



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



## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury,  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>NKCHA, INC</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>2911 N 104TH AVE</u> City, town, or country State ZIP + 4 <u>WESTMINSTER CO 80234-3506</u>
<b>D</b> Employer identification number <u>84-1246847</u>	<b>E</b> Telephone number
<b>F</b> Group Exemption Number <u>3506</u>	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ► N/A**J** Tax-exempt status (check only one)— ☒ 501(c) ( 2 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 50,457

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	31,035
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► See Attached Statement)	8	19,422	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	50,457	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	75
	14	Occupancy, rent, utilities, and maintenance	14	23,647
	15	Printing, publications, postage, and shipping	15	44
	16	Other expenses (describe ► See Attached Statement)	16	22,950
	17	<b>Total expenses.</b> Add lines 10 through 16. ►	17	46,716
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,741
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	350,853
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ►	21	354,594

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,028	40,910
23 Land and buildings	300,000	300,000
24 Other assets (describe ► See Attached Statement)	825	13,684
25 <b>Total assets</b>	350,853	354,594
26 <b>Total liabilities</b> (describe ►)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	350,853	354,594

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

Form 990-EZ (2009)

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**28** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . ► ☐

<b>28a</b>	<b>0</b>
------------	----------

29

(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ▶ ☐

<b>29a</b>	<b>0</b>
------------	----------

**30**

(Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here . . . . ► ☐

30a	0
-----	---

31 Other program services (attach schedule) . . . . .  
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . ☐

31a	0
-----	---

<b>32</b>	<b>Total program service expenses. (add lines 28a through 31a)</b>	
-----------	--	--

32	0
----	---

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.	39a	
b	Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed.		
42 a	The organization's books are in care of NKCHA Telephone no. (303) 460-8407 Located at 2911 W 104TH AVE City WESTMINSTER ST CO ZIP + 4 80234-3506		
b	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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No  
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C. Yes No  
 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
 b If "Yes," was the related organization a section 527 organization? Yes No  
 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

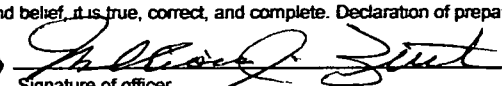
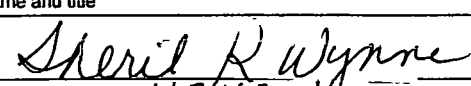
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City Str ST ZIP	Title Hr/WK	.00 0	0	0
Name City Str ST ZIP	Title Hr/WK	.00 0	0	0
Name City Str ST ZIP	Title Hr/WK	.00 0	0	0
Name City Str ST ZIP	Title Hr/WK	.00 0	0	0
Name City Str ST ZIP	Title Hr/WK	.00 0	0	0

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; justify-content: space-between;"> <div>             Signature of officer         </div> <div>           11/12/10            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           William J. Zottler            Type or print name and title         </div> <div>           President         </div> </div>			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 11-12-10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) 522803519
	Firm's name (or yours if self-employed), address, and ZIP + 4 11349 Lima St Henderson CO 80640	Preparer's name Sheril K. Wynne	EIN 80640	Phone no 303 521 4995

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	31.035
2	Noncash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	31.035

**Part I, Line 8 (990-EZ) - Other Revenue**

19,422

Description		Amount	
1	INTEREST INCOME	1	200
2	GROSS RENTAL INCOME	2	19,222
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**990EZ) - Other Expenses****22950**

1	Supplies	15078
2	Depreciation	1437
3	Licenses	419
4	Hall Management	3900
5	Sprinkler Inspection	247
6	Insurance	1869



**Part II, Line 24 (990-EZ) - Other Assets**

		825	13,684
Description		Beginning	End
1	EQUIPMENT/FURNITURE	825	424
2	WINDOWS	0	12,759
3	TELEVISION	0	501
4			
5			
6			
7			
8			
9			
10			