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

May 01, 2018

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

Merle:

Enclosed is the 2017 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

990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2017 calend	lar year, or t	tax year begin	nning		, 2017, and e	nding		, 20
В	Check if	applicable:	C Name of or	ganization COLC	RADO ASSOC O	F BUSINESS IN	TERMEDIARIES	INC	D	Employer identification no.
	Address	change	Doing busing	ness as						84-1489220
\equiv		•			av if mail in not dalivared to	atract address)		Room/suite		Telephone number
\equiv	Name ch	•		•	ox if mail is not delivered to	street address)				·
\equiv	Initial ret			38TH STRE				203		(303)440-6141
Ц	Final retu	urn/terminated			, country, and ZIP or foreig	gn postal code			G	Gross receipts
Ц	Amende	d return	BOULD	ER, CO 80	301					\$ 38,987
	Application	on pending	F Name and	address of principa	l officer: MERLE	T NORTHROP		H(a) Is this a group	return for	subordinates? Yes X No
			1600	38TH STRE	ET SUITE 203,	BOULDER, CO	80301	H(b) Are all subc	rdinates	included? Yes No
ı	Tax-exer	mpt status:	501(c)(3)	X 501(c) (6) ◀ (insert no.)	4947(a)(1) or	527	If "No,"	attach a	list. (see instructions)
J	Website	: > www		DOBUSINESS				H(c) Group exe	mption n	number ►
K	Form of a	organization: X			sociation Other ►		L Year of formation: 1			domicile: CO
	rt I	Summar			Journal Garden		2 / 04/ 0/ 10///4/0//		or rogar	<u> </u>
	1		•	nization's miss	ion or most significa	nt activities: DBO	VIDING OPPOR	TINITTEC E0	D DT	AT OCITE
	'	•	•		•					
e		-				T OF ALL ASPE	CTS OF THE P.	ROFESSION O	F BU	SINESS
Governance		BROKERAG	E THROUG	3H EDUCATI	ON AND CONFE	RENCES.				
eru										
õ	2			ū	•	erations or disposed			ı	I
	3	Number of v	oting member	ers of the gove	erning body (Part VI,	line 1a)			3	10
S	4	Number of in	ndependent v	voting member	s of the governing b	ody (Part VI, line 1b)		4	0
ij	5	Total numbe	er of individua	als employed ir	n calendar year 2017	7 (Part V, line 2a)			5	0
Activities &	6	Total numbe	r of voluntee	ers (estimate if	necessarv)				6	
∢				•	• /), line 12			7a	0
					,	ne 34			7b	0
		14Ct dill'Clate	a basiness t	taxable income	7 1101111 01111 000-1, 11	11004			10	Current Veer
		Cantuibti a		(Dant) (III Iin a	45)		-	Prior Year		Current Year
a)	8		•	(Part VIII, line	,	• • • • • • • • •			,641	
Revenue	9	ŭ		•	0,		F	13	,518	17,723
š	10	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d)			65	59
8	11	Other revenu	ue (Part VIII,	, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)	[0
	12	Total revenu	e - add lines	8 through 11 (must equal Part VIII	, column (A), line 12))	34	,224	38,987
	13	Grants and s	similar amou	ints paid (Part	IX, column (A), lines	1-3)				0
	14	Benefits paid	d to or for me	embers (Part I)	X, column (A), line 4)	[0
	15	•		•	, ,	olumn (A), lines 5-10	 			0
es	16a)				0
Expenses	.ua		_		lumn (D), line 25)		0			0
Š	47		• .	•				2.4	000	41.050
ш	1.7					e)			,037	
	18	•		•	•	nn (A), line 25) .	-	34	,037	
	19	Revenue les	s expenses.	Subtract line	18 from line 12				187	(2,971)
Net Assets or	8							Beginning of Curren	t Year	End of Year
sets	20	Total assets	(Part X, line	9 16)				49	,938	46,967
A P	21	Total liabilitie	es (Part X, liı	ne 26)			[0
ž	22	Net assets of	or fund balan	nces. Subtract	line 21 from line 20			49	,938	46,967
Pa	art II	Signatu	re Block							
						g schedules and statemen		knowledge and belief, i	t is	
true	, correct,	and complete. De	claration of prep	parer (other than off	icer) is based on all inform	nation of which preparer ha	as any knowledge.		_	
		MERT.	E T NORT	THROP						
Sig	ın		re of officer						Date	
		(TUDOD MDE	IA CUIDED					
He	Œ		print name and	THROP, TRE	ASUREK					
		Type or	print name and	แนซ			D-1-		ı I	
_		Print/Type pre	eparer's name		Preparer's signature		Date	Check	if P	TIN
Pai			Peterson	CPA	Tonya Peterso	on CPA	05-01-2018	self-employ	ed	P00636597
Pre	pare	Firm's name	>	Tonya J	Peterson CPA	LLC		Firm's EIN ▶		
Us	e Onl	y Firm's addres	ss ►	112 Nort	h Rubey Drive	e Suite 140		Phone no.		
				Golden C	0 80403			7	20-2	87-1365
Max	the IP	S discuss this	return with t		nown ahove? (see in	etructions)				▼ Yes No

Form 990 (2017) COLORADO ASSOC OF
Part IV Checklist of Required Schedules

	•		V	NI -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	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)			21
•	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		Х
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? <i>If</i>			
	"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? <i>If</i> "Yes,"	•		
•	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			
	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			
	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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	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
С	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		X
d	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		3.7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	11h		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	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	13		77
	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	.0		22
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-23
	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		Х

Part IV

84-1489220

Checklist of Required Schedules (continued)

Yes No 20a 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 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 Χ 23 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 Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 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? 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 26 Χ 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 Χ 27 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): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

. u.	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O Contains a response of hote to any line in this Fart V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	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 return 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?	7с		
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.	_		
a	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		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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.)			
2a	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	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 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			
С	Enter the amount of reserves on hand			
l4a	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 O	14b		

COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC Part VI

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

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	_		
	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	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		37
•	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			v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1		X
5		. 6		X
6 72	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	. 6		Λ
7a	one or more members of the governing body?	. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	. 1a		Λ
b	stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. /5		
Ü	the year by the following:			
а	The governing body?	. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b	21	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 55		
	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.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		Х
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		X
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		X
14	Did the organization have a written document retention and destruction policy?	. 14		X
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		X
	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			ļ
<u></u>	organization's exempt status with respect to such arrangements?	. 16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)/3)s only)			
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)			
10				
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:			
-0	MERLE T NORTHROP (303)440-6141, 1600 38TH STREET SUITE 203, BOULDER, CO 80301			

orm	990	(2017)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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)				sition		(D)	(E)	(F)	
Name and Title	Average	١ ،			ore than o		Reportable	Reportable	Estimated	
Name and This	hours per				ector/trust		compensation	compensation from	amount of	
	week (list any hours for						from the	related organizations	other compensation	
	related	Individual trustee or director	Inst	Officer	Ke)	Hig		(W-2/1099-MISC)	from the	
	organizations	direct	itutio	cer	/ em	Highest	(W-2/1099-MISC)		organization	
	below dotted line)	al tru	onal t		employee Key employee	com			and related organizations	
	,	istee	Institutional trustee		ĕ	pens				
			Эе			Highest compensated				
(1) MERLE T NORTHROP	1.00									
TREASURER		X		X			(0	0	
(2) AL FIALKOVICH	1.00									
PRESIDENT		X		X			(0	0	
(3) SUZANNE DE LUCIA	1.00									
VICE PRESIDENT EDUCATION		X		X			(0	0	
(4) THOMAS J LANG	1.00									
BOARD MEMBER		X		Χ			(0	0	
(5) GLEN_COOPER	1.00									
BOARD MEMBER		X		X			(0	0	
(6) PAT_WILLIAMS	1.00									
SECRETARY		X		X			(0	0	
(7) PAUL CHAMBLISS	1.00									
VICE PRESIDENT COMMUNICATIONS		X		X			(0	0	
(8) RENEE WOOD	1.00									
VICE PRESIDENT MEMBERSHIP		X		X			(0	0	
(9) CHRIS CANTWELL	1.00									
BOARD MEMBER		X		X			(0	0	
(10)JIM DESHAYES	1.00									
BOARD MEMBER		X		X			(0	0	
(11)										
(12)										
<u>(13)</u>										
(14)										

(15)_

<u>(16)</u>

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

rt VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	EDI Hig	hes	Com		sated Employees	s (continued)		Page
(A) Name and title	(B) Average	(do no	ot che	(C Posit ck mo) tion ore tha	an one		(D) Reportable	(E) Reportable	(F) Estimate	
	hours per week (list any hours for related organizations below dotted line)	office Individual trustee or director		a dire	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount other compensa from th organizat and relat organizati	ation ne tion ted
Sub-total						1	•				
Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	nA					'	>	0	0		
Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve) v	who	rece	eived n	nore	e than \$100,000 of	0		
Did the organization list any former officer, directo	r, or trustee,	key en	nplo	yee,	or h	ighest	t cor	mpensated		Yes	i N
employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp n \$150,000?	ensation If "Yes	on ar s," cc	nd of ompl	ther ete	compe S <i>ched</i>	ensa lule	tion from the J for such		3	
individual	ompensation	from a	ny ur	nrela	ated	organi	zati	on or individual		5	-
for services rendered to the organization? If "Yes," on B. Independent Contractors	complete St	nedule	J J 10	or St	icn þ	erson				5	
Complete this table for your five highest compensate compensation from the organization. Report compenser.											
								(B)		(C)	

Secti

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

Form 990 (2017)

Part VIII State

Staten	nant	of R	פעם	กเเอ
Staten	ICIL	רו וט	CVC	IIUC

		Check if Schedule O contains a response	e or no	te to any line in thi	s 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
	1a	Federated campaigns	1a					
ant	b	Membership dues	1b	21,205				
ָה פֿי	С	Fundraising events	1c	-				
er. ar.	d	Related organizations	1d					
imil O'E	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants,						
들		and similar amounts not included above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	1f: \$					
	h	Total. Add lines 1a-1f			21,205			
				Business Code				
nne	2a	EDUCATIONAL COURSES		900099	17,723	17,723		
Program Service Revenue	b							
<u>5</u>	С							
Ser	d							
E .	е							
rogi	f	All other program service revenue						
	g	Total. Add lines 2a-2f			17,723			
	3	Investment income (including dividends, inte	rest,					
		and other similar amounts)		▶	59			59
	4	Income from investment of tax-exempt bond	proce	eds►				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
		Less: rental expenses						
	1	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	es	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
_		Net gain or (loss)						
enne	8a	Gross income from fundraising						
e e		events (not including \$	_					
Ř		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18						
0		Less: direct expenses						
	l .	Net income or (loss) from fundraising events	3.					
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities		•				
	10a	Gross sales of inventory, less	_					
	L	returns and allowances						
		Less: cost of goods sold						
	- 6	Net income or (loss) from sales of inventory	• •					
	110	Miscellaneous Revenue		Business Code				
	b							
	C C	All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions			38,987	17,723		0 59
		i otal i o voli dei deci i i oli deli deli di			30,307	11,143		<u> </u>

COLORADO ASSOC OF BUSINESS INTERMEDIARIES 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).

	Check if Schedule O contains a response or note to a	any line in this Part IX			🛚
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	735		735	
С	Accounting	350		350	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	13		13	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
22	Payments to affiliates				
23	Depreciation, depletion, and amortization	850		850	
23 24	Other expenses. Itemize expenses not covered	850		850	
4 4	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.)				
•	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	10,239	10 220		
a b	GENERAL MEMBER MEETINGS COURSE INSTRUCTORS	4,191	10,239 4,191		
C	FOOD AT COURSES	6,626	6,626		
d	AWARDS AND PRESENTATIONS	315	315		
e	All other expenses	18,639	16,616	2,023	
25	Total functional expenses. Add lines 1 through 24e .	41,958	37,987	3,971	0
<u>25</u> 26	Joint costs. Complete this line only if the	Ŧ1,500	31,301	3,3/1	<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here b if				

Part X 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 12,004 8,988 2 37,934 2 37,979 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 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 7 Notes and loans receivable, net 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,938 46,967 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 26 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 49,938 32 46,967 33 33 49,938 46,967 Total liabilities and net assets/fund balances 34 49,938 46,967

Form	1990 (2017) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	84-14892	20	P:	age 1
	rt XI Reconciliation of Net Assets	04-14092	20		age I
ı u	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)			38,	
2	Total expenses (must equal Part IX, column (A), line 25)				958
3	Revenue less expenses. Subtract line 2 from line 1				971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			49,	
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses	. 7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				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		46,	967
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				

EEA Form **990** (2017)

2c

3b

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?

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

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 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 PROGRAM SERVICES MANAGEMENT SOCIAL EVENTS 1,060 COURSE CERTIFICATES 403 2,350 COURSE FACILITIES 257 561 CREDIT CARD MERCHANT FEES 429 EQUIPMENT RENTAL PRACTICE DEVELOPMENT 27 ADMINISTRATIVE SERVICES 870 MEMBER BENEFITS WEBSITE HOST 7,762 PRINTING AND PUBLICATIONS 2,301 SUPPLIES 13

99

2,000

DATABASE SUBSCRIPTIONS

BANK CHARGES

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC 84-1489220 POSTAGE AND SHIPPING 14 MEALS AND ROOM BOARD MEETINGS 493 \$2,023 \$16,616 TOTAL