Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

| | | the 2 | | dar year, or tax year beginning a | nd ending | | |
|-------------------------|-----------------|----------------|------------------------------|--|--|--|--|
| | | | | Name of organization | | D Employer identific | ation number |
| Φ. | Checi applik | k if cable: | Please T1 | NTERNATIONAL ASSOCIATION OF | | | |
| _ | ~Ac | idress | label of 🦳 | ERTIFIED HOME INSPECTORS | | | |
| H | ch | ange Ime | print or type. | Doing Business As | | 20-1 | 642618 |
| - | | ange tial | l | Number and street (or P.O. box if mail is not delivered to street address |) Room/sulte | E Telephone number | |
| <u> </u> | re | tum emsin- | See Specific 1 | 750 30TH ST | 301 | 720- | 272-8578 |
| F | st | ed nended | Instruc- | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 1,567,397. |
| يبا | re | tum oplica- | 1 | OUT.DER. CO 80301 | | H(a) Is this a group re | turn |
| L | tic | on ending | E Maria | and address of principal officer NICK GROMICKO | | for affiliates? | Yes X No |
| | | | 1730 | 30TH STREET, #301, BOULDER, CO | 80301 | _ H(b) Are all affiliates inc | luded? Yes No |
| | T | | 1 1 7 3 C | X 501(c) (06) ◀ (insert no.) 4947(a)(1) or 5 | 527 | | list. (see Instructions) |
| ÷ | Jax | exem | PUBLICATION - | .NACHI.ORG | | H(c) Group exemptio | n number |
| <u>J</u> _ | We | osite: | | X Corporation Trust Association Other | L Yea | r of formation: 2004 N | A State of legal domicile: CO |
| K Sec | Fort | noto: | ganzanon. Summar | N Outputation | | | |
| | - | | | TO most significant activities: TO | HELP I' | rs members m | AINTAIN |
| 8 | 1 | т | NCOFC | TON EXCELLENCE THROUGH INFORMAT | TOM WIND | PDOCHITOR | # 22 |
| ופר | ١. | | MOREC. | pox if the organization discontinued its operations or di | sposed of mor | re than 25% of its net as | ssets. |
| Activities & Governance | | 2 C | neck (ms i | oting members of the governing body (Part VI, line 1a) | · | 3 | _ |
| ق | | 3 N | umber of v | ndependent voting members of the governing body (Part VI, Ilne | 1b) | <u>4</u> _ | 0 |
| oč. | | 4 N | umber of i | er of employees (Part V, line 2a) | | <u>5</u> _ | 5 |
| ă | | 5 To | otal numbe | er of employees (rart v, mile za) | | 6 | 0 |
| 2 | | b (∢ | tai numo | unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| 4 | | 7а Т Ы. N | ot uprolati | ed business taxable income from Form 990-T, line 34 | | ,, | 0. |
| _ | + | D N | C(DINI GIACE | 50 505(11605 (3/6/6/14 1-14) | | Prior Year | Current Year |
| | ١, | 8 ¢ | ontribution | ns and grants (Part VIII, line 1h) | | | 1,531,989. |
| 9 | | 9 P | rooram se | rvice revenue (Part VIII, line 2g) | [| | 35,408. |
| Devicente | | io in | veetment | income (Part VIII, column (A), lines 3, 4, and 7d) | | | |
| å | | 11 0 | ther rever | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| | | 12 T | otal raveni | ue · add lines 8 through 11 (must equal Part VIII, column (A), line 1 | 12) | | 1,567,397. |
| - | | 13 G | rente and | similar amounts paid (Part IX, column (A), lines 1-3) | | | |
| | | 14 B | anefite na | id to or for members (Part IX, column (A), line 4) | | | 599,317. |
| | | 15 S | 185,676. | | | | |
| 3 | | IRa P | rofession: | her compensation, employee benefits (Part IX, column (A), lines 5 al fundraising fees (Part IX, column (A), line 11e) | | 4.40-400-400-400-400-400-400-400-400-400 | |
| 3 | 1 | ь т | otal fundr: | aising expenses (Part IX, column (D), line 25) | | | |
| ů | Ĭ . | 17 (| ther expe | nses (Part IX, column (A), lines 11a-11d, 11f-24f) | | | 715,841. |
| | | 18 T | otal exper | ses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 1,500,834. |
| | | 19 F | evenue le | ss expenses. Subtract line 18 from line 12 | | | 66,563. |
| J. | | | | | <u> </u> | Beginning of Current Year | End of Year |
| Net Assels or | E . | 20 T | ctal asset | s (Part X, line 16) | | 39,934. | |
| ASS | <u>ස</u> පු | O4 T | seal liabilit | les (Part X line 26) | | 100,000. | |
| Ŧ | <u> </u> | 22 N | let assets | or fund balances. Subtract line 21 from line 20 | ., | <60,066. | <u> </u> |
| ĕ | 281 | | | | | heat of my knowle | doe and belief it is true, correct. |
| Lin | | | Under penalt | ure Block les of perjury, I declare that I have examined this return, including accompanying sched by Occiaration of preparer (other than entire) is based on all information of which prepare | ulee and statement ir has any knowled | gė. | age and warren and an |
| | | | and complete | | | FEB 4. | 2010 |
| S | ign | | × | MAN / NAM / | | Date | |
| | ere | | Signa | ature of diffies | | Dato | |
| | | | NIC | CK GROMICKO, FOUNDER | | | |
| | | | Type | or print name and title Da | te | Check If Prep | arer's identifying number instructions) |
| - | aid | Ţ | Preparer's | | ``, . | self- employed > (see | nstructional |
| | | rer's | signature | | / > /0-/0 | EIN 🕨 | |
| | se C | 1 | Firm's name yours if | · III 00111 |) | | |
| • | | | self-employe address, and | 0010 00171 | • | Phone no. | 303-733 - 0103 |
| _ | | | ZIP + 4 | | 111/2 | 1.11211 | Yes No |
| <u> </u> | lay | <u>the IF</u> | IS discuss | this return with the preparer shown above? (see instructions) | les reservis i | actructions. | Form 990 (2009) |

| | | INTERNATIONAL | TMCDECTORS | 20 <u>-164261</u> | 8 Page 2 |
|-------|--|---|--|---|----------|
| orm g | 90 (2009) | CERTIFIED HOM | 1 INSPECTORS | | |
| art | H Statement | of Program Service Acc | omphaintenta | | |
| ı | Briefly describe the C TO HELP IT AND EDUCAT | organization's mission: S MEMBERS MAINTA ION. | IN INSPECTION EXCELLENG | CE THROUGH INFORM | ATION |
| | | | the second line was not line | eted on | |
| | the prior Form 990 o | or 990-EZ? | m services during the year which were not li | | Yes X N |
| 3 | Did the organization | cease conducting, or make sign | ificant changes in how it conducts, any prog | | Yes 📉 N |
| 4 | Describe the exemp | .a ⊆01/a)(4) organizations and se | n of the organization's three largest program ction 4947(a)(1) trusts are required to report e, if any, for each program service reported. | services by expenses. the amount of grants and | |
| 4a | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | •••• |
| | | | Library - Laboratory | | |
| | |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4b | (Code: |) (Expenses v | | | |
| | | | | | |
| | | | | | |
| | | | Malater - Grand Comme | | |
| | | | | | |
| | | | | | |
| | | | | | - |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4c | |) (Expenses \$ vices. (Describe in Schedule O.) | including grants of \$ |) (Revenue \$ | |

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS

Form 990 (2009)

| Par | t IV Checklist of Required Schedules | | Yes | No |
|-----|--|---|--|------------------|
| | and the second s | | ,,,,, | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | | Х |
| | If "Yes," complete Schedule A | 2 | ' | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | ŀ | X |
| | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | Ť . | |
| 4 | Section 501(c)(3) organizations. Did the organizations all the organization subject to the section 6033(e) notice and | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | X |
| | reporting requirement and proxy tax? If Yes, Complete scriedate S, F at III. Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | |
| 6 | Did the organization maintain any donor advised funds or any similar folids or accounts? If "Yes." complete Schedule D. Part I | 6 | | X |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | X |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | Х |
| | Schedule D, Part III | _ | | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | 9 | | x |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | <u>+</u> | | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X | | l | |
| •• | as applicable | 11 | X | Vineración de SC |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 60 (60 (60 (60 (60 (60 (60 (60 (60 (60 (| | |
| | Part VI. | (400,000,000,000,000,000,000,000,000,000 | | |
| • | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 10010016 1001001 10010001 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 | | |
| | 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 167 If "Yes," complete Schedule D, Part VIII. | 000 0000 000 0000 000 0000 | | |
| | 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 | 0.000,000,000 0.000,000,000 0.000,000,00 | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX. | 0000000 | | |
| • | Did the organization report an amount of other liabilities in Part X, line 25? If "Yes," complete Schedule D, Parts X. | 0 (0 (0 (0)) 0 (0 (0)) 0 (0 (0)) 0 (0 (0)) | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the | P 9640000 24000000 | | |
| | organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete | \$100,000 \$100,000 \$100,000 \$100,000 | | |
| | Schedule D, Parts XI, XII, and XIII. | 12 | | X |
| 12A | Was the exception included in a consolidated, independent audited financial statement for the tax year? | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 10010010 | | |
| 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? | 148 | 1 | <u> X</u> |
| b | - 10 000 from great making fundraising business. | | | |
| • | and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14t | , | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entit | У | | 1 |
| | leasted outside the United States? If "Yes." complete Schedule F, Part II | 15 | - | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | l |
| 10 | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), | ľ | | |
| • / | line 11e2 If "Vee " complete Schedule G. Part I | 17 | - | X |
| 18 | Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines | | | 4.5 |
| 10 | to and 9n2 if "Ves " complete Schedule G. Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | ł | | v |
| - 🕶 | complete Scherlule G. Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | | |
| - | | ron | ロシサロ | (2009) |

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS

Form 990 (2009)

Page 4

| Par | (N) Checklist of Required Schedules (continued) | | Yes | No |
|-------------|--|------------|----------------|--|
| | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| 21 | United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II | 21 | | _X_ |
| ^^ | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | l |
| 22 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, Ilne 3, 4, or 5 about compensation of the organization's current | ľ | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schadula I | 23 | w - | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 2 48 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. H. "No." an to question 25 | 24a | | <u>x</u> |
| ь | 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 to defease | | | |
| c | | 24c | | |
| d | Old the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | and the state of the second state of the properties of the properties of the second state of the second st | | | |
| 200 | discuplified person during the year? If "Yes." complete Schedule L, Part I | 25a | | |
| b | le the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | i | ļ | |
| · | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schodule Part | 25b | | - |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | ļ | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X. |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule I Part III | 2 7 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule | | | |
| | L. Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions): | 0.00000000 | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | - | X |
| Ç | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | | | U |
| | an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| | contributions? If "Yes, " complete Schedule M | 30 | 1 | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | х |
| | If "Yes," complete Schedule N, Part I | 31 | | +^- |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | 1 | х |
| | Schedule N, Part II | 32 | | +** |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | х |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | +- | |
| 34 | Was the organization related to any tax-exempt or taxable entity? | 34 | | х |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilne 1 | | | - |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| | If "Yes," complete Schedule R, Part V, line 2 | | | + |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 100 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | X |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 38 | X | |
| 38 | Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 197 | | | (2009) |

Page 5

| . 100 1.0 | Otatemento nogaramy outs. | | | Yes | No |
|------------|--|---|---|---|---|
| 10 | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 | | | 0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 |
| | U.S. Information Returns. Enter -0- if not applicable | 1a 17 | ļ. | | #1000100000000000000000000000000000000 |
| L . | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | 6 (646) 6 (6) 6 (7) 6 (6) 6 (6) 6 (646) 6 (6) |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | |
| G | (gambling) winnings to prize winners? | *************************************** | 10 | X | |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | antologia; Dietrologia; Dieteration |
| | filed for the calendar year ending with or within the year covered by this return | 2a 5 | 800 80 00 800 80 80 80 800 80 80 80 | | 0 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covere | d by this return? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3ь | | |
| 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 | iga electrica ac | X |
| ь | If "Yes," enter the name of the foreign country: | | | | |
| _ | See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign I | Bank and | 0 00 00 00 0 00 00 00 0 00 00 00 0 00 00 | | 0.000000000000000000000000000000000000 |
| | Financial Accounts. | | NO. 10 (10) | | |
| 5a | Mas the proprietion a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| _ | Did any toyoble party notify the organization that it was or is a party to a prohibited tax shelter transa | iction? | 5b | | Х |
| ē | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | Regarding Prohibited | _ | | |
| | Tay Shalter Transaction? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | ne organization solicit | _ | | · · |
| | any contributions that were not tax deductible? | | 6a | | X |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contribut | tions or gifts | | | |
| | were not tax deductible? | | 6b | P. 100 (100 (100 (100 (100 (100 (100 (100 | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and 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 | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | 7- | | |
| | to file Form 8282? | Las | 7c | 6 (A 0 (A | 6 |
| þ | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | -8000 | | |
| ė | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | personal | 7e | 1000000 | 100000000000000000000000000000000000000 |
| | benefit contract? | | 71 | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | ract? | 7g | | +- |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required | C se required? | 7h | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | cas requireo : | (0) 100 100 100 100 100 100 100 100 100 1 | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | gamzations, Did inc | 00000000000000000000000000000000000000 | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc | Sea Chamesa Moldinga | 8 | \$ 100,000,000 | (Market Section 2017) |
| | at any time during the year? | | 000000000000000000000000000000000000000 | 1000000 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 9a | 7 | 14444040404040404 |
| a | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| Þ | | .,,, | 00 00 00 00 00 00 00 00 00 00 | | |
| 10 | Section 501(c)(7) organizations. Enter: | 10a | 0010010000 010010000 010010000 | | |
| 8 | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10.000 | | |
| þ | Gross receipts, included on Form 990, Part VIII, lifte 12, for pooling ass of class receipts. | | 001000000 010010000 101001000 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11a | | | |
| a | Gross income from members or shareholders | | 014010000 016010000 014010000 014010000 | | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources against | 116 | | | |
| | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 128 | 1 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the digalization hing to him oss with the section 4947(a)(1) non-exempt charitable trusts. Is the digalization hing to him oss with the section 4947(a)(1) non-exempt charitable trusts. Is the digalization hing to him oss with the section 4947(a)(1) non-exempt charitable trusts. Is the digalization hing to him oss with the section of the secti | 12b | | | |
| b | II Tes, enter the shippint of tax-exempt into the test to the test | | Forn | n 990 | (2009) |

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS

Form 990 (2009)

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.

| Sect | tion A. Governing Body and Management | | | | | |
|----------|--|---------------------------|------------------------|--|---|--|
| | | ۱. | | 10000000 | Yes | No |
| 1a | Enter the number of voting members of the governing body | <u>1a</u> | 3 | | | 9993 65 9839 65 9839 65 |
| þ | Enter the number of voting members that are independent | 1b | | | 000 000 000 000 000 000 000 000 000 00 | 606-00-00-00-00-00-00-00-00-00-00-00-00- |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | | | 00000000 | (000000000000000000000000000000000000 | v |
| | officer, director, trustee, or key employee? | | | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | ١. | | v |
| | 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 organizational documents since the prior Fo | rm 99 | 0 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's asset | | | 5 | Х | |
| 6 | Does the organization have members or stockholders? | | F 44 | 6 | | |
| | Does the organization have members, stockholders, or other persons who may elect one or more megoverning body? | , | | 7a | ļ | х |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other per | anne: | > ,, | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | during | g the year | 00000000 | | |
| _ | by the following: | | | | | |
| а | The governing body? | | | 8e | 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 rea | iched | at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | <u> </u> | X_ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Fi | evenu | re Code.) | | ··· | |
| <u> </u> | WOIT D. 1 CHOICE (1) 112 250001 | | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affillates? | | | 10a | | X |
| I Va | If "Yes," does the organization have written policies and procedures governing the activities of such | chapt | ters, affiliates, | | | |
| U | and branches to ensure their operations are consistent with those of the organization? | | | 10b | | |
| 11 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All of | rganiz | ations must | | | |
| •• | describe in Schedule O the process, if any, the organization uses to review the Form 990 | · · · · · · · · · · · · · | | 11 | X | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | , | 12a | ļ | X |
| 120 h | Are officers, directors or trustees, and key employees required to disclose annually interests that co | uld giv | /e rise | | | |
| | At conflicts? | | | 12b | | ļ |
| _ | Does the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes, | " describe | | | |
| · | in Schedule O how this is done | , | | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | , | | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | , | 14 | 0.0000000000000000000000000000000000000 | X_ |
| 15 | Did the process for determining compensation of the following persons include a review and approve | al by | independent | 000000 | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | 000000000000000000000000000000000000000 | | |
| - | The organization's CEO, Executive Director, or top management official? | | | 15a | | X |
| - h | Other officers or key employees of the organization? | | | 15b | *************** | X |
| | Describe the process in Schedule O. (see instructions) | | | 000000 | | |
| 18- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment | with a | | | |
| | A | | | 168 | ************** | X |
| ٠. | if "Yes," has the organization adopted a written policy or procedure requiring the organization to ev | aluate | its participation | 00000000 00000000 00000000 00000000 | | |
| | is joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization | ganiza | (tion a | 9000000 | | |
| | exempt status with respect to such arrangements? | | | 166 | · i | |
| Sec | stion C. Disclosure | | · | | | |
| 17 | NONE | | | | | |
| 18 | Section 6104 regulres an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | -T (50 | 1(c)(3)s only) avallab | ie for | | |
| ,,, | public inspection. Indicate how you make these available. Check all that apply. | | | | | |
| | TV + Another's website Upon request | | | | | |
| 40 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, | confli | ct of Interest policy, | and fir | hancial | |
| 19 | and the second s | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books | and re | ecords of the organiz | ation: | | |
| | NICK GROMICKO - 720-272-8578 | | | | | |
| | 1750 30TH ST, BOULDER, CO 80301 | | | E | 00¢ | (2009 |
| | | | | 101 | (II 55) | /(エレレブ |

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

| (A) Name and Title | (B) Average | | (O Pos | C) itior | , | | (D) Reportable | (E) Reportable | (F) Estimated | | |
|------------------------------|----------------|---------------------------------|-----------------------|-------------|--------------|------------------------------|-------------------|--|--|---|--|
| 1401110 0120 11110 | hours | (check all that apply) | | | | | ly) | compensation | compensation | amount of | |
| | per week | Individual Trustee or officetor | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | |
| IICK GROMICKO | | | | | | | | _ | _ | | |
| DIRECTOR | 75.00 | <u> </u> | | X | | <u> </u> | | 0. | 0. | 0 | |
| HRIS MORRELL | 40.00 | x | | | X | | | 64,950. | 0. | o | |
| OSEPH FERRY | | | | | | | him via | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0 | |
| | | | | | | | | 1 | LIN-AV | | |
| AMP PT | *** | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | _ | | - | | | | ***** | |
| | | _ | | | | | | | | | |
| | | - | \vdash | \vdash | - | - | - | | | | |
| <u></u> | | | 1 | + | | | | A17. | | | |
| | | + | | | | | | | | | |
| | | | | - | - | + | | | | *.vv | |
| | | | | | | | | | | | |
| | *** | | | | | | | *** | | | |

| Part VII Section A. Officers, Directors, Tru | ıstees, Key E | mple | oyee | 15, Z | ınd | High | est | Compensated Employ | rees (continued) | 042010 | Page b |
|---|------------------|-------------------------------|-----------------------|---------|-------------|------------------------------|--------|--|--|----------------|-----------------------------------|
| (A) Name and title | Average hours | | | Pos | C) sitio | | | (D) Reportable compensation | (E) Reportable compensation | (F Estim | ated |
| | per week | Individual busine or director | Institutional Trustee | Officer | Keyemployee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organization (W-2/1099-MI | s compe | nsation the zation lated |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | - | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | , | | | |
| | | | | | | | | | | | |
| | ~~ | | | | | | | | | | |
| 1b Total 2 Total number of individuals (including but no | | | | | | > | | 64,950. | DOD in reportable | 0. | 0. |
| 2 Total number of individuals (including but no compensation from the organization | or imited to th | OS# | 11216 | CI SII | | a) WI | IO TE | ceived more than \$100 | ,000 iir teportabi | | 0 |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se | uch Individual | ,. | | | | | | | | 3 | s No X |
| For any individual fisted on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a |),0007 If "Yes, | " ¢0; | mple | ete S | Sche | dule | J f | or such individual | .,, | | X |
| the organization? If "Yes," complete Schedi | ule J for such p | oers | <u>on .</u> | | | | | *************************************** | | 5 | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest co | moensated Inc | depe | nde | nt c | onti | acto | rs t | hat received more than | \$100,000 of con | pensation from | 1 |
| the organization. NONE | | | | | | | | (B) | | (C) | |
| Name and business | address | | | | | | | Description of s | ervices | Compensa | tion |
| | | | | | | | | | | | ···- |
| | | | | | | | | March . | | | |
| | | | | | | | | | | | |
| Total number of independent contractors (i \$100,000 in compensation from the organi. | ncluding but n | ot li | mite | d to | tho | se li: O | stec | i above) who received n | nore than | Form 99 | 0 /// |

 \blacktriangleright 1,567,397.

35,408.

Form 990 (2009)

932009 07-20-09

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must comp not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------|---|---|---|--|---|
| 1 | · · · · · · · · · · · · · · · · · · · | rants and other assistance to governments and | | general expenses | expenses |
| 1 | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| • | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | , | · · · · · · · · · · · · · · · · · · · | | t in the second |
| • | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 599,317. | | | |
| 5 | Compensation of current officers, directors, | | | | |
| J | trustees, and key employees | 64,950. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | İ | İ |
| 7 | Other salaries and wages | 53,439. | | | · · · · · · · · · · · · · · · · · · · |
| , B | Pension plan contributions (include section 401(k) | 00,1031 | | | |
| 9 | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 54,575. | | | |
| 0 | Payroll taxes | 12,712. | * | | |
| _ | Fees for services (non-employees): | | | · | |
| 1 | Management | | | | |
| | | 11,411. | | | |
| | Legal | 9,049. | · · · · · · · · · · · · · · · · · · · | | |
| - | Accounting | -, + | | | |
| · | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | <u> </u> | | |
| • | _ | | | | |
| | Other | 10,000. | *************************************** | | |
| 2 | Advertising and promotion | 33,738. | | | |
| 3 | Office expenses | | | | |
| 4 | Information technology | | | | |
| 5 | Royalties | / | | | |
| 6 | Occupancy | 711. | | | |
| 7 | Travel | | | | |
| B | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | | | **** | |
| 1 | Payments to affiliates | 8,662. | | ***** | |
| 2 | Depreciation, depletion, and amortization | | 11. 11. 11. 11. 11. 11. 11. 11. 11. 11. | | *************************************** |
| 3 | Insurance | | | | |
| 4 | Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled | | | | |
| | miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) EDUCATIONAL PROGRAMS & | 320,907. | | | |
| a | POSTAGE AND SHIPPING EX | 162,092. | | | ******** |
| Ь | PRINTING & REPRODUCTION | 88,700. | | | ~ |
| C | OPERATOR CARR PROCESSING | 32,777. | | | |
| d | CREDIT CARD PROCESSING | 20,000 | | **** | |
| ٠ | SMALL EQUIPMENT/SUPPLIE | 17,794 | | | |
| f | All other expenses Total functional expenses. Add lines 1 through 24f | 1,500,834. | | | |
| 5 | Joint Costs. Check here | | * | ** | |
| :6 | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |

932010 07-20-09

Form **990** (2009)

| | , | *************************************** | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|---|--|--|---|----------------------|---|
| | 1 | Cash · non-interest-bearing | | | 23,534. | 1 | 31,923. |
| | 2 | Savings and temporary cash investments | | | W. | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | *************************************** |
| | 4 | Accounts receivable, net | W | 4 | **** | | |
| | 5 | Receivables from current and former officers, of | | | | | |
| | | employees, and highest compensated employed of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as | | | | 00000000 00000000 | |
| | | 4958(f)(1)) and persons described in section 49 | | | | | |
| | | Part II of Schedule L | Score of words in the same had a subhit of the half assured a sub- | ************************************** | | | |
| es. | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | 70,00.00 | 8 | | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | | | |
| | 10a | | Ι Ι | | | | |
| | .00 | basis. Complete Part VI of Schedule D | 100 | 44.503. | | | |
| | h | Less: accumulated depreciation | | 33,262. | 16,400. | | 11,241. |
| | 11 | Investments - publicly traded securities | | · · · · · · · · · · · · · · · · · · · | 10,400. | | 11,241. |
| | 12 | Investments - other securities. See Part IV, line | | 11 | | | |
| | | | | 12 | | | |
| | 13 | Investments - program related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| İ | 15 | Other assets. See Part IV, line 11 | 30 034 | 15 | 42.164 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 39,934. | 18 | 43,164. | | |
| | 17 | Accounts payable and accrued expenses | | 17 | | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| 20 | 21 | Escrow or custodial account liability. Complete | | | 300300000000000000000000000000000000000 | 21 | |
| | 22 | Payables to current and former officers, directo | | | | | |
| Liabilities | | highest compensated employees, and disqualif | led perso | ns. Complete Part II | | | |
| - | | of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrel | ated third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | arties | | 24 | 36.667 |
| | 25 | Other liabilities, Complete Part X of Schedule D | | | 100,000. | 25 | 36,667. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 100,000. | 26 | 36,667. |
| | | Organizations that follow SFAS 117, check h | ere 🟲 | and complete | | | |
| S. | | lines 27 through 29, and lines 33 and 34. | | | | | |
| ĕ | 27 | Unrestricted net assets | | | | 27 | |
| <u>e</u> | 28 | Temporarily restricted net assets | | | | 28 | |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | | | | 29 | |
| 5 | | Organizations that do not follow SFAS 117, o | heck he | ·e 🕨 🛣 and | | | |
| ÷ | | complete lines 30 through 34. | | | | | |
| 13 | 30 | Capital stock or trust principal, or current funds | ., | 0. | 30 | 0. | |
| 8 | 31 | Paid in or capital surplus, or land, building, or e | quipment | fund | 0. | 31 | 0. |
| Š | 32 | Retained earnings, endowment, accumulated in | | | <60,066. | | 6,497. |
| E | 33 | Total net assets or fund balances | | | <60,066. | >33 | 6,497. |
| | 34 | Total liabilities and net assets/fund balances | | | 39,934. | 34 | 43,164. |

932011 07-20-09

| Pa | rt XI Financial Statements and Reporting | | | |
|----|--|------|---------------|-------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | |
| 28 | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| ь | Were the organization's financial statements audited by an independent accountant? | 2b | | Х |
| | 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 | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: | 2d | | |
| | separate basis consolidated basis both consolidated and separate basis | | | |
| 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 | | 1 | |
| | Act and OMB Circular A-133? | 3a | | Х |
| ь | If "Yes," did the organization undergo the required audit or audits? | 3Ь | | |
| | | Form | 9 90 (| 2009) |

932012 07-20-09

Schedule D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009 Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

INTERNATIONAL ASSOCIATION OF

CERTIFIED HOME INSPECTORS

Employer identification number 20-1642618

| Pa | r t J | Organizations Maintaining Donor Advise | d Funds or Other Similar Fun | ds or Accounts. Complete if the |
|-----------------|--------------|---|---|---|
| | | organization answered "Yes" to Form 990, Part IV, line | ∌ 6. | |
| | | . 1104417 | (e) Donor advised funds | (b) Funds and other accounts |
| 1 | Totali | number at end of year , | | ~~~ |
| 2 | Aggre | gate contributions to (during year) | | |
| 3 | Aggre | gate grants from (during year) | 1000 | |
| 4 | Aggre | gate value at end of year | | |
| 5 | Did th | e organization inform all donors and donor advisors in v | writing that the assets held in donor ad | vised funds |
| | are th | e organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did th | e organization inform all grantees, donors, and donor a | dvisors in writing that grant funds may | be used only |
| | for ch | aritable purposes and not for the benefit of the donor o | r donor advisor or other Impermissible | private benefit? Yes No |
| Par | † II | Conservation Easements. Complete if the org | panization answered "Yes" to Form 990 | , Part IV, line 7. |
| 1 | Purpo | se(s) of conservation easements held by the organizati | on (check all that apply). | |
| | | Preservation of land for public use (e.g., recreation or p | leasure) Preservation of an I | historically important land area |
| | | Protection of natural habitat | Preservation of a co | ertified historic structure |
| | | Preservation of open space | | |
| 2 | Comp | lete lines 2a-2d if the organization held a qualifled cons | ervation contribution in the form of a co | pnservation easement on the last day |
| | of the | tax year. | | |
| | | | | Held at the End of the Year |
| 8 | Total | number of conservation easements | | 2a |
| ь | | acreage restricted by conservation easements | | |
| c | | er of conservation easements on a certified historic stru | | 1 |
| d | | er of conservation easements included in (c) acquired a | | |
| 3 | Numb | er of conservation easements modified, transferred, rel | eased, extinguished, or terminated by t | he organization during the taxable |
| | year 🕨 | | | |
| 4 | | er of states where property subject to conservation eas | | - |
| 5 | Does 1 | the organization have a written policy regarding the per | iodic monitoring, inspection, reporting | of |
| | violation | ons, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | | and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | | nt of expenses incurred in monitoring, inspecting, and e | | |
| 8 | | each conservation easement reported on line 2(d) abov | | |
| | and se | ection 170(h)(4)(B)(ii)? | | |
| 9 | In Par | t XIV, describe how the organization reports conservati | on easements in its revenue and expen | se statement, and paramoe sheet, and |
| | | e, if applicable, the text of the footnote to the organizat | ion's financial statements that describe | es the organization's accounting for |
| Terminal States | COURS | rvation easements. Organizations Maintaining Collections of | Art Historical Transuras or | Other Similar Assets |
| Pai | 7 111 | Complete if the organization answered "Yes" to Form | 900 Part IV line 8 | Office Chillies y topotos |
| | | Complete if the organization answered 1 43 to 1 onit | 550, (Litery, iii 6 5) | |
| | | organization elected, as permitted under SFAS 116, no | t to report in its revenue statement and | halance sheet works of art, historical |
| 1a | If the | organization elected, as permitted under GFAG 116, no ares, or other similar assets held for public exhibition, ec | function or research in furtherance of I | public service, provide, in Part XIV, the text of |
| | | | | |
| | the fo | otnote to its financial statements that describes these i organization elected, as permitted under SFAS 116, to | report in its revenue statement and bal | ance sheet works of art, historical treasures. |
| ь | If the | organization elected, as permitted under 3FA3 110, to er similar assets held for public exhibition, education, c | r research in furtherance of public serv | ice, provide the following amounts relating to |
| | | | regeater in farmoration of provide sort | |
| | | items: | | > \$ |
| | (i) R | evenues included in Form 990, Part VIII, line 1ssets included in Form 990, Part X | | |
| | (ii) A | ssets included in Form 990, Part X organization received or held works of art, historical tre | asures, or other similar assets for finan | |
| 2 | If the | organization received or held works of art, historical tre llowing amounts required to be reported under SFAS 1 | 16 relating to these items: | |
| | me to | nues included in Form 990, Part VIII, line 1 | · · · · · · · · · · · · · · · · · · · | > \$ |
| a | | s included in Form 990, Part X | | • |
| D | A3361 | g managed mr r smill server - models | ***** | 100 M |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

| | Organizations Maintaining C | ollections of A | rt, Historical 1 | reasures, or | Other S | Similar Ass | ets (con | time en n | A STATE OF THE STA |
|--------------|---|----------------------------|---|--|--|------------------|--|--|--|
| 3 | Using the organization's accession and other | r records, check an | y of the following t | hat are a significar | nt use of | its collection i | teme (che | unueo okali | <u>'/</u> |
| | that apply): | | | THE SHOP IN DIGHT MICE | iit ase oi | no concentor i | reins (cite | CK AII | |
| a | Public exhibition | , | Loan or ex | kchange programs | e | | | | |
| b | Scholarly research | | Other | | • | | | | |
| С | Preservation for future generations | | | W-V | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | in how they further | the organization's | s evemnt | OUTDOOR IN P | art XIV | | |
| 5 | During the year, did the organization solicit of | receive donations | of art, historical tre | asures, or other s | similar ass | eate | 41 × 1 × . | | |
| | to be sold to raise funds rather than to be ma | intained as part of | the organization's | collection? | | Г. | Yes | | No |
| Pa | Trust, Escrow and Custodial | Arrangements | . Complete if orga | nization answered | d "Yes" to | Form 990, Pa | art IV. line | 9. or | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | 0,00 | |
| 1a | is the organization an agent, trustee, custodi | an or other intermed | diary for contribution | ons or other asset | s not incl | uded | | | |
| | on Form 990, Part X? | | | | | | ☐ Yes | | No |
| ь | If "Yes," explain the arrangement in Part XIV | and complete the fo | flowing table: | | | | | | _, |
| | | | | | ſ | | Amoun | ıt | |
| Ç | Beginning balance | | | | ľ | 1c | 7 4710 411 | • | |
| | Additions during the year | | | | | 1d | | | |
| ė | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | *** | |
| 2a | Did the organization include an amount on Fo | | | | | | Yes | $\neg \neg$ | No |
| | If "Yes," explain the arrangement in Part XIV. | | | | | | | | |
| | t V Endowment Funds. Complete if | organization answe | red "Yes" to Form | 990, Part IV, line | 10. | | | | |
| 10100000 | - I | (a) Current year | (b) Prior year | (c) Two years ba | | hree years back | (е) Гоц | r vears | back |
| 1a | Beginning of year balance | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 88 (22020202020 S | | PINCHAIR! |
| | | | | | popular propinsi di seco | | | 520 6 10 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 10000000000000000000000000000000000000 |
| | Investment earnings or losses | | MINISTER AND ADDRESS OF THE ADDRESS | | Part (Plane), rame e Couel rame, ramera George (Plane), ramera e Couel ramera (Plane) | | dide emperation teoric point horis Contraction to the contraction of the | | |
| | Grants or scholarships | | | | | | 10 10 10 10 10 11 10 | 010000000000000000000000000000000000000 | 0010-010-0400 0010-010-0410- 0010-010-0410-0 |
| | Other expenditures for facilities | | | | | | | 100101001000 | |
| ٠ | and programs | | | | | | | | |
| | Administrative expenses | | | | | | | | |
| <u>'</u> | End of year balance | | | | | | | ******* | 2000 (2000) 2000 (2000) 2000 (2000) |
| 9 2 | Provide the estimated percentage of the year | end balance held s | 18, | Both Strike (State Strike (Strike Strike (Strike Strike St | oarnastica kaasus asas | <u> </u> | act for the control of the second | gacracongan | <u>octorios octorios.</u> |
| a | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | | _^ | | | | | | |
| _ | | | | | | | | | |
| - | Are there endowment funds not in the posses | - | ation that are held | and administered | for the o | roanization | | | |
| 38 | | salon of the organiz | ation that are nero | ano aoministero | (3. (1.0 0 | gameanon | | Yes | No |
| | ty: (i) unrelated organizations | | | | | | 3a(i) | | |
| | (ii) unrelated organizations | | | | | | 1 | | |
| | If "Yes" to 3a(ii), are the related organizations | lieted as regulared o | o Schedule R? | | | | | | |
| , D | Describe in Part XIV the intended uses of the | | | | | | | | W- |
| - | t VI Investments - Land, Building | s. and Equipme | ent. See Form 99 | 0. Part X. line 10. | | | | | |
| | Description of investment | (a) Cost or o | | | (c) Depre | ciation | (d) Boo | k valu | |
| | Description of investment | basis (investr | | s (other) | (5) 55 | | , | | |
| • | 1 4 | | | | | | | | |
| | Land | | | | erroren det de ville de villegen de | | | | |
| D | Buildings | | | ALL LEGILLAN | | | | | |
| C | Leasehold improvements | 1 | | NAME OF THE OWNER OWNER | | | | | |
| đ | Equipment | | | 44,503. | 3.3 | 3,262. | 1 | 1,2 | 41. |
| e | Other | res 000 fort Y and | | | | • | | 1,2 | |
| <u>ota</u> | . Add lines 1a-1e. (Column (d) should equal Fo | rm 99 <u>0, Рап X, сок</u> | m <u>in (D), ime TV(C)-)</u> | | | 0-1 | a D /Ear | | |

| Part VII Investments - Other Securities. S | ee Form 990. Part X. line | 12 | 20-1642618 Page 3 |
|--|---------------------------------------|--|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method | of valuation: rear market value |
| Financial derivatives and other financial products | | | *************************************** |
| Closely-held equity interests | | (1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)- | |
| Other | | ************************************** | |
| | | | , /7A/4/A/ |
| | , , , , , , , , , , , , , , , , , , , | | *************************************** |
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| | All All | | |
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| | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| | | | of valuation: |
| (a) Description of investment type | (b) Book value | | ear market value |
| | | | www.com-c |
| Head to Make a | Data American | | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | , | | |
| Part IX Other Assets. See Form 990, Part X, line | | | 350000000000000000000000000000000000000 |
| | Description | | (b) Book value |
| Adminos- | | | |
| WARNING COMMITTEE COMMITTE | | | |
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| And the second s | | | |
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| -MANO | 1.44. | | |
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| | - WENTY - | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 15.) | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | |
| 1 (a) Description of liability | | (b) Amount | |
| Federal income taxes | | | |
| HIA LOAN PAYABLE | | 36,667. | |
| HIA BOIM THE SECTION | ***** | | |
| | | | |
| | | | |
| | ****** | | |
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| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 25.) | 36,667. | |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the fo | otnote to the organizatio | n's financial statements that reports | the organization's liability for |
| uncertain tax positions under FIN 48. | | | LIATITION P |
| 932053 07-10-09 | | _ | Schedule D (Form 990) 2009 |

1

Schedule D (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS

Employer identification number 20-1642618

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| TAXPAYER PUBLISHES NEWSLETTERS, THE PURPOSE OF WHICH IS TO EDUCATE HOME |
| INSPECTORS ABOUT STANDARDS OF SAFETY, STRUCTURE AND IMPROVEMENT OF |
| PROPERTY WITH REGARDS TO THE HOME INSPECTION INDUSTRY. |
| |
| FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUALS PAY MEMBERSHIP DUES IN |
| ORDER TO BE MEMBERS OF THE ORGANIZATION. |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT AUTHORIZE |
| COMMITTEES TO ACT ON ITS BEHALF. |
| FORM 990, PART VI, SECTION B, LINE 11: EACH MEMBER OF THE BOARD OF |
| DIRECTORS IS GIVEN A COPY OF THE FORM 990 TO REVIEW AND THE BOARD HOLDS A |
| MEETING TO REVIEW THE FORM 990 BEFORE IT IS FILED. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION POSTS ITS FORM 990 |
| ON ITS WEBSITE. |
| |
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| |

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

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1645-0172

Attachment Sequence No. **67** Identifying number

INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS

Business or activity to which this form relates

990

20-1642618

| | RTIFIED HOME INSPEC | | FO | RM 990 | PAGE 10 | | 20-1642618 |
|-------------------|--|--|--|-----------------------------------|-----------------|--------------|--|
| Pa | Election To Expense Certain Prop | erty Under Section 13 | 79 Note: If you have any | sted propert | y, complete Par | t V before y | ou complete Part I. |
| 1 1 | faximum amount. See the instruction | ns for a higher limit | for certain businesses | | | 1 | 250,000. |
| 2 T | otal cost of section 179 property pla | ced in service (see | instructions) | | | 2 | *************************************** |
| 3 T | hreshold cost of section 179 proper | ty before reduction | in limitation | | | 3 | 800,000. |
| 4 F | leduction in limitation. Subtract line 3 | 3 from line 2. If zero | or less, enter-0 | | | 4 | ***** |
| | ollar limitation for tax year. Subtract line 4 from ti | | | | | | |
| 6 | (a) Description of (| | | iness use only) | (c) Electe | | |
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| 7 L | isted property. Enter the amount from | m line 29 | | 7 | | | |
| | otal elected cost of section 179 prop | | | | · | 8 | , |
| | entative deduction. Enter the smalle | | | | | | |
| | arryover of disallowed deduction fro | | | | | | |
| | usiness income limitation. Enter the | | | | | | |
| | ection 179 expense deduction. Add | | | | | | |
| | arryover of disallowed deduction to | | | | | | |
| | Do not use Part II or Part III below for | | | <u> </u> | | | <u>Panadan da de a nea nee da e de care a de da de da da de bibbila da e</u> |
| Par | | | | ude listed ord | perty.) | | |
| department : | pecial depreciation allowance for qu | | · | | | ~~ | |
| | • | | or than listed property, p | | _ | 14 | 1,752. |
| | ne tax year roperty subject to section 168(f)(1) e | | | | | | |
| | • • • | | | | | 16 | |
| | ther depreciation (including ACRS) t 脚 MACRS Depreciation (Do n | | | | | <u>)</u> • • | |
| | MACAS Depreciation (DOT) | ot mologe flated pri | Section A | *'/ | | | |
| | | | | NO. | | 17 | 6,560. |
| | ACRS deductions for assets placed | | | | | | |
| 8 1 | you are electing to group any assets placed in se | e Placed to Service | nto one or more general saset ac During 2009 Tax Year | Counts, check no Heina the G | eneral Depreci | ation Syst | 2M |
| | Section B - Asset | (b) Month and | (c) Basis for depreciation | (d) Recove | | T | |
| | (a) Classification of property | year placed in service | (business/investment use only - see instructions) | period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 9a | 3-year property | | -1 | f | | 20000 | 350. |
| b | 5-year property | | 1,751 | . 5 YRS | HY | 200DB | 330+ |
| C | 7-year property | | | | | | |
| d | 10-year property | | | | | <u> </u> | **** |
| ę | 15-year property | | | | | 1 | |
| f | 20-year property | | | | | | |
| Я | 25-year property | | | 25 yrs. | | S/L_ | |
| | | / | | 27.5 yrs | MM | S/L | |
| h | Residential rental property | / | | 27.5 yrs | <u>. MM</u> | S/L_ | **** |
| | | / | | 39 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | | MM | S/L | <u> </u> |
| | Section C - Assets | Placed in Service | During 2009 Tax Year l | Jsing the Alt | ernative Depre | ciation Sy | stem |
| 20a | Class life | | | | | 5/L_ | |
| b | 12-year | | | 12 yrs. | | S/L | |
| | 40-year | / | | 40 yrs. | MM | \$/L | |
| | Summary (See instructions.) |) | | | | | T |
| 21 L | | | | | | 21 | |
| | isted property. Enter amount from III | ne 28 | | | | | ****** |
| 22 T | isted property. Enter amount from lir otal. Add amounts from line 12, lines | s 14 through 17, line | es 19 and 20 in column | g), and line 2 | 1. | | 0.000 |
| 22 T | otal. Add amounts from line 12, lines | s 14 through 17, line | es 19 and 20 in column | g), and line 2 | 1. nstr | | 8,662. |
| 22 T E | otal. Add amounts from line 12, lines nter here and on the appropriate line | s 14 through 17, line as of your return. Pa | es 19 and 20 in column outperships and S corpor | g), and line 2 | 1. nstr. | | 8,662. |
| 22 T E 23 F | otal. Add amounts from line 12, lines | s 14 through 17, lines of your return. Pa n service during the | es 19 and 20 in column artnerships and S corpor courrent year, enter the | g), and line 2 ations - see in | 1. nstr. | | 8,662 - Form 4562 (2009) |

| Pa | n 4562 (2009) | | TIFIED | | | | | | | | | 20- | -1642 | 618 | Page 2 |
|--|--|---|--|--|---|--|--|--------------------------------------|---|---|---|--|---|--|--|
| | Listed Proper recreation, or | rty (include a | utomobiles, c | ertain of | her vehic | cles, cel | lular tele | phone | s, certain | comput | ers, and | property | y used f | or entert | ainment |
| | Note: For any | vehicle for w | hich you are u | ising the | standan | d mileac | re rate o | r dedu- | ctino leas | e expens | se. comi | o/eteoniv | 1 24a 24 | th. colur | nne (a) |
| | through (c) or | section A, an | or section b | and Se | cuon Ç jî | applica | ιD/ Θ . | | | | | | | | ,,,,,,,, (E) |
| | | | on and Othe | | | | | | | | *************************************** | | 70/00 | | |
| 24a | Do you have evidence to | support the bu | | ent use c | laimed? | <u> </u> | es _ | No | 246 If "Y | 1 | | nce writ | ten? 🔔 | _ Yes ∖ | <u> No</u> |
| | (a) Type of property | Date | (c) Business | , | (d) | Bas | (e) sis for depa | ectation | (f) | | (g) | | (h) | | (i) cted |
| | (list vehicles first) | placed in service | investmen use percenta | | Cost or ther basis | /bu | sinesa/inve use only | stment | Recovery period | | thod/ /ention | | eciation uction | sectio | on 179 |
| NE C | Special depreciation all | | | - 1 | | <u> </u> | | <u></u> | | | | | | C | ost Mariena |
| | used more than 50% in | | | | | | _ | _ | • | | | | | | |
| | roperty used more than | | | | | | | | | | 25 | | | | 401010000000000 |
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| 27 P | Property used 50% or k | ess in a quali | · | | | | | i | ~~~~~ | | | | | | |
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| 28 A | Add amounts in column | (h), lines 25 | through 27. E | nter her | e and on | line 21. | page 1 | | | | 28 | | | | |
| | Add amounts in column | | | | | | | | | | | | 29 | | |
| | | | | | B - Infor | | | | | | | | | • | |
| Comr | plete this section for ve | ehicles used l | by a sole prop | rietor, p | artner, o | r other ' | more th | an 5% | owner," o | or related | persor | ١. | | | |
| | u provided vehicles to y | | | | | | | | | | | | ng this s | ection f | or |
| hose | e vehicles. | | | | | | | | | | | | | | |
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| 30 T | otal business/investment | miles driven de | uring the | Ve | hicie | Vel | ricle | V | shicle | - | icle | Veh | icle | Veh | icle |
| ٧ŧ | ear (do not include com | muting miles) | - | | | | | | Ť | | | | | | |
| - | otal commuting miles | | | | | | | | | | | , | | | |
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| | Add lines 30 through 32 | | | | | | | | | | | L | | | p |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| ¢ | during off-duty hours? | | | | | | | | | | | | | | |
| SE 17 | Nas the vehicle used p | rimarily by a | more | | | | 1 | 1 | | | | | } | | |
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| th | han 5% owner or relate a another vehicle availa | | | | | | | | | | | | | | |
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