a)	·	
d 3	Number of conservation easements modified, transferre					e organization during
•	the tax year	sa, released, exting	uisiie	u, or terminal	ed by the	e organization during
4	Number of states where property subject to conservation	n easement is locat	ed	•		
5	Does the organization have a written policy regarding th			spection, har	dling of	
	violations, and enforcement of the conservation easeme	-	_		-	
6	Staff and volunteer hours devoted to monitoring, inspec					
	>	0,				g ,
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing cons	ervat	tion easemen	ts during	the year
	> \$				_	
8	Does each conservation easement reported on line 2(d) above satisfy the r	equir	ements of se	ction	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			 .		Yes No
9	In Part XIV, describe how the organization reports cons					
	balance sheet, and include, if applicable, the text of the		anıza	tion's financia	ıl statem	ents that describes
	the organization's accounting for conservation easemen	nts				
Pa	Complete if the organization answered "You	of Art, Historical	l rea	sures, or O	ther Sir	milar Assets.
				_ -		
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held	S 116, not to rep	ort II	n its revenue	statem	ent and balance sheet works o
	provide, in Part XIV, the text of the footnote to its final	ncial statements that	at de	scribes these	e items.	in fulfilerance of public service
b	If the organization elected, as permitted under SFA					
	historical treasures, or other similar assets held for		edu	cation, or re	search	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					
2	If the organization received or held works of art,				ar asset	s for financial gain, provide the
_	following amounts required to be reported under SFA					.
a	Revenues included in Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X	· • • • • • • • • • • • • • • • • • • •		. 		· · · · · ▶

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

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Collections	of Art, Histo	rical Tr	easure	s, or O	ther Similar A	Assets(continue	d)
	I town a thin annual contract of the contract of		-46 1							
3	Using the organization's acquisition,		other records,	check an	ny of the	tollowin	g that are a sig	nificant u	se of its	
	collection items (check all that apply	') ⁻	. —	٠.						
a	Public exhibition		d _	₹		hange	orograms			
b	Scholarly research		e [_] Oth	ner					
C	Preservation for future ger									
4	Provide a description of the organiza	ation's collection	is and explain I	now they	further t	he orga	nization's exem	pt purpos	se in	
	Part XIV									
5	During the year, did the organization							-	_	
	assets to be sold to raise funds rath								Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an	amount on For	Complete if the m 990, Part X	ie organ (, line 21	ization 1.	answe	red "Yes" to F	orm 99	0, Part	
12	Is the organization an agent, trustee	ousts dian or o	thar intermedia	n, for cor	stribution	o or oth	or oppose not			
ıa	included on Form 990, Part X?							Г		
h	If "Yes," explain the arrangement in					• • • •		[Yes	∐ No
b	ii res, explain the attailgement in	rant XI v and Co	inplete the follo	wing tabl	ie.					
С	Beginning balance							mount		
ď	Additions during the year					1c				
	Distributions during the year					1d	<u> </u>			
f	Ending balance					1e	_			
2a	Did the organization include an amo							ī	Yes	No
	If "Yes," explain the arrangement in		o, rait A, iiile z	• • • •				[res	☐ NO
Par			ration answer	od "Voc	" to For	m 000	Part IV line	10	-	
ı aı	Lindownient i dilds. Con	(a) Current Year	(b) Prior ye		(c) Two ye		(d) Three yea		(a) Four	ears back
1a	Beginning of year balance				(0) 1 110 ye.	ars back	(u) Thice yea	II 3 DQCK	(e) rours	rears back
ь	Contributions	2,814,172	3,369,	628.					ļ	
C	Net investment earnings, gains,				-					.
	and losses	202 242								
d	Grants or scholarships	389, 362	-538,			•				
	Other expenditures for facilities .		 ''	522			_			
_	and programs									
f	Administrative expenses		+							
g	End of year balance	2 222 524		232		-				
2	Provide the estimated percentage o	3,203,534 f the v. ear end b	2,814,						J	
a	Board designated or quasi-endowm	•	%							
b	Permanent endowment	% ————————————————————————————————————	/0							
C	Term endowment ► 100.0000									
3a	Are there endowment funds not in the	-	of the organizat	ion that a	are held :	and adn	ninistered for th	۵		
	organization by		o organizat	ion mare		and dan		•	[v	es No
	(i) unrelated organizations									X
	(ii) related organizations								3a(ii)	<u>х</u>
b	If "Yes" to 3a(ii), are the related orga								3b	- 1
4	Describe in Part XIV the intended us							••••	<u> </u>	
Par	t VI Investments - Land, Bui					t X line	2 10		•	-
	Description of investment		st or other basis		st or other) Accumulated		d) Book valu	
			nvestment)		s (other)	"	depreciation	v	u) book vaid	16
1a	Land		-			\neg				
b	Buildings									
С	Leasehold improvements									
d	Equipment					\neg				
е	Other	<u> </u>				\neg				
Tota	I. Add lines 1a through 1e (Column		orm 990. Part 2	K. columr	n (B). line	2 10(c)				
	,				1 //	1-7/		Sched	ule D (Form	990) 2009

Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
Financial derivatives			
Closely-held equity interests			
Other CATHOLIC FOUNDATION OF THE			
ARCHDIOCESAN	1,973,125.	FMV	
		_	
	_		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	1,973,125.		
Part VIII Investments - Program Related. See F			
(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr			(h) Dook volue
(a)	Description		(b) Book value
			
			_ _
			
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount		.34.
Federal income taxes			* 3
		1	3
			*
	 		
	 	-	1
	 	1	
	 	1	
		1	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

JSA 9E1270 1 000

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 84-1183023 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 914,958. Total revenue (Form 990, Part VIII, column (A), line 12) 1,086,205. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 -171,247.3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 374,848. 4 4 5 5 Investment expenses ______ 6 6 7 Other (Describe in Part XIV) 8 8 Total adjustments (net). Add lines 4 through 8 374,848. 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 203,601 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1,289,806. Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a Donated services and use of facilities 2b 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 374,848. 2e 914,958. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 914,958. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,086,205. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 1,086,205. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

b Other (Describe in Part XIV)

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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

SCHEDULE D,		QUESTION 4			

ENDOWMENT FUND PURPOSE

c Add lines 4a and 4b

THE TERMS OF THE ENDOWMENT RESTRICT THE PROCEEDS TO BE USED FOR THE

CONSTRUCTION COSTS OF AFFORDABLE HOUSING IN THE ROARING FORK VALLEY OF

COLORADO.			

Schedule D (Form 990) 2009

4c

1,086,205.

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

4b

Part XIV Supplemental Information (continued)

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number [> 84-1183023 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance COLO AFFORD CATHOLIC HOUSING CORP Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	drits of assistant sedures for mon	itoring the use c	g the use of grant funds in the United States	Jnited States.			· · · · · · · · · · · · · · · · · · ·
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governmer ny recipient th 990) if additio	nts and Organiat received managed is n	izations in the Un ore than \$5,000. C eeded	ited States. Comp theck this box if no	lete if the organiza one recipient rece	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use lonal space is needed	s" to 000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLA SANTA LUCIA, INC	26-2818954	501(C)(3)	000.085				המפת פמודפת סר
							:
2 Enter total number of section 501(c)(3) and government	d government o	organizations					
Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ot Notice, see th	ne Instructions	for Form 990.			Sched	Schedule I (Form 990) 2009

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PAGE 22

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Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATIONS ARE CONTROLLED BY COMMON MANAGMENT AND SOME BOARD MEMBERS (d) Amount of non-cash assistance GRANTS ARE ONLY MADE TO RELATED ORGANIZATIONS FOR AFFORDABLE HOUSING PURPOSES. THE PROPER USE OF THE FUNDS IS ENSURED BECAUSE THE (c) Amount of cash grant (b) Number of recipients GRANT MONITORING PROCEDURE (a) Type of grant or assistance SCH I, PART I OVERLAP. Part III

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SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COLO AFFORD CATHOLIC HOUSING CORP

Employer identification number

84-1183023

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			- 1
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		l	į
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment		}	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b_		├ ─
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	 	 ,
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	•		1
3	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract	1		1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	İ	,	İ
а	Receive a severance payment or change-of-control payment?	4a		l x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of		ł	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III		ľ	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	'		
	compensation contingent on the net earnings of		1	
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III	1	}	}
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	-	<u> X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	-	}	1
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe	_		
_	ın Part III	8	 	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53 4958-6(c)?	9	<u> </u>	Ь

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(R) Breakdown of W	of W-2 and/or 1099-MISC compensation	companyation				į
(A) Name		(l) Base compensation		(iii) Other reportable compensation	(v) Netrement and other deferred compensation	(U) Nonaxable benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	108,574.			o	27,645.		112,991.
CHARLENE LAUS	: 3	0.		0	0	0.	 	
	€	81,050.	10,000.	0	0	25,473.	116,523.	108,136.
JOSH RUSSELL	€				0.		0	0.
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							Scher	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

Schedule O (Form 990) 2009

Page 2

Name of the organization

COLO AFFORD CATHOLIC HOUSING CORP

Employer identification number

84-1183023

ATTACHMENT 4 (CONT'D)

BORROWER:

VILLAS DE SANTA LUCIA, LTD.

ORIGINAL AMOUNT:

1,565,000.

INTEREST RATE:

9.250000

MATURITY DATE:

07/01/2019

REPAYMENT TERMS:

MONTHLY PAYMENTS VARY BASED ON PMT SCHEDULE

SECURITY PROVIDED:

INTEREST IN THE LAND AND BUILDINGS

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

1,352,371.

BORROWER:

VILLAS DE SANTA LUCIA, LTD.

ORIGINAL AMOUNT:

1,007,411.

INTEREST RATE:

6.250000

MATURITY DATE:

12/01/2019

REPAYMENT TERMS:

PRINCIPAL AND INTEREST DUE AT MATURITY

SECURITY PROVIDED:

INTEREST IN LAND AND BUILDINGS

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

1,007,411.

ENDING BALANCE DUE

427,411.

Name of the organization

COLO AFFORD CATHOLIC HOUSING CORP

Employer identification number

84-1183023

ATTACHMENT 4 (CONT'D)

BORROWER:

HOLY CROSS VILLAGE, LTD.

ORIGINAL AMOUNT:

1,261,835.

INTEREST RATE:

5.000000

MATURITY DATE:

12/01/2012

REPAYMENT TERMS:

PRINCIPAL AND INTEREST DUE AT MATURITY

SECURITY PROVIDED:

INTEREST IN LAND AND BUILDINGS

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

1,261,835.

ENDING BALANCE DUE

1,261,835.

BORROWER:

ACCRUED INTEREST

BEGINNING BALANCE DUE

2,999,591.

Page 2 Schedule O (Form 990) 2009

Name of the organization

Employer identification number 84-1183023 COLO AFFORD CATHOLIC HOUSING CORP

> (CONT'D) ATTACHMENT 4

BORROWER:

:

MACHEBEUF APARTMENTS, LTD

ORIGINAL AMOUNT:

1,045,537.

INTEREST RATE:

6.000000

MATURITY DATE:

10/01/2018

REPAYMENT TERMS: SECURITY PROVIDED:

PMTS OF \$ 9,215, INCL. INT. DUE MONTHLY DEED OF TRUST ON LAND AND BUILDING

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

819,872.

ENDING BALANCE DUE

756,768.

BORROWER:

MACHEBEUF APARTMENTS, LTD.

ORIGINAL AMOUNT:

644,463.

INTEREST RATE:

1.000000

REPAYMENT TERMS: SECURITY PROVIDED: PRINCIPAL AND INT. OF \$25,000 DUE ANNUALLY

LAND OF THE PROJECT

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

644,463.

ENDING BALANCE DUE

644,463.

Schedule O (Form 990) 2009 Page 2

Name of the organization

Employer identification number COLO AFFORD CATHOLIC HOUSING CORP

84-1183023

ATTACHMENT 4 (CONT'D)

BORROWER:

MT. LORETTO, LLC

ORIGINAL AMOUNT:

2,600,000.

INTEREST RATE:

6.250000

DATE OF NOTE:

05/01/2004

ENDING BALANCE DUE

MATURITY DATE:

06/01/2020

REPAYMENT TERMS:

SEMI ANNUAL PMTS VARYING IN PRINCIPAL AND INT.

SECURITY PROVIDED:

INTEREST IN LAND AND BUILDING

PURPOSE OF LOAN:

DEVELOP LOW INCOME HOUSING PROJECT

BEGINNING BALANCE DUE

2,520,000. 2,485,000.

BORROWER:

ARCHDIOCESAN HOUSING, INC (AHI)

ORIGINAL AMOUNT:

157,043.

INTEREST RATE:

4.790000

MATURITY DATE:

07/01/2016

REPAYMENT TERMS:

PRINCIPAL AND INTEREST DUE AT MATURITY

BEGINNING BALANCE DUE

157,043.

ENDING BALANCE DUE

157,043.

Name of the organization
COLO AFFORD CATHOLIC HOUSING CORP

BORROWER:
ORIGINAL AMOUNT:
INTEREST RATE:

MACHEBEUF APARTMENTS, INC.

4.790000

Employer identification number
84-1183023

ATTACHMENT 4 (CONT'D)

4.790000

MATURITY DATE: 10/31/2017
REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE UPON MATURITY

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 13,038,436.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 12,474,050.

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SERIES 2003 TAXABLE MULTIFAMILY HOUSING

ORIGINAL AMOUNT: 5,660,000.
INTEREST RATE: 6.000000
DATE OF NOTE: 10/15/2003

DATE OF NOTE: 10/15/2003 MATURITY DATE: 12/01/2018

REPAYMENT TERMS: PAYABLE SEMIANNUALLY JUNE 1 AND DECEMBER 1

SECURITY PROVIDED: DEEDS OF TRUST ON LANDS AND BUILDING

 BEGINNING BALANCE DUE
 5,260,000

 ENDING BALANCE DUE
 5,165,000

LENDER: SERIES 2004 TAXABLE MULTIFAMILY

ORIGINAL AMOUNT: 2,600,000. INTEREST RATE: 6.250000

DATE OF NOTE: 05/01/2004 MATURITY DATE: 06/01/2020

REPAYMENT TERMS: PAYABLE SEMIANNUALLY JUNE 1 AND DECEMBER 1

SECURITY PROVIDED: PRIMARY INTEREST IN LAND AND BUILDINGS

 BEGINNING BALANCE DUE
 2,520,000

 ENDING BALANCE DUE
 2,485,000

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ______7,780,000.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 7,650,000.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2009

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

Open to Public

84-1183023

See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

COLO AFFORD CATHOLIC HOUSING CORP

Part I

Name of the organization Department of the Treasury

Internal Revenue Service

Inspection Employer Identification number

,	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
art II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ie organization ans r.)	wered "Yes" on Fc	orm 990, Part IV	, line 34 because	¥

	mad one of more related tax exempte organizations adming the tax year.)	· 5				
	(a)	(q)	Θ	(P)	(0)	£
Name, address, and E	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
ARCHDIOCESE OF DENVER	84-0499858					
1300 S. STEELE STREET	DENVER, CO 80210	RELIGIOUS	00	501(C)(3)	TYPE 1	N/A
ARCHDIOCESAN HOUSING, INC.	84-0604106					
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUSE CO	00	501(C)(3)	TYPE 11- I N/A	N/A
MACHEBEUF APARTMENTS, INC.	20-1719823					!
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUSE CO	8	501(C)(3)	TYPE 11- I N/A	N/A
HOUSING MANAGEMENT SERVICES, INC	INC. 84-1042130					
4045 PECOS STREET; STE A	DENVER, CO 80211	MANGMT SVS	8	501 (C) (3)	TYPE 11- I N/A	N/A
VILLA SANTA LUCIA, INC.	26-2818954					
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUSE CO	CO	501(C)(3)	TYPE 11- I N/A	N/A
CATHEDRAL PLAZA, INC.	84-1348628					
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUSE CO	8	501 (C) (3)	TYPE 11- I N/A	N/A

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

PAGE 35

Schedule R (Form 990) 2009

N/A

TYPE 11- I

501 (C) (3)

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LOW-INC HOUSE

DENVER, CO 80211

ARCHDIOCESAN FAMILY HOUSING, INC. 4045 PECOS STREET; STE A

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84-1183023

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a partnership during the tax year.) (8) ε (0) 9 (0) <u>e</u> (a)

Name rel	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
VILLA SIER	VILLA SIERRA MADRE 84-1222986				512-514)			Yes		Yes
4045 PECOS	4045 PECOS STREET, STE A	LOW-INC HOUSI	8	N/A						
4045 PECOS	HOLI CROSS VILLAGE 84-1338381 -	LOW-INC HOUSI	00	N/A						
! ! !										
1 1										
Part IV	Identification of Ro	elated Organizati	ons Tax: re related	able as a Corpoi l organizations tr	ration or Trust(Correated as a corpora	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ation answered "Yeshe tax year.)	s" on Fo	ırm 990, Part	

IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	d organizations tr	eated as a corp	ooration or trust	during the tax	year.)		
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2009

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JSA

84-1183023

Yes ない。 (c) Amount involved 13 4 ပ္ ā 9 5 2 9 9 9 ≠ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) (b) Transaction type (a–r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a) Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Part V æ E = ъ o U 0 Ф ᆮ ¥ σ g ੜ 3 **3** 3

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Schedule R (Form 990) 2009

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			organizations?		Yes No		Yes No
							_
					-		
		:					
						Schedule R (Form 990) 2009	90) 2009

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SCHEDULE R-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of filling organization
COLO AFFORD CATHOLIC HOUSING CORP

Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ➤ See instructions for Schedule R (Form 990).

Inspection

OMB No 1545-0047

Employer identification number

84-1183023

Part I Continuation of Identification of Disregarded Entities					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.				Schedule R-1 (Form 990) 2009	orm 990) 2009

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nuation of Identification of Related Tax-Exempt Organizations	
Part II Continu	

	(e)	(a)		(d) (e) (e) Exempt status stat	(e) Public charity status	(f) Direct controlling
Name, address, ar	Name, address, and EIN of related organization	Frimary activity	or foreign country)	Carrier code section	(if section 501(c)(3))	entity
HOLY FAMILY PLAZA, INC.	84-1348780 DENIVED CO 80211	SHOH JNI-MOIL	Ú.	501(0)(3)	TYPE 11- T	N/N
FECOS SINEEL, SIE	3			(0) (0) +00		
HIGGINS PLAZA, INC. 4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUS	00	501(C)(3)	TYPE 11- I	N/A
	İ					
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUS	CO	501(C)(3)	TYPE 11- I	N/A
4045 PECOS STREET; STE A	DENVER, CO 80211	LOW-INC HOUS	CO	501(C)(3)	TYPE 11- I	N/A
ST. MARTIN PLAZA, INC.					:	-,
STREET	00 00	LOW-INC HOUS	CO	501(C)(3)	TYPE 11- I	N/A
		·		:		
					;	
					Schedule R-1	Schedule R-1 (Form 990) 2009

Continuation of Identification of Related Organizations Taxable as a Partnership Schedule R-1 (Form 990) 2009 Part III Continuation

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(a) Predominant income (related, unmelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate abcartiona?	(I) Code V-UBI amount on box 20 of K-1	General or managing partner?
							,		_
									_
							0,	Schedule R-1 (Form 990) 2009	0) 2009

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Schedule R-1 (Form 990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
				-			
						Schedule R-1 (Form 990) 2009	990) 2009

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Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(41)		
(18)		
(19)		
(20)		
(21)	:	
(22)		
(23)		
(24)		
	Schee	Schedule R-1 (Form 990) 2009

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84-1183023

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

Schedule R-1 (Form 990) 2009

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?
			Yes No		Yes No		Yes No
						Schedule R-1 (Form 990) 2009	orm 990) 2009

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Form 8868	(Rev 4-2009)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
■ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Type or print File by the	Name of Exempt Organization				Employer identification number		
	COLO AFFORD CA	COLO AFFORD CATHOLIC HOUSING CORP			84-1183023		
		Number, street, and room or suite no. If a P O box, see instructions.			For IRS use only	,	
extended due date		4045 PECOS STREET					
filling the return So	City, town or post office, st	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructio	DENVER, CO 802	DENVER, CO 80211					
Check type of return to be filed (File a separate application for each return):							
Х	Form 990	Form 990-PF			Form 1041- A	Form 6069	
	Form 990-B L	Form 990-T (sec. 401)	(a) or 408(a) tr ust) Г	Form 4720	Form 8870	
	Form 990-E Z	Form 990-T (trust other	er than above)		Form 5227		
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
The books are in the care of THE ORGANIZATION,							
Telephone No ▶ 303 830-0215 FAX No. ▶							
• If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is							
for the whole group, check this box							
list with the names and EINs of all members the extension is for							
4 1	4 I request an additional 3-month extension of time until 11/15/2010						
5 F	calendar year 2009, or other tax year beginning, and ending						
6 If	is tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
7 S	State in detail why you need the extension						
_	ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO						
E	FILE A COMPLETE AND ACCURATE RETURN.						
8a If	this application is for Form	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	onrefundable credits See instructions.						
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
		payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	eviously with Form 8868.					8b \$	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See instructions. 8c \$							
						8c \$	
Signature and Verification							
Under penalties of penury, I declare that I have examined this form, Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.							
a control and complete, and area of an additional to properly and to properly							
	HILL-			C D4		2/0/	
Signature			Title 🕨	CPA	Date	» ► ~/7/20/b	
	BKD, LLP /					Form 8868 (Rev. 4-2009)	
	1700 LINCOLN STREE	ET, SUITE 1400					
	DENVER, CO 80203						