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**Short Form** 

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

2011

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2011 calendar year, or tax year beginning $10/01$ , 2011, and ending $9/30$	, 2012			
<u>B_</u>	Check	ıf applicable C	mployer identification number			
X	Addres	s change COLORADO ASSESSORS ASSOCIATION 8	34-1179322			
$\square$			elephone number			
H	Initial i	0020207 00 00113	303-271-8634			
H	Termir	· · · · · · · · · · · · · · · · · · ·	roup Exemption			
Ħ		γι ω	umber Exemption			
G	Acco	unting Method. X Cash Accrual Other (specify) ► H Check ►	X if the organization is <b>not</b>			
ı	Webs	site: ► WWW . E-CAA . COM required to	o attach Schedule B (Form			
J	Tax-e	xempt status (ck only one) — 501(c)(3)   X   501(c) ( 6  )	Z, or 990-PF).			
	Chec					
	norm	ally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcuctions). But if the organization chooses to file a return, be sure to file a complete return	ard) may be required (see			
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$ 192,244.			
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Part I.)			
		Check if the organization used Schedule O to respond to any question in this Part I	X			
	1	Contributions, gifts, grants, and similar amounts received	1			
	2	Program service revenue including government fees and contracts	2 101,607.			
	3	Membership dues and assessments	3 90,442.			
	4	Investment income	4 195.			
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less cost or other basis and sales expenses 5b	1			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events				
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	<u> </u>			
R E V E N	b	Gross income from fundraising events (not including \$ of contributions	1			
Ň U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	C	Less direct expenses from gaming and fundraising events 6c	]			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7 a	Gross sales of inventory, less returns and allowances 7a	]			
	b	Less. cost of goods sold 7b	]			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)	8			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 192,244.			
	10	Grants and similar amounts paid (list in Schedule O)	<b>10</b> 30,000.			
	11	Benefits paid to or for members	<u>                                      </u>			
E	12	Salaries, other compensation, and employee benefits	12			
EXPENSE	13	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance	40,167.			
N S	14					
E S	15	Printing, publications, postage, and shipping	1112			
N SS ET S	16	Other expenses (describe in Schedule O)	16 122,110.			
	17	Total expenses. Add lines 10 through 16	192,277.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -33.			
	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)	19 151,333.			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 151,300.			
BA	Λ Eo	r Panerwork Reduction Act Notice, see the senarate instructions	Form <b>990-EZ</b> (2011)			

Page 2

Par	Check if the organization used Sche	tructions for Part II.) dule 0 to respond to any que	stion in this Part II			X
	Officer in the organization used con-	adio o to rospona to divi que		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		Ī	138,533	. 22	
23	Land and buildings		Ī	_	23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE	o s	12,800	. 24	10,300.
25	Total assets	<b>7  3 3</b>	- ~	151,333		151,300.
26	Total liabilities (describe in Schedule O)		Ī	0		
27	Net assets or fund balances (line 27 of co	olumn (B) <b>must</b> agree with lir	ne 21)	151,333	_	151,300.
	III   Statement of Program Sen				<u> </u>	Expenses
12373	Check if the organization used Sch				(Req	uired for section
What					5016	c)(3) and 501(c)(4)
Desc	ribe the organization's program service ac	complishments for each of it	s three largest progr	am services, as	orga 4947	nizations and section (a)(1) trusts, optional
mea	is the organization's primary exempt purpose? SEF cribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the servic ach program title.	es provided, the nun	nder of persons		thers.)
28	EDUCATION OF ASSESSORS AN	D STAFF CONCERNING	NEW LAWS AN	D GUIDELINES		
					1	
					1	
	(Grants \$ ) If the	s amount includes foreign gr	ants, check here		28a	95,295.
29	MONITORING OF LEGISLATIVE			ASSESSMENT		
	AND TAXATION FOR THE BENE				1	
	OF COLORADO.				1	
		s amount includes foreign gr	ants, check here		29 a	22,000.
30	7	<u> </u>				
					1	
					1	
	(Grants \$ ) If the	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Scho		artis, strook nord			<del></del>
٠.	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign gr	ants check here	▶ □	31 a	
32	Total program service expenses (add line		artis, cricon riore	<u> </u>	32	117,295.
	TIV List of Officers, Directors,		novees. List each or	ne even if not compensated		
F 971	Check if the organization used Scl			·	. (555 (	
		(b) Title and average	(c) Reportable compensa (Form W 2/1099 MISC)	tion (d) Health benefi		(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W 2/1099 MISC (If not paid, enter -0-)			other compensation
			,	benefit plans, ai deferred compensa		
JEF	REMIAH HIGGINS	PRESIDENT		40101104 00111,punio		
	D. BOX 277	0		0.	0.	0.
	GO, CO 80821			i		
	STY MCFARLAND	1ST VICE PRESNT				
	N. WISCONSIN ST,, SUITE	A 0		0.1	0.	0.
	NISON, CO 81230					
	RBIN SAKDOL	2ND VICE PRESNT				
	34 S PRINCE STREET	0		o.	0.	0.
	TLETON, CO 80166					
	M EVERSON	TREASURER				
100	JEFFERSON CTY PKY, NO 25	0 0		0.	0.	0.
	DEN, CO 80419					
	RI CÓX	SECRETARY				-
301	WILCOX, NO. 201	0		0.	0.	0.
CAS	TLE ROCK, CO 80104					
	RK CHAPIN	PAST PRESDNT				
P.0	D. BOX 449	0		0.	0.	0.
	LE, CO 81631					·
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BAA		TEEA0812L (	02/14/12			Form <b>990-EZ</b> (2011)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in					
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q			No X		
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х		
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b				
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>x</u>		
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	36		х		
	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a 0. b Did the organization file Form 1120-POL for this year?	37 b		х		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х		
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations Enter			ĺ		
	a Initiation fees and capital contributions included on line 9			ĺ		
	b Gross receipts, included on line 9, for public use of club facilities.  39b N/A			ĺ		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			ĺ		
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A					
	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь				
	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	40 e		x		
41	NONE	700				
	a The organization's books are in care of ► JIM EVERSON  Located at ► 100 JEFFERSON COUNTY PARKWAY, NO. 2500 GOLDEN CO  ZIP + 4 ► 80419  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)?	71-8 42b	6 <u>34</u> Yes	No X		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  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.	<b>42</b> c		х		
	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	····	Yes	N/A N/A No		
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		Х		
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		х		
	c Did the organization receive any payments for indoor tanning services during the year?					
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q						
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X		
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)						
	TEFA0812: 02/14/12 FO	rm 996	E7 .	/·#1171		

Form <b>990-EZ</b>	(2011) COLORADO ASSESSORS	ASSOCIATION		84-117	9322	Р	age 4
	•					Yes	No
46 Did the	organization engage, directly or indire ates for public office? If 'Yes,' complete	ctly, in political campaig	n activities on behalf of	or in opposition to			,,
	Section 501(c)(3) organization				46     Allso	ction	<u>X</u>
Part VI	501(c)(3) organizations and se	ction 4947(a)(1) no	nexempt charitable	e trusts must answe	er auestio	กร	•
	501(c)(3) organizations and se 47-49b and 52, and complete t	he tables for lines	50 and 51.		<b>-</b>	_	
	Check if the organization used Schedu	le O to respond to any o	uestion in this Part VI				
	<u> </u>					Yes	No
47 Did the comple	organization engage in lobbying activi ete Schedule C, Part II	ties or have a section 50	01(h) election in effect d	uring the tax year? If 'Ye			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E				48		<b></b>	
49a Did the organization make any transfers to an exempt non-charitable related organization?				. 49a			
<b>b</b> If 'Yes,' was the related organization a section 527 organization?				49 b			
50 Comple	ete this table for the organization's five rees) who each received more than \$10	highest compensated e	mployees (other than of	ficers, directors, trustee f there is none, enter 'N	s and key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	T	(e) Estimated other comp		
						•	
e Total n	number of other employees paid over \$	100.000					
	ete this table for the organization's five	· —	ndependent contractors	- who each received more	than \$100.0	000 of	f
compe	nsation from the organization. If there i	s none, enter 'None '	•				
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service				of service	(c) Compensation		
				<del> </del>			
			-				
			<u> </u>	<u>.</u> . <del>','</del> .			
e Total n	umber of other independent contractor	s each receiving over \$	100,000	▶,			
	organization complete Schedule A? Noble trusts must attach a completed Sch		) organizations and 494	7(a)(1) nonexempt	► ∏Yes	Г	No
Under penalties	of perjury, I declare that I have examined this retur	n, including accompanying scho	edules and statements, and to	the best of my knowledge and b			
true, correct, and	d complete Declaration of preparer (other than offin	cer) is based on all information	of which preparer has any know		013		
c:	Signature of officer			Date			
Sign Here	JIM EVERSON			TREASURER			
11010	Type or print name and tyfe			TREMOOTER			
	Print/Type preparer's name	Preparer's signature	Date	Check If P	TIN		
Paid 1	RONALD R. RICHARDS	Korold Riks	wh 5/12/		00518623	3	
Preparer F	Firm's name F RICHARDS AND WA	<del> </del>					
Use Only	Firm's address > 5753 S. PRINCE				84-1206		
		30160		Phone no (30			
May the IRS	discuss this return with the preparer sl	nown above? See instru	ctions		► X Yes Form 990		No (2011)

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

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Employer identification number

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.

COLORADO ASSESSORS ASSOCIATION	84-1179322
FORM 990-EZ - PART I - LINE 10 - GRANTS AND SIMILAR AMOUNTS	
CONTRIBUTION TO COLORADO ASSOCIATION OF TAX APPRAISERS FOR CON	TINUING EDUCATION
CLASSES FOR COUNTY ASSESSMENT APPRAISERS AND STAFF	
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
ASSISTANCE TO ASSESSORS THROUGH EDUCATION AND TRAINING.	
- <b></b>	

TEEA4901L 07/14/11

SCHEDULE O - SUPPLEMENTAL INFORMATION PAGE 2 2011 **COLORADO ASSESSORS ASSOCIATION CLIENT 16963** 84-1179322 5/12/13 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000** DONEE'S NAME: COLORADO ASSOCIATION OF TAX APPRAISERS CASH AMOUNT GIVEN: \$ FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES AWARDS/SCHOLARSHIPS \$ DUES AND SUBSCRIPTIONS 95,295. **EDUCATION EXPENSES** LOBBYING EXPENSE 22,000. MEALS & ENTERTAINMENT OFFICE EXPENSES TRAVEL WEBSITE EXPENSES TOTAL \$ 122,110. FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

08.59PM

30,000.

400.

780.

459. 879. 644.

<u>,653.</u>

BEGINNING ENDING 12,800. \$ 12,800. \$ 10,300. PREPAID EXPENSES AND DEFERRED CHARGES TOTAL 10,300.