### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public

► Do not enter social security numbers on this form as it may be made public.

Depa	rtment of	the Treasury			ter social security		-	-		Open to Public				
		ue Service				0 and its instruction	ons is at <i>www.irs.g</i>	ov/form990.		Inspection				
<u>A</u>	For the	2016 calend	ar year, or	tax year begin	ning		, 2016, and er	nding		, 20				
В	Check if	applicable:	DI	Employer identification no.										
	Address	change	84	l-1489220										
	Name ch	E	Telephone number											
	Initial ret	urn	1600	38TH STREE	ET			203	(3	303)440-6141				
	Final retu	urn/terminated	City or tow	vn, state or province,	country, and ZIP or foreig	n postal code				34,224				
	Amende	d return	BOULI	DER, CO 803	301				G	Gross receipts \$				
	Application	on pending	eturn for sub	ordinates? Yes X No										
			1600	38TH STREI	ET SUITE 203,	T NORTHROP BOULDER, CO	80301	H(b) Are all subor						
	Tax-exer	npt status:	501(c)(3)	X 501(c) ( 6	_	4947(a)(1) or	527			(see instructions)				
	Website			DOBUSINESS			] 02:	H(c) Group exer						
			Corporation		ociation Other ►		L Year of formation: 1		of legal dor					
	rt I	Summar						333 M State	or legal doi					
10	1			prization's miss	ion or most significa	at activitios: DD				OCUE				
		-	-		-		OVIDING OPPOR							
e			EDUCATION, ADVANCEMENT AND IMPROVEMENT OF ALL ASPECTS OF THE PROFESSION OF BUSINESS											
and		BROKERAG	E THROU	GH EDUCATI	ON AND CONFER	RENCES.								
Activities & Governance								· · · · ·						
Š	2			•	•		d of more than 25% o	1	- 1					
∞ ∞	3		-	•	erning body (Part VI,	,		ł	3	11				
es	4			-			D)		4	0				
iviti	5	Total numbe	r of individu	als employed ir	n calendar year 2016	6 (Part V, line 2a)			5	0				
Acti	6			ers (estimate if	• ·			ł	6					
	7a	Total unrelat	ed busines	s revenue from	Part VIII, column (C)	), line 12			7a	0				
	b	Net unrelate	d business	taxable income	from Form 990-T, li	ne 34	<u></u>		7b	0				
								Prior Year		Current Year				
	8	Contributions	s and grants	s (Part VIII, line	1h)			19	,205	20,641				
ne	9									13,518				
Revenue	10	Investment in	78	65										
Re	11				nes 5, 6d, 8c, 9c, 10c		-			0				
	12				must equal Part VIII,		_	30	,015	34,224				
	13				X, column (A), lines	. ,		50	/015	01/11				
	14			• •	K, column (A), line 4)	,	-			0				
	15				e benefits (Part IX, c					0				
es	16a				column (A), line 11e)	. ,	· –			0				
Expenses			-							0				
ă					lumn (D), line 25) ▶		0	25	450	24.025				
ш					nes 11a-11d, 11f-24e		•••••		,456	34,037				
		18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							,456	34,037				
	19	Revenue les	s expenses	. Subtract line	18 from line 12	• • • • • • • • •			,441)	187				
Net Assets or							-	Beginning of Current	Year	End of Year				
sset	20							50	,014	49,938				
at As	21						-		263	0				
					line 21 from line 20			49	,751	49,938				
Pa	rt II	Signatu	re Block	[										
					rn, including accompanyin icer) is based on all inform		nts, and to the best of my k	nowledge and belief, it	is					
	, 0011000,						as any knowledge.							
		MERL	E T NOR	THROP										
Sig	In	Signatur	re of officer						Date					
He	re	MERL	E T NOR'	THROP, TRE	ASURER									
			print name and											
		Print/Type pre	eparer's name		Preparer's signature		Date	Check	if PTIN	١				
Pai	d		Peterson	CPA	Tonya Peterso	on CPA	07-20-2017	self-employe		P00636597				
	epare	-	•		Peterson CPA			Firm's EIN						
	e Onl				h Rubey Drive			Phone no.						
				Golden C	—	, purce TIA			0-297	-1365				
May	the IR	S discuss this	return with		own above? (see in	structions)		12	J-20/	X Yes No				

PROVIDING OPPORTUNITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND IMPROVEMENT OF ALL ASPECTS         OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERNCES, PROVIDING MEMERSPI         BUSINESSES ON CABL WEBSITE AND MAINTAINING DATABASE OF MEMERS, PROVIDING OPPORTUNITIES FOR         CONTINUING ACCREDITATION OF IBBA CERTIFICATION AND REAL ESTATE LICENSING.	Form	1990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	84-1489220	Page <b>2</b>
<ul> <li>Pierdy decrebe the organizations mission:</li> <li>PROVIDING OPDERTITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND IMPROVEMENT OF ALL ASPECTS</li> <li>OP THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND COMPREMICES.</li> <li>Did the organization undertake any significant program services during the year which were not lised on the prior form 580 or 560-527</li></ul>	Pa	rt III Statement of Program Service Accomplishments		
PROVIDING OPPORTUNITIES POR DIALOQUE, RUDUCATION, ADVANCEMENT AND IMPROVEMENT OF ALL ASPECTS         OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERENCES.         Image: the organization undetake any significant program services during the year which were not lided on the profession these new services on Schedule 0.         3       Did the organization reases conducting, or make significant changes in how it conducts, any program services, as measured by expanses. Socion 501:(c)(3) and 501:(c)(4) organization are explored on Schedule 0.         40       Describe the organization's program services complianments for each of its three largest program services, as measured by exponses. Socion 501:(c)(4) organization are equired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         40       (Code ) (Expenses \$ 32,073 including grants of \$ ) (Revenue \$ 13,511 PROVIDING OPPORTUNITIES POR DIALOGUE, EDUCATION AND CONFERENCES, PORTING MEMBERS <sup>1</sup> PROVIDING OPPORTUNITIES FOR DIALOGUE, EDUCATION AND CARTERNA AND THEREOVERSE, PROVIDING OPPORTUNITIES FOR CONTINUATION TO TABLE STATE LICENSING.         40       (Code ) (Expenses \$ including grants of \$ ) (Revenue \$		Check if Schedule O contains a response or note to any line in this Part III		🗌
OF THE PROFESSION OF BUSINESS EROKERAGE THROUGH EDUCATION AND CONFERENCES.         2       Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	1	Briefly describe the organization's mission:		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 930-E27			OF ALL ASP	ECTS
proof Form 290 or 990-E27		OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERENCES.		
proof Form 290 or 990-E27				
proof Form 290 or 990-E27		Did the second set of a second set of a second s		
If "Yes" describe these new services on Schedule 0.         3 Ddt the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. The total expenses is and revenue, if any, for each program service exported.         4a       (Code:	2			V No
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?       □ Yes ⊠ Nc         1* 'Ves: 'decrifie three changes on Scheldue 0.       0         4 Describe the organization's program service accomplishmens for each of its three largest program services, as measured by expenses. Schedin 501(6)(0) grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a (Code:) (Expenses \$				<u>X</u> NO
services <sup>2</sup>	3			
<ul> <li>If "Ves," describe these changes on Schedule 0.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>(Code:</li></ul>	5		🗌 Yes	x No
<ul> <li>4 Describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>4a (Code:) (Expenses \$ 32,073 including grants of \$) (Revenue \$1.516 PROVIDING OPPORTUNTITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND INDERCES, POSTING MEMBERS' DOT THE PROPERSION OP BUSINESS BROKERAGE THEOUGH EDUCATION AND CONFERENCES, POSTING MEMBERS' DESTINESSES ON CALL MEESTER TO MAINTAININTO DATABASE OF MEMBERS', PROVIDING OPPORTUNTITIES FOR CONTINUING ACCREDITATION OF IBBA CERTIFICATION AND REAL ESTATE LICENSING.</li> <li>4b (Code:) (Expenses \$ including grants of \$) (Revenue \$</li></ul>				<u></u>
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a       (Code:	4		d bv	
4a       (Code:) (Expenses \$ 32,073 including grants of \$ ) (Revenue \$ 13,516         PROVIDING OPPORTUNITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND INPROVEMENT OF ALL ASPECTS         OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERNCES, PROVIDING MEMBERS'         BUSINESSES ON CABL WEBSITE AND MAINTAINING DATABASE OF MEMBERS. PROVIDING OPPORTUNITIES FOR         CONTINUING ACCREDITATION OF IBBA CERTIFICATION AND REAL ESTATE LICENSING.				
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CONTINUING ACCREDITATION OF IBBA CERTIFICATION AND REAL ESTATE LICENSING.		OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERENCES, PO	OSTING MEMB	ERS'
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4d       Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ► 322,073				
4d       Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ► 322,073				
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4d       Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ► 322,073	4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
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(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 32,073	٨d	Other program services (Describe in Schedule $\Omega$ )		
4e     Total program service expenses     ►     32,073	-ru		)	
	4e		/	
EEA Form 990			For	m <b>990</b> (2016)

	m 990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 84-14892	220	P	Page 3
Pa	art IV Checklist of Required Schedules			1
			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	-		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,	-		37
c	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		Х
7	"Yes," complete Schedule D, Part I	0		~
'	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,"	-		Λ
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
3	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 temporarily restricted			- 25
10	endowments, permanent endowments, 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,	10		- 21
••	VII, VIII, IX, or X as applicable.			
á	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
I	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	11b		Х
(	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	11c		Х
c	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	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
k	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4-	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			37
40	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?	10		37
	If "Yes," complete Schedule G, Part III			X
EEA		rorm	n <b>990</b> (2	2016)

Form **990** (2016)

	990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 84-14892 rt IV Checklist of Required Schedules (continued)	20	F	Page 4
Га	Checklist of Required Schedules (continued)		N	
20-	Did the exercited and exercited to cilities? If "Ves." complete School de L	200	Yes	No X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
~~	domestic government 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 or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
• •	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<u> </u>
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
с	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			+
50	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	- 50		+
31				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
FFA	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	(2016)
				( ALL IN )

Form 990 (2016)

Form	1 990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 84-14892	20	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 returm 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
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:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
F	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
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	-		
C	Enter the amount of reserves on hand	44-		v
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 Schedule 0	14b		

Form	990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 84-14892	20	P	age <b>6</b>					
Pa	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior								
	Check if Schedule O contains a response or note to any line in this Part VI			. X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
_	any other officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v					
	one or more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		v					
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
2	the year by the following:	80	Х						
a b	The governing body?	8a 8b	Λ	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00							
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5							
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
-	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)								
	available for public inspection. Indicate how you made these available. Check all that apply.								
	□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
-	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	MERLE T NORTHROP (303)440-6141, 1600 38TH STREET SUITE 203, BOULDER, CO 80301								

Form 990 (20	(6) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	84-1489220	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated Employees	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line 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.

					C)				
(A)	(B)	(مارد			ition ore than		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, offic	, unles er and	ss per d a dir	son is bo ector/tru	oth an stee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MERLE T NORTHROP TREASURER	1.00	x		X				0 0	0
(2) AL FIALKOVICH	1.00	_							-
PRESIDENT		Х		Х				o o	0
(3) SONJA WOOD	1.00								
CHAIR CONFERENCE COMMITTEE		Х		Х				0 0	0
(4) DENNIS SMITH									
PAST PRESIDENT		Х		Х				0 0	0
(5) TOM LANG	1.00								
BOARD MEMBER		Х		Х				0 0	0
(6) GLEN COOPER	1.00								
BOARD MEMBER		Х		Χ				0 0	0
(7) PAT_WILLIAMS	1.00								
SECRETARY		Х		Χ				0 0	0
(8) SUZANNE DE LUCIA	1.00								
CHAIR EDUCATION COMMITTEE		Х		Χ			(	0 0	0
(9) PAUL_CHAMBLISS	1.00								
VICE PRESIDENT		Х		Χ			(	0 0	0
(10)JOE_GLISCHINSKI	<u> </u>								
ASSOCIATES BOARD MEMBER		Х		Χ				0 0	0
(11)CHRIS_GERARD	1.00								
VICE PRESIDENT MEMBERSHIP		X		Χ			-	0 0	0
<u>(12)</u>									
(13)									
<u>(14)</u>									
									Form 000 (2016)

	00 (2016) COLORADO ASSOC OF 1									84-14892	220	Р	age <b>8</b>
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title		do not check					1	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	mignest compensated	r ormer		organizations (W-2/1099-MISC)	i org ar	npensatic from the ganization nd related janization	n d
<u>(</u> 15)													
<u>(</u> 1 <u>6</u> )													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
(22)													
(25)													
С	Sub-total		· · ·	•••	 	••• •••	· · · · · ·	► ►					
d 2	Total (add lines 1b and 1c)            Total number of individuals (including but not limited)								) ( e than \$100,000 of				0
	reportable compensation from the organization			,vc)	wiio	100	civeu	mor		0			
	· · · ·											Yes	No
3	Did the organization list any former officer, director	r, or trustee,	key er	nplo	yee	or l	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule										3		Х
	For any individual listed on line 1a, is the sum of repu												
	organization and related organizations greater than individual										4		Х
	Did any person listed on line 1a receive or accrue co										-		Λ
	for services rendered to the organization? If "Yes,"			-			-				5		Х
	on B. Independent Contractors												
	Complete this table for your five highest compensated compensation from the organization. Report compen- year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatior	า

►

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

2

Form 99	90 (20	16) COLORADO	ASSOC OF E	BUSINESS INTE	RMEDIARIES IN	C	84-14892	20 Page 9
Part	VIII	Statement of Revenu	le					
		Check if Schedule O contair	ns a response or	note to any line in th	is Part VIII	<u></u>		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a	1				
oun	b	Membership dues	1k	20,641	]			
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c	;				
Gift	d	Related organizations	1c	1				
ns, . Sim	е	Government grants (contribution	ons) 1e	•				
utio	f	All other contributions, gifts, gr	rants,					
d B		and similar amounts not includ	led above 1f		-			
anc	g	Noncash contributions include			_			
	h	Total. Add lines 1a-1f		<u> ▶</u>	20,641			
0				Business Code	-			
Program Service Revenue		EDUCATIONAL COURSES		900099	13,518	13,518		
Rev	b							
vice	C.							<u> </u>
I Sel	d						i	
gran	e							<u> </u>
Pro		All other program service rever			12 510			
		Total. Add lines 2a-2f			13,518			
	3	Investment income (including d and other similar amounts) .			65			65
	4	Income from investment of tax-			60			65
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents		(ii) Feisoriai	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
					-			
		Net rental income or (loss)		(ii) Other	-			
	b	Less: cost or other basis			-			
		and sales expenses Gain or (loss)			-			
		Net gain or (loss)		▶	-			
e		Gross income from fundraising						
Other Revenue		events (not including \$						
Rev		of contributions reported on line						
Jer		See Part IV, line 18						
ŧ	b	Less: direct expenses	b					
	c	Net income or (loss) from fund	raising events					
	9a	Gross income from gaming act	ivities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities .	. <u> </u>				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold $\$	b					
	c	Net income or (loss) from sales	s of inventory .	. <u>.</u> <b>▶</b>				
	L	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions	3	🕨	34,224	13,518	0	65

#### Form 990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC

Ра	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all o	columns. All other organ	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			🛛
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C		100		100	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	1 000	1 000		
12 13	Advertising and promotion	1,999	1,999		
14					
15	Royalties				
16	Occupancy				
17	Travel	384	384		
18	Payments of travel or entertainment expenses		501		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		850		850	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GENERAL MEMBER MEETINGS	8,486	8,486		
b	COURSE INSTRUCTORS	3,096	3,096		
с	FOOD AT COURSES	4,311	4,311		
d	AWARDS AND PRESENTATIONS	1,315	1,315		
е	All other expenses	13,496	12,482	1,014	
25	Total functional expenses. Add lines 1 through 24e .	34,037	32,073	1,964	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part >	X				
T art 7	-	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	12,126	1	12,004
	2	Savings and temporary cash investments	37,888	2	37,934
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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)	50,014	16	49,938
	17	Accounts payable and accrued expenses	263	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s,	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	263	26	C
		Organizations that follow SFAS 117 (ASC 958), check here			
s		complete lines 27 through 29, and lines 33 and 34.			
jee	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here FX and			
л П		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
etA	32	Retained earnings, endowment, accumulated income, or other funds	49,751	32	49,938
	33	Total net assets or fund balances	49,751	33	49,938
	34	Total liabilities and net assets/fund balances	50,014	34	49,938
EEA					Form <b>990</b> (2016

Form	990 (2016) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 8	4-1489	220	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,	224
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,	037
3	Revenue less expenses. Subtract line 2 from line 1	3			187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,	751
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		49,	938
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u> .	3b		
EEA			Form	<b>990</b> (	2016)

SCHEDULE L	1	г	ransactio	ns Wi	ith Int	ereste	d Pei	sons			L	OMB N	o. 1545-	0047
(Form 990 or 990-EZ)	► Comp	olete if the org	anization answe 28b, or 28c,					ine 25a, 25b, 26, 3 or 40b.	27, 28a	l,		2	016	;
Department of the Treasury	► Inform	nation about S				) or Form		ions is at <i>www.ii</i>		form0		Open Inspe	To Pu	ıblic
Internal Revenue Service Name of the organization				11 330 0	JI 330-LZ	.) and its i	manuci		yer iden					
COLORADO ASSOC	OF BUSI	NESS INTE	RMEDIARIES	INC				84-3	14892	20				
				, , , ,				1(c)(29) organiz		• •				
Comple	ete if the or	rganization a	nswered "Yes"	on For	m 990,	Part IV, li	ine 25a	or 25b, or Form	990-l	EZ, Pa	art V,	line 4	0b.	
1 (a) Name of disc	qualified person		(b) Relationship bet o	tween disqu organization		on and		(c) Description	of transa	ction			(d) Cor Yes	No
(1)														
(2)														
_(3)														
2 Enter the amoun			-		•	•	-	•						
										• 4	5			
3 Enter the amoun	t of tax, if ar	iy, on line 2, ab	ove, reimbulsed	by the o	nganizatio	on			• • •	• 1	>			
Part II Loans	to and/or	From Interes	sted Persons.											
Comple			nswered "Yes" Int on Form 99					8a or Form 990	, Part	IV, lin	ie 26;	or if t	he	
(a) Name of interested p	berson	(b) Relationship	(c) Purpose of	(d) Lo	oan to or	<b>(e)</b> Ori	iginal	(f) Balance due	(g) In a	default?	(h) Ap	proved	(i) W	ritten
		with organization	loan	fror	m the iization?	principal a	-				by bo			ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
 Total							. ► 9	3		I		I		
			iting Intereste					-						
Compl	lete if the c	organization a	answered "Yes	" on Fo	orm 990,	Part IV,	line 27.							
(a) Name of interested	d person	.,	hip between intereste nd the organization	d <b>(c</b> )	) Amount of	assistance	(0	d) Type of assistance		(e	) Purpos	se of ass	istance	
(1)														
(2)														
(3)														
(4)														
(5)														
For Paperwork Reduc	tion Act No	otice, see the I	nstructions for	Form 99	90 or 990	)-EZ.			5	Schedule	e L (For	m 990 o	r 990-E2	Z) 2016

Schedule L (Form 990 or 990-EZ) 2016 COLORADO ASSO	OC OF BUSINESS INTE	RMEDIARIES INC	84-1489220	F	Page 2
Part IV Business Transactions Invol	ving Interested Persons.				
Complete if the organization ar	nswered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	aring of
	interested person and the	transaction		organiz	
	organization			reven	
				Yes	No
(1) DAMPTOTA N NIEL CEN CDA	WITHE OF TREAD	100	990 COST - PREP IS PRO		x
(1) PATRICIA M NIELSEN CPA	WIFE OF TREAS	100	BONO		
(2)					
					-
(3)					
(4)					
(5)					
Part V Supplemental Information		an Cabadula I. (aaa	in structions)		
Provide additional information for	or responses to questions	on Schedule L (see	Instructions).		

Page 2

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

### Supplemental Information to Form 990 or 990-EZ

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.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization n990. Open to Public Inspection

COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC

84-1489220

#### 01. Committee meeting documentation (Part VI, line 8b)

NO COMMITTEES HAVE AUTHORITY TO MAKE DECISIONS OUTSIDE OF BOARD APPROVAL.

#### 02. Form 990 governing body review (Part VI, line 11)

CPA AND/OR TREASURER PRESENT THE FORM 990 TO THE BOARD OF DIRECTORS AND THE GENERAL

MEMBERSHIP EITHER PRIOR TO OR AT THE NEXT MEETING AFTER FILING THE TAX RETURN.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

DISCLOSURE OF IRS EXEMPTION LETTER AND FORMS 990 ARE AVAILABLE UPON REQUEST.

#### 04. List of other expenses (Part IX, line 24e)

OTHER	EXPENSES PRC	GRAM SERVICES	MANAGEMENT
SOCIAL	EVENTS	835	
COURSE	CERTIFICATES	364	
COURSE	FACILITIES	750	
CREDIT	CARD MERCHANT FEES	349	612
EQUIPM	ENT RENTAL	406	
PRACTI	CE DEVELOPMENT	1,000	
IBBA A	CCREDITATION FEES	2,025	
MEMBER	BENEFITS WEBSITE HOS	T 2,498	
PRINTI	NG AND PUBLICATIONS	1,922	
SUPPLI	ES	333	
DATABA	SE SUBSCRIPTIONS	2,000	
BANK C	HARGES		184

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

OMB No. 1545-0047

6

Schedule O (Form 990 or 990-EZ) (2016)				Page <b>2</b>
Name of the organization			Employer identification numbe	r
COLORADO ASSOC OF BUSINE	SS INTERMEDIARIE	S INC	84-1489220	
POSTAGE AND SHIPPING		49		
MEALS AND ROOM BOARD MEE	TINGS	169		
TOTAL	\$12,482	\$1,014	 	

Form	8868
(Rev. Jar	nuary 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)						OMB No. 1545-1709		
Department of the nternal Revenue S				lication for each return. ts instructions is at www.irs.	qov/form8868.			
		You can electronically file Form 886			•	the		
	• • • •	e exception of Form 8870, Information			<u>, , , , , , , , , , , , , , , , , , , </u>			
		xtension request must be sent to the II				ctronic		
		ww.irs.gov/efile, click on Charities & N						
Automatic	6-Mont	h Extension of Time. Only s	ubmit orig	jinal (no copies needed	).			
		to file an income tax return other than equest an extension of time to file inco		ms	• • • •	trusts mber, see instructions		
Type or	Name of	exempt organization or other filer, se	e instruction		Employer identificatio			
Type or         Name of exempt organization or other filer, see           print         COLORADO ASSOC OF BUSINESS INTU					84-1489220	( )		
		DO ASSOC OF BUSINESS INT street, and room or suite no. If a P.O			Social security number	er (SSN)		
ile by the lue date for			. 507, 500 11					
iling your		8TH STREET n or post office, state, and ZIP code.	For a foreign	STE 203				
eturn. See nstructions.		•		raduress, see instructions.				
	BOULDE	R, CO 80301						
Enter the Retu	um Code fo	r the return that this application is for (f	ile a separa	··· /	)	01		
Application	1		Return	Application		Return		
Is For			Code	Is For		Code		
Form 990 or	r Form 990	-EZ	01	Form 990-T (corporation)		07		
Form 990-B	L		02	Form 1041-A		08		
Form 4720 (	(individual)		03	Form 4720 (other than individual)				
Form 990-P	۲F		04	Form 5227 10				
Form 990-T	(sec. 401)	a) or 408(a) trust)	05	Form 6069 11				
Form 990-T	(trust othe	than above)	06	Form 8870		12		
<ul> <li>If the organ</li> <li>If this is for</li> <li>for the whole g</li> </ul>	nization doe a Group Ro group, chec	03-440-6141 s not have an office or place of busin etum, enter the organization's four dig k this box	Find the U ess in the U it Group Exe it is for part of	emption Number (GEN)	If this is	►□		
				1 - 00 1 <b>P</b> is (is the				
•		atic 6-month extension of time until named above. The extension is for th	-11 ne organizati		exempt organization ret	um		
▶ 🛛 (	calendar ve	ar 20 <b>16</b> or						
	tax year beg		20	, and ending	, 20			
			,==o	, and onang	,=o			
_		red in line 1 is for less than 12 months unting period	, check reas	son:	Final retum			
	-	for Forms 990-BL, 990-PF, 990-T, 47	20 or 6069	enter the tentative tax less				
•		credits. See instructions.	_0, 0, 0000	, e	3a	\$		
		for Forms 990-PF, 990-T, 4720, or 60	)60 ontor ar	w refundable credits and		Ψ		
		nents made. Include any prior year ov			3b	\$		
						Ψ		
		tract line 3b from line 3a. Include you			3-	¢		
		ctronic Federal Tax Payment System).			3c			
structions.	n are going	g to make an electronic funds withdra	wai (ullect (	uedit) with this FUITH 6668, SE	E FOIII 0403-EO and f	onn oors-eo ior paym		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2017)

990 Overflow Statement	<b>2016</b> Page 1
lame(s) as shown on return	FEIN
COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	84-1489220
OTHER EVENAGE PROCESS GERLITAGE	
OTHER EXPENSES PROGRAM SERVICES	Amount
SOCIAL EVENTS	\$ 835
COURSE CERTIFICATES	364
COURSE FACILITIES	
CREDIT CARD MERCHANT FEES	349
COUIPMENT RENTAL	406
PRACTICE DEVELOPMENT	1,000
IBBA ACCREDITATION FEES	2,025
1EMBER BENEFITS WEBSITE HOST	2,498
PRINTING AND PUBLICATIONS	1,922
SUPPLIES	333
DATABASE SUBSCRIPTIONS	2,000
Total:	
OTHER EXPENSES MANAGEMENT	3
Description MEALS AND ROOM BOARD MEETINGS	<b>Amount</b> \$ 169
BANK CHARGES	<u>\$189</u>
CREDIT CARD MERCHANT FEES	612
POSTAGE AND SHIPPING	49
Total:	

# **Tonya J Peterson CPA LLC**

112 North Rubey Drive Suite 140 Golden, CO 80403 TPetersonCPA@gmail.com Phone: (720)287-1365 | Fax: (720)287-1467

July 20, 2017

Colorado Assoc Of Business Intermediaries Inc 1600 38th Street, Ste 203 Boulder, CO 80301

Merle:

Enclosed is the 2016 federal return for a tax-exempt organization, prepared for Colorado Assoc Of Business Intermediaries Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (720)287-1365.

Sincerely,

Tonya Peterson CPA Tonya J Peterson CPA LLC