Form 8879-EO	IRS <i>e-file</i> Signature for an Exempt C			OMB No. 1545-1878
	For calendar year 2018, or fiscal year beginning	, and ending		
Department of the Treasury	Do not send to the IRS. K	leep for your records.		2018
Internal Revenue Service	► Go to www.irs.gov/Form8879EO	for the latest information.		
Name of exempt organization			Employer identification	number
COLORADO ASSOC OF	BUSINESS INTERMEDIARIES INC		**-***9220	
Name and title of officer				
MERLE T NORTHROP,	TREASURER			
Part I Type of R	eturn and Return Information (Whole Dol	lars Only)		
	n for which you are using this Form 8879-EO and enter		om the return. If you	
	2a, 3a, 4a, or 5a, below, and the amount on that line for			
	or 5b , whichever is applicable, blank (do not enter -0-)	-		
the applicable line below. I	Do not complete more than one line in Part I.			
1a Form 990 check here	▶ 🕅 b Total revenue, if any (Form 990, Part VII	II. column (A). line 12)	1b	26,757
2a Form 990-EZ check he				
3a Form 1120-POL check				
	$rec \rightarrow \Box$ b Tax based on investment income (
	▶ ■ b Balance Due (Form 8868, line 3c)			
Ja FUITI 0000 CHECK HEIE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · JD _	
Part II Declaration	on and Signature Authorization of Office	r		
	I declare that I am an officer of the above organization		v of the	
	nic return and accompanying schedules and statement		•	
are true, correct, and comp	lete. I further declare that the amount in Part I above is	the amount shown on the copy of	of the	
	tum. I consent to allow my intermediate service provide			
5	return to the IRS and to receive from the IRS (a) an ac	5	,	f
the transmission, (b) the re	eason for any delay in processing the return or refund,	, and (c) the date of any refund.	It applicable, I	

authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only**

X lauthorize Tonya J Peterson CPA LLC ERO firm name	to enter my PIN 89220 as my signature Enter five numbers, but do not enter all zeros										
on the organization's tax year 2018 electronically filed retum. If I have indicated within this retum that a copy of the retum is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforemention ERO to enter my PIN on the retum's disclosure consent screen.											
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.											
Officer's signature	Date ► 04-22-2019										
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification											
number (EFIN) followed by your five-digit self-selected PIN.	849524 21768										
	Do not enter all zeros										
	I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed retum for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.										
ERO's signature Tonya Peterson CPA	Date > 04-22-2019										
	Form - See Instructions IRS Unless Requested To Do So										

Form 8879-EO (2018)

For Paperwork Reduction Act Notice, see instructions.

EEA

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

April 22, 2019

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

Merle:

Enclosed is the 2018 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

_	90	00		Doturn	of Organiza	tion Exampt	Erom Incon			0	MB No. 1545-0047		
Form	33	J U		Return of Organization Exempt From Incon				ie rax			2018		
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)												
Depar	tment of t	the Treasury	▶	Do not en	er social security	numbers on this for	m as it may be ma	ade public.		0	pen to Public		
		ue Service		► Go to w	ww.irs.gov/Form9	90 for instructions a	and the latest info	rmation.			Inspection		
A F	For the	2018 calend	ar year, or tax	year begin	ning		, 2018, and en	ding		, 2	20		
B	Check if a	pplicable:	C Name of organiz	INC	D	Employ	er identification no.						
A	Address c	change	Doing business	as				**-**922					
1	Name cha	ange	Number and stre	eet (or P.O. bo	if mail is not delivered to	street address)		Room/suite	E	Telepho	one number		
I	nitial retu	rn	1600 381	TH STREE	T			203	((303)	440-6141		
F	Final retui	rn/terminated	City or town, sta	ate or province,	country, and ZIP or foreig	n postal code			G	Gross re	eceipts		
A	Amended	return	BOULDER	, CO 803	01					\$	26,757		
A	Applicatio	n pending	F Name and addre	ess of principal	officer: MERLE	T NORTHROP		H(a) Is this a group	return for s	ubordinates	s? 🔄 Yes 🔀 No		
			_			BOULDER, CO	80301	H(b) Are all subo	rdinates i	ncluded?	Yes No		
1 1	Fax-exem	pt status:	501(c)(3)	501(c) (6) 🗲 (insert no.)	4947(a)(1) or 5	527	lf "No," a	attach a li	st. (see in	structions)		
٦V	Nebsite:	► www	COLORADOE	BUSINESS	.COM			H(c) Group exer	mption nu	umber 🕨	•		
		rganization: X	Corporation	Trust Asso	ociation Other ►	L	Year of formation: 19	999 M State	of legal of	domicile:	CO		
Pa	rt I	Summar	у										
	1	Briefly descr	ibe the organiza	ation's missi	on or most significa	nt activities: PROV	IDING OPPORT	UNITIES FOR	R DIA	LOGUI	Ξ,		
đ		EDUCATIO	N, ADVANCE	EMENT AN	D IMPROVEMENT	C OF ALL ASPEC	TS OF THE PR	OFESSION OF	7 BUS	INESS	3		
ŭ		BROKERAG	E THROUGH	EDUCATI	ON AND CONFER	RENCES.							
rna													
Governance	2	Check this bo	ox ► 🗌 if the c	organization	discontinued its ope	erations or disposed o	of more than 25% o	f its net assets.					
	3	Number of v	oting members	of the gover	ning body (Part VI,	line 1a)			3		10		
Activities &	4					ody (Part VI, line 1b)			4		0		
itie	5	Total numbe	r of individuals e	employed in	calendar year 2018	8 (Part V, line 2a)			5		0		
Ę	6		r of volunteers (-				6				
◄	7a	Total unrelat	ed business rev	venue from F	Part VIII, column (C)), line 12			7a		0		
	b					ne 38			7b		0		
					,			Prior Year		с	urrent Year		
	8	Contributions	s and grants (Pa	art VIII. line [.]	1h)				,205		17,870		
ne	9								,723		8,801		
Revenue	10	•			•				59		86		
Rev	11					and 11e)					0		
	12			().		, column (A), line 12)		38	,987		26,757		
	13					1-3)		50	7507		0		
	14			•	, column (A), line 4)	,					0		
	15					olumn (A), lines 5-10)					0		
es		-	•								0		
Expenses			-		., ,	•							
ц.	17					e)		41	,958		22 242		
	18	•		. ,		nn (A), line 25)			,958		32,243		
	19					· · · · · · · · · · · · · · · · · · ·				<u>, </u>			
ڏن آ	-	Trevenue les	3 enpenses. St			•••••			,971		(5,486)		
Net Assets or Fund Balances	20	Total accord	(Part X line 16))				Beginning of Current	,967	E	ind of Year 41,481		
Sse Bal	20			,				40	,90/				
und /	22			,				10	0.67		0		
	rt II		re Block			• • • • • • • • • •	••••	40	,967		41,481		
				mined this retur	n including accompanying	g schedules and statements	and to the best of my kr	nowledge and belief it	is				
						ation of which preparer has		iemeage and sener, it					
Sig	n	D	E T NORTHR e of officer	OP					Date				
-									Date				
Her	6	D	E T NORTHR print name and title	OP, TRE	ASURER								
		,			_		Date						
De:	4	Print/Type pre			Preparer's signature	6 77		Check			26505		
Paie			eterson CI		Ionya Peterso		04-22-2019	self-employe	ed	P006	36597		
	parer				Peterson CPA			Firm's EIN					
USE	e Only	Firm's address			h Rubey Drive	e Suite 140		Phone no.		_			
				olden C						7-136			
May	the IRS	3 discuss this	return with the p	preparer sho	own above? (see in	structions)				X	Yes 🗌 No		

Form	990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	**-***9220	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	PROVIDING OPPORTUNITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND IMPROVEMENT	OF ALL ASP	ECTS
	OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERENCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	-	
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 30,327 including grants of \$) (Revenue	\$	8,801)
	PROVIDING OPPORTUNITIES FOR DIALOGUE, EDUCATION, ADVANCEMENT AND IMPROVEMENT	·	
	OF THE PROFESSION OF BUSINESS BROKERAGE THROUGH EDUCATION AND CONFERENCES, PC		
	BUSINESSES ON CABI WEBSITE AND MAINTAINING DATABASE OF MEMBERS. PROVIDING OPP		
	CONTINUING ACCREDITATION OF IBBA CERTIFICATION AND REAL ESTATE LICENSING.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
чы		Ψ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
40		Ψ)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 30,327		
EEA		For	m 990 (2018)

	1990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC **-***92	220	P	age 3
Pa	rt IV Checklist of Required Schedules			
4	In the experimentation described in section $501(a)(2)$ or $4047(a)(4)$ (other then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Λ
3	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)	3		Λ
4	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,	-		
5	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			21
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
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		Х
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		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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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			
	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			
	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			Х
20 a				Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC **-***92	20	P	age 4
Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
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		
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		
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	07		v
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):	28a		Х
a h	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	204		
b	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)	200		Λ
C	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	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		- 25
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
	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,			
	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)?	35a		Х
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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				_
	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 1a			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
		Form	000 (201Q

Form	990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC **-***92	20	F	age 5						
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 0									
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)			Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
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		X						
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).	_		77						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b -		Χ						
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	-		37						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
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	7-								
L	and services provided to the payor?	7a 7b								
b		70								
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	10								
e	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?	76 7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
9 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 12b									
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									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2018)

Form	990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC **-***92	20	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	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 10			
	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		Х
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	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,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	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		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Χ
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?	45-		v
a ⊾	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		
40-	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	160		v
	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	404		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 19	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 1022 (1024 or 1024 A if applicable), 900, and 900 T. (Section 501(c)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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			
20	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			

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
	Independent Contractors		-,
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated Employee	s. and
Form 990 (201	8) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC	**-***9220	Page 7

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.

		· · · · ·			<u>(C)</u>				
(A) Name and Title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per	sition ore tha	both an	(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	Highest compensated employee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MERLE T NORTHROP	1.00								
TREASURER		Х		Χ				0 0	0
(2) AL FIALKOVICH	<u> </u>								
BOARD MEMBER		Х						0 0	0
(3) THOMAS J LANG	<u>1.00</u> _								
BOARD MEMBER		Х						0 0	0
(4) GLEN_COOPER	<u>1.00</u> _								
VICE-PRESIDENT - EDUCATION		Х		Χ				0 0	0
(5) PAT_WILLIAMS	<u>1.00</u> _								
SECRETARY		Х		Χ				0 0	0
(6) PAUL_CHAMBLISS	<u>1.00</u> _								
VICE PRESIDENT COMMUNICATIONS		Х		Χ				0 0	0
(7) RENEE WOOD	1.00								
VICE PRESIDENT MEMBERSHIP		Х		Χ				0 0	0
(8) CHRIS_CANTWELL	1.00								
PRESIDENT		Х		Χ				0 0	0
(9) JIM DESHAYES	<u>1.00</u>								
BOARD MEMBER		Х						0 0	0
(10) TREVOR CROW	<u> </u>								
BOARD MEMBER		Х						0 0	0
<u>(11)</u>									
(12)									
(13)									
<u>(14)</u>									
									Farma 000 (0040)

	90 (2018) COLORADO ASSOC OF 1	BUSINESS	INTE	ERME	EDI	AR	IES	INC	2	**_***	9220	P	'age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	box, u officer	ot chec inless r and a	perso	ion ore th on is ctor/t	an one both an trustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimated mount of other npensatio	
		related organizations below dotted line)	or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganizatio nd related ganizatior	d
(15)													
(16)													
<u>(17)</u>	·												
<u>(18)</u>	·												
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total		•••	•••				•					
с	Total from continuation sheets to Part VII, Sectio							•					
d	Total (add lines 1b and 1c)					•		►	C	o c)		0
2	Total number of individuals (including but not limited	to those list	ed abo	ve) v	vho	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization												
3	Did the organization list any former officer, director	r or tructoo	kov on	onlow		ork	aiabor	st co	monsated			Yes	No
5	employee on line 1a? If "Yes," complete Schedule						-				3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												
	individual		• • •		• • •						4		Х
5	Did any person listed on line 1a receive or accrue co			-			-						
0	for services rendered to the organization? If "Yes,"	complete So	chedule	e J fo	or su	ich j	perso	n			5		Х
	on B. Independent Contractors						:		and then \$100,000	-1			
1	Complete this table for your five highest compensation compensation from the organization. Report compen- year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n

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

Form 99	90 (20	18) COLORADO	ASSOC (OF BU	JSINESS INTE	RMEDIARIES IN	ſĊ	**_***	220 Page 9
Part V	VIII	Statement of Revenu	le						
		Check if Schedule O contair	ns a respons	e or no	ote to any line in th	is Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns		1a					
rant	b	Membership dues		1b	17,870				
Amo G	c	Fundraising events		1c					
Gifts lar /	d	Related organizations		1d					
Js, o šimi	е	Government grants (contributi	ons)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gi	rants,						
Oth		and similar amounts not includ	led above	1f					
and	g	Noncash contributions include	d in lines 1a	-1f: \$					
	h	Total. Add lines 1a-1f			<u> ►</u>	17,870			
					Business Code				
Program Service Revenue	2a	EDUCATIONAL COURSES			900099	8,801	8,801		
Rev	b								
/ice	C								
Ser	d								
ram	е								
Prog		All other program service rever							
	g	Total. Add lines 2a-2f				8,801			
	3	Investment income (including d							
		and other similar amounts) .				86			86
	4	Income from investment of tax-	-	•					
	5	Royalties							
		•	(i) Rea		(ii) Personal	-			
		Gross rents				-			
		Less: rental expenses				-			
		Rental income or (loss)			 _				
		Net rental income or (loss) .							
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other	-			
		Less: cost or other basis and sales expenses							
		Gain or (loss)							
-		Net gain or (loss)		•••	· · · · · · ►				
Other Revenue	8a	Gross income from fundraising							
eve		events (not including \$							
r R		of contributions reported on line							
the		See Part IV, line 18				-			
0		Less: direct expenses							
		Net income or (loss) from fund	-	s.	►				
	9a	Gross income from gaming act		-					
	h	See Part IV, line 19				-			
		Less: direct expenses Net income or (loss) from gami			L				
		(<i>,</i>	ing activities	•••					
	10a	Gross sales of inventory, less returns and allowances		. а					
	b	Less: cost of goods sold							
		Net income or (loss) from sales							
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	с								
	d	All other revenue							
	e	Total. Add lines 11a-11d .							
	12	Total revenue. See instructions	s			26,757	8,801		0 86

Form	990	(201	8

COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC

Page	1	C
i ayu		•

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co				
	Check if Schedule O contains a response or note to a				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>80, s</u> 1	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
•	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				
С	Accounting	363		363	
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				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
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	7,898	7,898		
b	COURSE INSTRUCTORS	1,200	1,200		
c	FOOD AT COURSES	4,483	4,483		
d	AWARDS AND PRESENTATIONS	256	256		
e	All other expenses	17,193	16,490	703	
25	Total functional expenses. Add lines 1 through 24e .	32,243	30,327	1,916	0
25	Joint costs. Complete this line only if the	54,443	30,341	1,910	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				

following SOP 98-2 (ASC 958-720)

.

Form	990 (20	018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES IN	rC*	* _ * * *	9220 Page 1
Par	t 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	8,988	1	8,422
	2	Savings and temporary cash investments	37,979	2	33,059
	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	
	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)	46,967	16	41,481
	17	Accounts payable and accrued expenses		17	,
	18	Grants payable		18	
	19			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,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		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	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here	-		
Ś		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
alaı	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
Ĩ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
orF		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	46,967	32	41,481
z	33	Total net assets or fund balances	46,967	33	41,481
	34	Total liabilities and net assets/fund balances	46,967	34	41,481
			,	-	,_•

Form 990 (2018)

Form	1 990 (2018) COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC *	*-***9	220	Pa	age 12
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		26,	757
2	Total expenses (must equal Part IX, column (A), line 25)	2		32,	243
3	Revenue less expenses. Subtract line 2 from line 1	3		(5,	486)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		46,	967
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		41,	481
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		X
	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		X
	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		3b		
EEA			Form	990 (2018)

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

OMB No. 1545-0047 8

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

-*9220

Employer identification number

COLORADO ASSOC OF BUSINESS INTERMEDIARIES INC

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 PF	OGRAM SERVICES	MANAGEMENT	
COURSE	CERTIFICATES	416		
	FACILITIES	1,450		
CREDIT	CARD MERCHANT FEES	275	503	
EQUIPM	IENT RENTAL	1,636		
TRAVEL		43		
COPIES	5	67		
MEMBER	BENEFITS WEBSITE HO	OST 6,102		
PRINTI	NG AND PUBLICATIONS	4,347		
SUPPLI	ES	17		
DATABA	SE SUBSCRIPTIONS	2,100		
BANK C	HARGES		32	
POSTAG	E AND SHIPPING	37		

Schedule O (Form 990 or 990-EZ) (2018)		Pa	age 2
Name of the organization			Employer identification number	
COLORADO ASSOC OF BU	SINESS INTERMEDIARI	ES INC	**-**9220	
MEALS AND ROOM BOARD	MEETINGS	168		
TOTAL	\$16,490	\$703		
	Ş10,490	ç / U S		

Form 8879-EO	IRS <i>e-file</i> Signature for an Exempt C			OMB No. 1545-1878
	For calendar year 2018, or fiscal year beginning	, and ending		
Department of the Treasury	Do not send to the IRS. K	leep for your records.		2018
Internal Revenue Service	► Go to www.irs.gov/Form8879EO	for the latest information.		
Name of exempt organization			Employer identification	number
COLORADO ASSOC OF	BUSINESS INTERMEDIARIES INC		**-***9220	
Name and title of officer				
MERLE T NORTHROP,	TREASURER			
Part I Type of R	eturn and Return Information (Whole Dol	lars Only)		
	n for which you are using this Form 8879-EO and enter		om the return. If you	
	2a, 3a, 4a, or 5a, below, and the amount on that line for			
	or 5b , whichever is applicable, blank (do not enter -0-)	-		
	Do not complete more than one line in Part I.		,	
1a Form 990 check here	► X b Total revenue, if any (Form 990, Part VII	II. column (A) line 12)	1b	26,757
2a Form 990-EZ check he				
3a Form 1120-POL check				
	$rac{1}{2}$ b Total tax (form 1120-102, me 2) are $rac{1}{2}$ b Tax based on investment income (
Sa Form 8868 check here	▶ b Balance Due (Form 8868, line 3c)	• • • • • • • • • • • • • • • • • • • •		
Part II Declaration	on and Signature Authorization of Office	r		
	I declare that I am an officer of the above organization		v of the	
	nic return and accompanying schedules and statement			
5	lete. I further declare that the amount in Part I above is	,		
	tum. I consent to allow my intermediate service provide			
5	return to the IRS and to receive from the IRS (a) an ac	5	,	f
the transmission, (b) the re	eason for any delay in processing the return or refund,	, and (c) the date of any refund.	If applicable, I	

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

to enter my PIN

89220

Enter five numbers, but do not enter all zeros

as my signature

Form 8879-EO (2018)

authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's

electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ERO firm name

lauthorize Tonya J Peterson CPA LLC

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

icer's signature	Date ► 04-22-2019
Part III Certification and Authentication	
RO's EFIN/PIN. Enter your six-digit electronic filing identification	
umber (EFIN) followed by your five-digit self-selected PIN.	849524 21768
	Do not enter all zeros
ndicated above. I confirm that I am submitting this return in accordance with nformation for Authorized IRS <i>e-file</i> Providers for Business Returns.	the requirements of Fub. 4103 , Modernized e-File (MeF)
RO's signature 🕨 Tonya Peterson CPA	Date 04-22-2019
ERO Must Retain This Fo	orm - See Instructions
Do Not Submit This Form to the IF	

For Paperwork Reduction Act Notice, see instructions.

Officer's PIN: check one box only

X

EEA