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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

2010

OMB No 1545-0047

Open to Public Inspection

Α	A For the 2010 calendar year, or tax year beginning , 2010, and ending ,									
В	Check	if applicable:	C Name of organization HOUSING AND BUILDIN	G ASSOCIATION OF NORTH	ESTERN COL	RADO, INC.	D Employer Ident	ification Number		
	Ad	ddress change	Doing Business As				84-0748	945		
	Na Na	ame change	Number and street (or P O box if mail is not del	ivered to street addr)	Room	/suite	E Telephone number			
	In	itial return	569 S WESTGATE DR		#3		(970) 2	45-0253		
	Те	erminated	City, town or country	State	ZIP code +	4		·····		
		mended return	GRAND JUNCTION	СО	81505		G Gross receipts	\$ 267,421.		
	Ħ	pplication pending	F Name and address of principal officer			H(a) Is this	a group return for affi			
	٠.٠	ppcoo poag	569 S WESTGATE DR	GRAND TINCTION C	0.81505	H(b) Are all	affiliates included?	Yes No		
ī	Tax-	exempt status		ert no) 4947(a)(1) o	7	- If 'No,'	attach a list (see ins	structions)		
÷			v.hbanwco.com	1 1 +5+7(4)(1) 0	1 1 1 1 1 1	H(c) Group	exemption number	•		
K		n of organization	X Corporation Trust Association	Other ► L	Year of Forma			legal domicile CO		
_		Summar		Oliei L	Tear or Form	ation 197	4 INI State of I	egai domicile CO		
IF			, e the organization's mission or most sig	nificant activities: M	T 7 D T 7	DDOFF	CCTONAT OF	OCANIT 7 A TOM		
	· '		O TO THE ADVANCEMENT OF (
ဦ			THROUGH POLITICAL REPRES							
<u> </u>										
Activities & Governance	2	Check this bo	if the organization discontinueding members of the governing body (Pai	ts operations or dispe	osed of mo	re than-25	%_of its net asse			
Ğ	3	Number of vo	ing members of the governing body (Pai	t VI, line 1a) .		ECENY	ED 173 1	13		
وم م	4	Number of in	ependent voting members of the govern	ing body (Part VI, line	1b)			13		
ıtle	5	Total number	of individuals employed in calendar year	2010 (Part V, line 2a) OC	בילאודי	1815	2		
듩	6		of volunteers (estimate if necessary)		JA AF	1 1 60 5	011. 016	17		
⋖	1		d business revenue from Part VIII, colum		L		(0) 7a	0.		
_	<u>b</u>	Net unrelated	business taxable income from Form 990	I-T, line 34	<u> </u>		7b			
	_						rior Year	Current Year		
Revenue	8		and grants (Part VIII, line 1h)			<u> </u>	107,633.	22,067.		
	9	_	ce revenue (Part VIII, line 2g)				29,180.	22,874.		
ě	10		come (Part VIII, column (A), lines 3, 4, a				241.	104.		
ш	11		(Part VIII, column (A), lines 5, 6d, 8c, 9				100,674.	154,466.		
_	12		- add lines 8 through 11 (must equal P		ie 12)		237,728.	199,511.		
	13		nilar amounts paid (Part IX, column (A),							
	14	-	to or for members (Part IX, column (A),		F 10)		120 001	70.027		
ø	15		r compensation, employee benefits (Par		132,901.	70,937.				
Expenses	16a		undraising fees (Part IX, column (A), line				p.			
×	b	Total fundras	ng expenses (Part IX, column (D), line 2	25) ►			1 34			
Щ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 1	1f-24f)			160,005.	76,810.		
	18	Total expens	s Add lines 13-17 (must equal Part IX,	column (A), line 25)		L	292,906.	147,747.		
	19	Revenue less	expenses. Subtract line 18 from line 12				-55,178.	51,764.		
5 8						Beginnii	ng of Current Year	End of Year		
let Assets o	20	Total assets	Part X, line 16).	•			153,464.	146,003.		
84	21	Total liabilitie	(Part X, line 26) .				141,716.	82,491.		
25	22	Net assets or	fund balances. Subtract line 21 from line	e 20			11,748.	63,512.		
P	art II	Signatu	Block							
Unc	ler pena	ilties of perjury, I d	clare that I have examined this return, including according to the control of the	mpanying schedules and stat	ements, and to	the best of m	ny knowledge and bel	ief, it is true, correct, and		
con	ipiete L	Declaration of prop	er (other than officer) is based on all information of	which preparer has any know	leage					
			aci Lulun Brech	#			<u> 10-14-</u>	2011		
Si	gn	Signat	e of officer		_	Da	ate	•		
He	ere		ici Weinbrecht, E	recutive C)ffice	<u>r</u>				
			print name and title							
		, ,	reparer's name Preparer's signa	lture /	Date	./.	Check if	PTIN		
	aid		e F. Petersen, CPA	118	1018	[/]	self-employed			
	epar		► Chadwick, Steinkirchne	er, Davis & Co.	, P.C.					
Us	se Or	nly Firm's addi	ss 225 North 5th Street,	Suite 401			Firm's EIN ►			
_			Grand Junction	CO 815	01-2645		Phone no (97)	0) 245-3000		
Ma	y the	IRS discuss th	s return with the preparer shown above?					X Yes No		

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

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Form 990 (2010) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. [Partity | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	_X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ä	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	Х	
ì	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	11 b		х
(c 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	11 c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e		X
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		x
١	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	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, Parts I and IV	14b		X
15	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, Parts II and IV	15	ļ	х
16	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, Parts III and IV .	16		X
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 (see instructions).	17	\ 	X_
18	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	18	х	
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	19		<u>x</u> _
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

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			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		_x_
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		<u> x</u>
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? <i>If 'Yes,' complete Schedule J</i>	23		_x_
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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 conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI .	37		<u>x</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	า 990 ((2010)

Form 990 (2010) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V				$\perp \perp$
	1 1		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0 %		
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		لغثث
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	2a	2	ĵ., .·	. 2
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	structions)		-	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4a		X
b If 'Yes,' enter the name of the foreign country: ▶			136	器
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fir	nancial Accounts.	\$ 1.5		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		<u> </u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	nd did the organization	6 a	_X	
b If 'Yes,' did the organization include with every solicitation an express statement that such cor	ntributions or gifts were			
not tax deductible?	•	6b	X	REARC 1
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a	1	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	• •	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh				
Form 8282?		7с		_X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		监狱	\$ 5
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	. 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7 f		<u>X</u>
g If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business	8	ighton)	
9 Sponsoring organizations maintaining donor advised funds.			36. 0(1	17 7 v
a Did the organization make any taxable distributions under section 4966?		9a		ا قناهم جاء
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter.		22		***
a Initiation fees and capital contributions included on Part VIII, line 12	10a			400
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	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12 a 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		T.	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	347	
a Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
Note. See the instructions for additional information the organization must report on Schedule	e O.	1 3 6	1 1	1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		· (, B, ''
c Enter the amount of reserves on hand .	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		. 14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Se	chedule O	14b		

Part VI	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	elow, a nges i	and f n	or
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Section</u>	A. Governing Body and Management		-,,- -	
1 a Ento	the number of voting members of the governing body at the end of the tax year . 1a 1.	3	Yes	No
	the number of voting members of the governing body at the end of the tax year . 1a 1. The number of voting members included in line 1a, above, who are independent 1b 1.	_		
	any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
office	er, director, trustee or key employee?	2		Х
3 Did to of off	he organization delegate control over management duties customarily performed by or under the direct supervision increase, directors or trustees, or key employees to a management company or other person?	3		_x_
4 Did t	he organization make any significant changes to its governing documents	4		X
	the prior Form 990 was filed?			
	he organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6 Does	the organization have members or stockholders?	_6		<u>x</u>
7a Does gove	the organization have members, stockholders, or other persons who may elect one or more members of the rning body?	7a		X
b Are a	any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
a The q	governing body?	8a	Х	
b Each	committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9 Is the organ	ere any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		
Section	B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r	Yes	No
10a Does	the organization have local chapters, branches, or affiliates?	10a		X
b If 'Ye and I	es,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with those of the organization?	10 b		
11 a Has	the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	<u></u>
	ribe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		
	the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	<u> </u>
	officers, directors or trustees, and key employees required to disclose annually interests that could give rise inflicts?	12b	х	
c Does Sche	the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in edule O how this is done.	12c	х	
13 Does	the organization have a written whistleblower policy?	13	X	
14 Does	the organization have a written document retention and destruction policy?	14	Х	
15 Did t perse	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The	organization's CEO, Executive Director, or top management official	15a	Х	
b Othe	r officers of key employees of the organization	15 b	Х	
lf 'Y€	es' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did t taxal	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		X
partı	es,' has the organization adopted a written policy or procedure requiring the organization to evaluate its cipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the nization's exempt status with respect to such arrangements?	16b		
	C. Disclosure			
17 List	the states with which a copy of this Form 990 is required to be filed >			
	ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) are ection. Indicate how you make these available. Check all that apply.	/aılable	for pu	plic
19 Desc	Own website Another's website X Upon request cribe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy.	cy, and	financ	cial
	ements available to the public			
	e the name, physical address, and telephone number of the person who possesses the books and records of the orga A OF NW COLORADO 569 S WESTGATE DR., #3 GRAND JUNCTION CO 81505 (nization 970)		0253
				100-5
BAA		Form	ı 990	(2010)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	Position (check all that apply)			ly)	Reportable compensation from	Reportable compensation from	Estimated			
	hours per week (describe hours for related organiza- tions in Schedule O)	adividi al Irussee or director	mshiuhonal trustee	Offi : Pi	Key amployee	Highest concensated employee	Furmer	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) NATE PORTER											
DIRECTOR	1.00	Х			•	Ì ') o.	0.	0.	
(2) JODY MCPHERSON											
DIRECTOR	1.00	Χ_			<u> </u>			0.	0.	0.	
(3) DARREN DAVIDSON											
DIRECTOR	1.00	X						0.	0.	0.	
(4) DENNIS WILTGEN											
DIRECTOR	1.00	<u>X</u> _						0.	0.	0.	
(5) RANDY STONE											
DIRECTOR	1.00	<u> </u>			L			0.	0.	0.	
(6) DARREN ADAMS									1		
DIRECTOR	1.00	X					<u>·</u>	0.	0.	0.	
(7) RANDY WHETZEL											
DIRECTOR	1.00	_X_		<u> </u>	_			0.	0.	0.	
_(8)_BILL_MURPHY											
DIRECTOR	1.00	X	<u> </u>	_				0.	0.	0.	
(9) FRITZ DIETHER			ł	ĺ							
DIRECTOR	1.00	<u>X</u> _	<u> </u>	<u> </u>	_		<u> </u>	0.	0.	0.	
(10) FRED SHURTLEFF											
DIRECTOR	1.00	X			-		_	0.	0.	0.	
(11) STEVE KESLER								_ '	_ [_	
DIRECTOR	1.00	X	_				_	0.	0.	0.	
(12) JEFF PIPER	1 00				ļ		1				
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>	ļ	0.	0.	0.	
(13) ROB GRIFFIN				l			}			_	
PRESIDENT	1.00	X	├	X	}	 -	<u> </u>	0.	0.	0.	
(14) JOHN MOIR			ļ				ļ				
PRESIDENT ELECT	1.00	X	\vdash	X_	├			0.	0.	0.	
(15) KY ODAY		.,		,,						0	
TREASURER	1.00	<u>X</u>	+-	X	\vdash	ļ	₩	0.	0.	0.	
(16) BONNIE PETERSEN	1 00			, .						^	
TREASURER	1.00	<u> </u>	\vdash	X	╀	-	-	0.	0.	0.	
(17) SARA LANDIS	1.00	\ .	1	x	1		1		0.	0	
SECRETARY	1 1.00		<u> </u>	<u> </u>	Ц.	<u> </u>	<u> </u>	0.		0.	

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TEEA0107 12/21/10

Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)													
(A)	(B)							(E)		(F)			
Name and title	Average hours							Reportable compensation from	Reportable compensation from		timated		
	per week (describe hours for related organi- zations in Sch O)	o p	Inst	Officer	ξey	불	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation of the		
	hours for related	rect	Institutional trustee	Ĕ	emp	lest o	ner	(44-2/1099-14/15C)	(***21033-WI3C)	org	anızatıo d relate	n	
	organı- zations	2 5	กล		oloye	com				orga	nization	1\$	
	Sch O)	stee	rust		λő	pens							
			6			Highest compensated employee							
	ļ							<u> </u>					
(18) DEBBIE RICH					l							_	
EXECUTIVE OFFICER	40.00	_			Х			21,028.	0.			0.	
(19) TRACI R WEINBRECHT								05 000				_	
EXECUTIVE OFFICER	40.00	_			X			35,277.	0.		_	0.	
(20) DUNCAN MCARTHUR					١,,			0.440	0			^	
DIRECTOR OF GOVT AFFAIRS	20.00				Х			9,442.	0.			0.	
(21)													
(22)		\vdash				\vdash	_						
<u></u>	-				ļ								
(23)								,	-				
	<u></u>												
(24)													
	<u> </u>				_								
(25)	_												
		<u> </u>	_										
(26)	-{												
(27)	 -	 	 		\vdash	\vdash							
(27)	1		1				i		!				
(28)		 			 	\vdash							
	-}			}	}								
(29)													
	<u> </u>	<u> </u>											
1 b Sub-total							•	65,747.	0.		0.		
c Total from continuation sheets to Part VII, Section A	4						•						
d Total (add lines 1b and 1c)							>	65,747.	0.			0.	
2 Total number of individuals (including but not limited	to thos	e lis	ted a	abov	/e) v	vho .	rece	eived more than \$	100,000 ın reportabl	e comp	ensati	on	
from the organization								· -			V		
• • • • • • • • • • • • • • • • • • • •										_	Yes	No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste <i>dıvıdual</i>	е, к	ey e	mpi	oye	e, or	nigi	hest compensated	l employee	3		X	
4 For any individual listed on line 1a, is the sum of rep			non	coty	on o	nd c	thou	r componentian fr	· ·				
the organization and related organizations greater th	nan \$150	0,000)? <i>[1</i>	Ye 'Ye	s'c	omp.	iete	Schedule J for	וווכ				
such individual								• •		4		X	
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompensa omolete	ation Sch	froi	m ar Ie I	ης u	nrela such	ated	organization or ir	ndıvıdual	5			
Section B. Independent Contractors	omproto	0017	- Cuu			<i>-</i>	pc.	30.7		1			
1 Complete this table for your five highest compensate	ed indep	ende	ent d	cont	ract	ors t	hat	received more tha	n \$100,000 of				
compensation from the organization.									· · · · · · · · · · · · · · · · · · ·				
(A) (B) (C) Name and business address Description of services Compensation													
												 _	
								<u> </u>					
2 Total number of independent contractors (including	but not l	ımıte	ed to	thc	se l	isted	d ab	ove) who received	i more than				
\$100,000 in compensation from the organization													

Pat	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues . 1b 22,067.				
S, G	c Fundraising events 1c				1
A H	d Related organizations . 1d				
NS, C	e Government grants (contributions)	'			
E E	f All other contributions, gifts, grants, and similar amounts not included above . 1 f				
뙲	——————————————————————————————————————				
A ON O	g Noncash contributions included in lns 1a-1f \$		İ		
ر د	h Total. Add lines 1a-1f Business Code	22,067.			
N.	2a EDUCATION PROGRAMS INC	22,874.	22,874.	0.	0.
Ē	b	22,074.	22,014.	<u> </u>	
핑	c				
8	d	· · · · · · · · · · · · · · · · · · ·			
AM S	e				
Se	f All other program service revenue				
- R	g Total. Add lines 2a-2f	22,874.			
- 1	3 Investment income (including dividends, interest and		_		
	other similar amounts)	104.	0.	0.	104.
ļ	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less: cost or other basis				
-/	and sales expenses				
ļ	c Gain or (loss)	·			
	d Net gain or (loss) ▶			·	
ENUE	8a Gross income from fundraising events (not including \$				
EV.	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 . a 222, 376. b Less: direct expenses b 67, 910.				
6	b Less: direct expenses b 67,910. c Net income or (loss) from fundraising events	154,466.		0.	154,466.
	9a Gross income from gaming activities	134,400.			154,400.
	b Less: direct expenses b			*	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				\\
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue .				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	199,511.	22,874.	0.	154,570.

Form 990 (2010) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 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)

	ude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants	s and other assistance to governments ganizations in the U.S. See Part IV,				50,600
	s and other assistance to individuals in S. See Part IV, line 22				
organi	s and other assistance to governments, zations, and individuals outside the see Part IV, lines 15 and 16				
	ts paid to or for members				
	ensation of current officers, directors, es, and key employees	65,846.	17,077.	48,769.	
disqua section	ensation not included above, to ilified persons (as defined under n 4958(f)(1)) and persons described tion 4958(c)(3)(B)				
7 Other	salaries and wages				
section	on plan contributions (include n 401(k) and section 403(b) yer contributions)				
	employee benefits				
10 Payrol		5,091.	1,579.	3,512.	
	or services (non-employees)				
a Manag	gement				
b Legal	-t	2.062		2 062	*
c Accou	•	3,963.		3,963.	
d Lobby	onal fundraising services See Part IV, line 17				<u> </u>
	ment management fees			-	
g Other	ment management rees				-
•	ising and promotion	738.	738.		-
13 Office	· ·	8,002.	750.	8,002.	
	ation technology	0,002.		0,002.	
15 Royalt	••	-			
16 Occup		3,882.		3,882.	·-
. 17 Travel	-	294.		294.	
expen	ents of travel or entertainment ses for any federal, state, or local officials				
19 Confe	rences, conventions, and meetings	3,000.	3,000.		
20 Interes	st	4,417.		4,417.	
•	ents to affiliates				
•	ciation, depletion, and amortization	4,623.		4,623.	
23 Insura	nce expenses Itemize expenses not	1,581.		1,581.	
covere in line of line	expenses refine expenses not above (List miscellaneous expenses 24f If line 24f amount exceeds 10% 25, column (A) amount, list line 24f ses on Schedule O)	-	•	-	_
a EDUC	CATION PROGRAMS EXP	20,201.	20,201.		
	MANS COMP INSURANCE	255.		255.	
	S/SUBSCRIPTIONS	332.		332.	
	DOMINIUM DUES	405.		405.	
	ALTIES	1,521.		1,521.	
	er expenses	23,596.	2,468.	21,128.	
	inctional expenses Add lines 1 through 24f	147,747.	45,063.	102,684.	
SOP 9 only if (B) joi	costs. Check here if following 18-2 (ASC 958-720) Complete this line the organization reported in column in the costs from a combined educational aign and fundraising solicitation				Form 990 (2010

Form 990 (2010) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC.

Part X** Balance Sheet 84-0748945 Page 11

Pa	rt X	S Balance Sheet		· · · · · · · · · · · · · · · · · · ·				
					(A) Beginning of year		(B) End of year	
_	1	Cash – non-interest-bearing .			57,690.	1	54,861.	
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net .			3,035.	4	3,928.	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I				5	TARREST ET	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)		6				
A S E T S	7	Notes and loans receivable, net		, , , ,		7		
E	8	Inventories for sale or use				8		
S	9	Prepaid expenses and deferred charges .			2,850.	9	0.	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	146,866.				
	b	Less: accumulated depreciation	10b	59,652.	89,889.	10 c	87,214.	
	11	Investments - publicly traded securities				11		
	12	Investments – other securities See Part IV, line 11				12		
	13	Investments - program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
	16	Total assets Add lines 1 through 15 (must equal line	34)		153,464.	16	146,003.	
	17	Accounts payable and accrued expenses			4,023.	17	4,292.	
	18	Grants payable				18		
	19	Deferred revenue			58,415.	19	2,540.	
L	20	Tax-exempt bond liabilities .				20		
A B	21	Escrow or custodial account liability. Complete Part I'	V of S	chedule D		21		
 	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per of Schedule L	itees, sons.	key employees, Complete Part II		22		
Ė	23	Secured mortgages and notes payable to unrelated th	ırd nai	rties	79,278.	-	75,659.	
,	24	Unsecured notes and loans payable to unrelated third	•		15/2/01	24	737033.	
	25	Other liabilities. Complete Part X of Schedule D .	purno			25		
	26	Total liabilities. Add lines 17 through 25			141,716.		82,491.	
		Organizations that follow SFAS 117, check here	Па	nd complete lines	THE RESERVE	300	CONTRACTOR OF THE SAME	
N E T		27 through 29 and lines 33 and 34.						
Ą	27	Unrestricted net assets .				27		
ASSETS	28	Temporarily restricted net assets				28		
Š	29	Permanently restricted net assets	· ·					
R	}	Organizations that do not follow SFAS 117, check he	re ►	X and complete		10	THE PARTY OF THE P	
FUZD		lines 30 through 34.		<u> </u>				
	30	Capital stock or trust principal, or current funds .				30		
B	31	Paid-in or capital surplus, or land, building, or equipm			31			
Ą	32	Retained earnings, endowment, accumulated income,	or oth	ner funds	11,748.	_	63,512.	
BALA之CES	33	Total net assets or fund balances			11,748.	_	63,512.	
	34	Total liabilities and net assets/fund balances			153,464.	34	146,003.	

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Form 990 (2010)

	1990 (2010) HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-074894	15_ Page	12
Per	Reconciliation of Net Assets		_
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	199,511	
2	Total expenses (must equal Part IX, column (A), line 25)	147,74	<u>7.</u>
3	Revenue less expenses Subtract line 2 from line 1	51,764	4.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	11,748	8.
5	Other changes in net assets or fund balances (explain in Schedule O)		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	63,512	2.
Par	Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		
1	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.	Yes N	40
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	. 2a X	<u></u>
i	Were the organization's financial statements audited by an independent accountant?	2b Y	Χ
•	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? If the organization changed either its oversight process or selection process during the tax year, explain	2c	_
	in Schedule O.		
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a >	<u>X_</u>
	o 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	3ь	
BAA		Form 990 (20	10)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

	e organization answered 'Yes,' Section 501(c)(4), (5), or (6) or	to Form 990, Part IV, line 5 (Proxy Tax) or	Form 990-EZ, Part V,	line 35a (Proxy Tax), th	en
	of organization	gariizadorio. Complete i arem		Employer identifica	ation number
HOI.	ISTNG AND BUTLDING	ASSOCIATION OF NORTHWESTER	N COLORADO. T	NC. 84-074894	5
		ganization is exempt under section			zation.
		rganization's direct and indirect political ca			
	Political expenditures			► \$	
	Volunteer hours			,	
		ganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	se tax incurred by the organization under se	ection 4955	▶ \$	
2	Enter the amount of any excis	se tax incurred by organization managers u	nder section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year? .		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Ŗãi	でにG Complete if the or	rganization is exempt under section	on 501(c), except	t section 501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization for section	527 exempt function	activities > \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other o	rganizations for sectio	n 527 exempt ►\$	
3	Total exempt function expendine 17b .	litures Add lines 1 and 2. Enter here and o	n Form 1120-POL,	⊳ ş	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes No
5	organization made payments.	and employer identification number (EIN) of . For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	ount paid from the filii	ng organization's funds.	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)				· · · · · · · · · · · · · · · · · · ·	
(6)					

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if t		JILDING ASSOCIATION OF In is exempt under se			
section 501(l	1)).				
== 1	- -	ongs to an affiliated group			
B Check ► If the filing		cked box A and 'limited con	trol' provisions apply		
(The term	Limits on Lobb expenditures' me	ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditur	res to influence pu	blic opinion (grass roots lob	bying)		
, , ,		egislative body (direct lobby	ving) .		
c Total lobbying expenditur		nd 1b) .			
d Other exempt purpose ex	•	1 1 - 1 - 1			
e Total exempt purpose ex	•		•		
both columns.		ount from the following table	e in		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.	A700 000		
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1 Over \$1,500,000 but not over \$1		\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess of			
Over \$17,000,000 but not over \$1	17,000,000	\$1,000,000	UVEI \$1,300,000		
g Grassroots nontaxable a	mount (enter 25%	· · · · · · · · · · · · · · · · · · ·			,
h Subtract line 1g from line					
i Subtract line 1f from line					
j If there is an amount oth section 4911 tax for this	er than zero on en	her line 1h or line 1i, did the	e organization file Forn	n 4720 reporting	☐Yes ☐ No
		4-Year Averaging Period I	Jnder Section 501(h)		
(Som	e organizations th colum	at made a section 501(h) el ins below. See the instructi	lection do not have to ons for lines 2a throug	complete all of the five jh 2f.)	
	Lot	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount .					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forr	n 990 or 990-EZ) 2010

(b)

Schedule C (Form 990 or 990-EZ) 2010 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945 [Pärt II B C | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	-				
d Mailings to members, legislators, or the public?	ł				
e Publications, or published or broadcast statements?	 				
f Grants to other organizations for lobbying purposes?	<u> </u>				
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	··				
i Other activities? If 'Yes,' describe in Part IV	100/04/05/04	SER-COURT			
j Total. Add lines 1c through 1i			THE MINTENANT	04.00 mm 20.00	and the state of t
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	2			10	
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		3.5			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Rattill A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5)	, or			
section 501(c)(6).					r
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	X
Rantill! Bal Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	Part III-), or A, lin	e 3		
Dues, assessments and similar amounts from members		1		21,3	335.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a		7,8	3 <u>57.</u>
b Carryover from last year		2b			0.
c Total		2c		7,8	357.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		7,8	357.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?	ss tıcal	4			
5 Taxable amount of lobbying and political expenditures (see instructions)	•	5			0.
Rart IV Supplemental Information		<u>, , , , , , , , , , , , , , , , , , , </u>			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; a Also, complete this part for any additional information.	nd Part I	I-B, lın	e 1ı		
					- ·
					·
BAA	Schedule	C (Foi	m 990 or 9	90-EZ) 2010
TEEA3203 10/11/10					

Schedule C (Form 990 or 990-EZ) 2010 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945	Page 4
Partil Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Unspection

HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC.

84-0748945

Employer identification number

	the organization answered 'Yes' t					
		(a) Donor advise	d funds	(b) Funds	and other acc	counts
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 don funds are the organization's property, subject	or advisors in writing that the to the organization's exclusive	e assets held in donor e legal control?	advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds ca nor advisor, or for any	an be other	Yes	☐ No
ai	Conservation Easements. Comp	lete if the organization	answered 'Yes' to	Form 990, F	Part IV, line	e 7.
	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of a	an historically im	portant land	area
	Protection of natural habitat		Preservation of a	a certified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservati	on contribution in the	form of a conser	vation easem	ent on the
					t the End of t	he Tax Yea
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easer		•	2b		
	Number of conservation easements on a certif		• /	2c		
(I Number of conservation easements included in structure listed in the National Register .	•	•	2d		
3	Number of conservation easements modified, tax year ►	transferred, released, extingi	uished, or terminated t	by the organizati	on during the	
4	Number of states where property subject to co	nservation easement is locat	ed ►			
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitorii its it holds?	ng, inspection, handlin	ng of violations,	Yes	☐ No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing	conservation easemer	nts during the ye	ar	
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing cons	ervation easements di	uring the year		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of section	າ	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	oorts conservation easements o the organization's financial	in its revenue and ex statements that descr	pense statemen ibes the organiz	t, and balance ation's accou	e sheet, and nting for
গ্র	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historic swered 'Yes' to Form 99	al Treasures, or C 90, Part IV, line 8.	Other Similar	Assets.	
1 6	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its finan	s held for public exhibition, e	ducation, or research i	statement and b in furtherance of	alance sheet public servic	works of e, provide,
l	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	r SFAS 116 (ASC 958), to repeld for public exhibition, educate	oort in its revenue stat ation, or research in fu	ement and balar irtherance of pub	nce sheet wor blic service, p	ks of art, rovide the
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or oth 116 (ASC 958) relating to the	ner similar assets for fi ese items:	nancial gain, pro	ovide the follo	wing
i	a Revenues included in Form 990, Part VIII, line	e 1			► \$	
	h Assets included in Form 990. Part X				►S	

					COLORADO, INC.		<u>84-0748</u>			Page 2
Part III Organizations Mainta	ining Collec	ctions o	f Art, Histo	orical	Treasures, o	r Other Si	milar Ass	ets (co	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	on, accession,	and other	records, che	ck any	of the following	that are a si	gnificant use	of its co	ollectio	n
a 🔲 Public exhibition			d Loan	or excl	nange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV			•	-	_			n		
5 During the year, did the organizat assets to be sold to raise funds ra								Yes		No
Part IV Escrow and Custodia 9, or reported an amo	unt on Forn	1 990, P	art X, line	21		ereu res		90, Fa	11 L 1 V ,	11116
1a is the organization an agent, trus included on Form 990, Part X?	• •					er assets not	. [Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV anı	d complet	e the followin	g table						
						-	-	Amount	<u> </u>	
c Beginning balance .		• •				1 c				
d Additions during the year	•	•				1 d				
e Distributions during the year	•				•	1 e				
f Ending balance .	•			•		1f		_		 -
2a Did the organization include an a		1 990, Par	t X, line 21?	• •	•			Yes	L	No
b If 'Yes,' explain the arrangement					111/2 (1) 5	000 D	11/11:	10		
Part V Endowment Funds. Co	T									
	(a) Current y	/ear	(b) Prior yea	ır	(c) Two years bac	ck (d) ihi	ree years back	(e)	our year	s back
1 a Beginning of year balance								6.1238		
b Contributions						STATE OF THE STATE		******		
c Net investment earnings, gains, and losses										
d Grants or scholarships	l 									
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance						15 E		and the	KAN:	200
2 Provide the estimated percentage	e of the year er	nd balance	e held as							
a Board designated or quasi-endow	_		용							
b Permanent endowment ►	육									
c Term endowment ►	 									
3a Are there endowment funds not in organization by	n the possession	on of the o	organization t	hat are	held and admin	istered for th	ne		Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations	•							3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations li	sted as re	quired on Scl	hedule	R?			3b		
4 Describe in Part XIV the intended	d uses of the or	ganızatıo	n's endowme	nt fund	s					
Párt _k VI, Land, Buildings, and	Equipment.	See Fo	rm 990, P	art X,	line 10.					
Description of investment	t		r other basis estment)	(b)	Cost or other asis (other)	depre	mulated ciation	(d)	Book va	alue ————
1 a Land .						6 + 1 1 1	id,121 (
b Buildings]		103,719.	L			20,140.		83	<u>,579.</u>
c Leasehold improvements .	.]					<u> </u>				
d Equipment			43,147.	ļ		<u> </u>	39,512.		3	<u>,635.</u>
e Other				<u> </u>		<u>L</u>				
otal. Add lines 1a through 1e (Colum	n (d) must equ	al Form 9	90, Part X, co	olumn	(B), line 10(c))		►		87	<u>,214.</u>
BAA							Sched	lule D (F	orm 99	90) 2010

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

2. FIN 48 (ASC 740) 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 (ASC 740).

Sche	dule D (Form 990) 2010 Housing and building association of northwestern colorado, inc.	84-0748945	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12) .		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .	-	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		 -
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . 2a		
	Donated services and use of facilities . 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
7	Investments expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments 2b		
	Other losses		
	I Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2 e	
3,	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
7	Investments expenses not included on Form 990, Part VIII, line 7b .		
	O Other (Describe in Part XIV)	:	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa 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 comadditional information	rt IV, lines 1b and 2b, iplete this part to provide	:
			. – – – –
			·

TEEA3304 02/11/11

Schedule **D** (Form 990) 2010

BAA

Part XIV Supplemental Information (continued)

Schedule **D** (Form 990) 2010 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC.

84-0748945

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization					Employer identifica	tion number
HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945						
Part I Fundraising Activities. Compl Form 990-EZ filers are not req	ete if the organ	ization ans	swered 'Ye	s' to Form 990, Part IV	, line 17	
1 Indicate whether the organization r	aised funds thro	ough any c	of the follow	ving activities. Check al	I that apply	
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email solicitations			f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations			ŭ			
2a Did the organization have a written	or oral agreen	nent with a	ny individu	ial (including officers, d	rectors, trustees or key	
employees listed in Form 990, Part	t VII) or entity ii	n connection	oń with pro	fessional fundraising se	ervices?	∐ Yes ☐ No
b If 'Yes,' list the ten highest paid inc compensated at least \$5,000 by the	lividuals or enti e organization.	ties (fundr	aisers) pur	suant to agreements ur	nder which the fundraise	er is to be
					(v) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (tunuraiser)		have custody or control of contributions?		from activity	column (i)	organization
		Yes	No			
1						
2						
3			:			
4						
5						
6						
7						
8		 				
9			-			
10						
	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
Total .			. •			
3 List all states in which the organiza	ation is register	ed or licen	sed to soli	cit contributions or has	been notified it is exem	pt from registration
or licensing						
					·	

Schedule G (Form 990 or 990-EZ) 2010 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945 Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) HOME EXPO PARADE OF HOMES 1 through column (c) KEVENUE (event type) (event type) (total number) 164,896. 38,540. 18,940. 222,376. 1 Gross receipts 2 Less: Charitable contributions 164,896. 38,540. 3 Gross income (line 1 minus line 2) 18,940. 222,376. 4 Cash prizes Noncash prizes 6 Rent/facility costs 7 Food and beverages. 8 Entertainment 46,778. 10,065. Other direct expenses 11,067. 67,910. <u>67,</u>910. 10 Direct expense summary Add lines 4- through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 154,466. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (add column (a) through column (c)) (a) Bingo (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue 2 Cash prizes EXPENSES DIRECT 3 Non-cash prizes . 4 Rent/facility costs 5 Other direct expenses Yes 용 Yes 용 Yes 용 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1, column (d) and line 7

h If 'Voc ' ovnlain'	gaming licenses revoked, suspended or terminated during	the tax year? . Yes No
ВАА	TEEA3702 01/13/11	Schedule G (Form 990 or 990-EZ) 2010

	ddie G (10111 990 01 990-LZ) 2010 HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 04 074	0343	raye 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in		
	The organization's facility		윰
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Yes	No
	o If 'Yes,' enter the amount of gaming revenue received by the organization 🛌 💲 and the amount	unt	_
	of gaming revenue retained by the third party > \$		
c	If 'Yes,' enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information:		
	daming manager mornate		
	Name ►	-	
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	organization's own exempt activities during the tax year \$		
(<u>Rar</u>	Supplemental Information. Complete this part to provide the explanations required by F columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable this part to provide any additional information (see instructions).	Part I, line . Also com	2b, plete
			
			
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

alldust od nego noticegent

Name of the organization	Employer identification number
HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC.	84-0748945
Pt_VI-B, Line 11a THE 990 IS REVIEWED BY THE EXECUTIVE OFFICER A	AND IT IS KEPT ON
FILE FOR ALL BOARD MEMBERS TO REVIEW AT ANY OF	F THE BOARD MEETINGS.
Pt VI-B, Line 12c ANNUALLY, ALL BOARD MEMBERS SIGN A CONFLICT OF	F INTEREST DISCLOSURE
FORM AND ARE REQUIRED TO DISCLOSE CONFLICTS AS	S SOON AS THEY OCCUR.
THE HBA EXECUTIVE COMMITTEE REVIEWS THE INFORM	MATION SUBMITTED.
Pt VI-B, Line 15 THE BOARD OF DIRECTORS MEETS AND DISCUSSES EM	PLOYEE WAGES.
	~~

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK CHARGES	3,084.		3,084.	
MEMBERSHIP DRIVE	2,468.	2,468.		
WEB SITE EXPENSE	225.		225.	
PROPERTY TAXES	2,539.		2,539.	
EMPLOYEE HEALTH INSURANCE	1,516.		1,516.	
CONTRACT SERVICES	13,734.		13,734.	
MAINTENANCE AND REPAIR	30.		30.	

Depreciation and Amortization (Including Information on Listed Property)

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

2010

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

HOUSING AND BUILDING ASSOCIATION OF NORTHWESTERN COLORADO, INC. 84-0748945 Business or activity to which this form relates Form 990 Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 4,623 Part III | MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (a) Classification of property (c) Basis for depreciation (b) Month and (d) (a) Depreciation year placed in service (business/investment use Recovery period Convention see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property S/L 25 yrs h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real S/L 39 yrs MM property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 the appropriate lines of your return. Partnerships and S corporations — see instructions 4,623. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form **4562** (2010) 84-0748945 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No (a) (b) (e) (h) (i) (a) Date placed in service Basis for depreciation (business/investment Type of property (list vehicles first) Recovery Depreciation deduction Elected section 179 Cost or other basis Method/ investment Convention use use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person, if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) **(f)** 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 31 Total other personal (noncommuting) miles driver Total miles driven during the year Add 33 lines 30 through 32 Yes No Yes No Yes Yes No No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI | Amortization (a) (b) (c) (d) (e) (f) Description of costs Date amortization Amortizable Code Amortization Amortization for this year begins Amortization of costs that begins during your 2010 tax year (see instructions) Amortization of costs that began before your 2010 tax year 43

Total. Add amounts in column (f) See the instructions for where to report

44