

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOVELAND DEVELOPMENT FUND

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1712 TOPAZ DRIVE

City or town, state or province, country, and ZIP or foreign postal code
LOVELAND, CO 80537

D Employer identification number
46-2257572

E Telephone number
(970) 667-2203

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 17,688

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

| Line | Description | Amount |
|------|--|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 638 |
| 2 | Program service revenue including government fees and contracts | |
| 3 | Membership dues and assessments | 17,050 |
| 4 | Investment income | |
| 5a | Gross amount from sale of assets other than inventory | |
| 5b | Less cost or other basis and sales expenses | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | |
| 6 | Gaming and fundraising events | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | |
| 6c | Less direct expenses from gaming and fundraising events | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | |
| 7a | Gross sales of inventory, less returns and allowances | |
| 7b | Less cost of goods sold | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | |
| 8 | Other revenue (describe in Schedule O) | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 17,688 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 25,000 |
| 11 | Benefits paid to or for members | |
| 12 | Salaries, other compensation, and employee benefits | |
| 13 | Professional fees and other payments to independent contractors | 825 |
| 14 | Occupancy, rent, utilities, and maintenance | |
| 15 | Printing, publications, postage, and shipping | |
| 16 | Other expenses (describe in Schedule O) | 15,240 |
| 17 | Total expenses. Add lines 10 through 16 | 41,065 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | -23,377 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 90,724 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 0 |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 67,347 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 64,724 | 22 | 64,847 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 26,000 | 24 | 2,500 |
| 25 Total assets | 90,724 | 25 | 67,347 |
| 26 Total liabilities (describe in Schedule O). | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 90,724 | 27 | 67,347 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
 THE LOVELAND DEVELOPMENT FUND (LDF) IS AN ORGANIZATION COMPRISED OF BUSINESSES IN THE CITY OF LOVELAND COLORADO INTERESTED IN PROMOTING AND SUPPORTING BUSINESS GROWTH AND OPPORTUNITY WITHIN THE CITY OF LOVELAND THAT WILL PROVIDE HIGH QUALITY EMPLOYMENT OPPORTUNITIES FOR CURRENT AND FUTURE CITIZENS THE ACTIVITIES OF THE LDF ARE ATTRACTION OF NEW BUSINESSES TO LOVELAND, RETENTION OF EXISTING BUSINESS IN LOVELAND, SUPPORT OF A BUSINESS ACCELERATOR IN THE CITY OF LOVELAND

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| 28 See Additional Data Table | | | |
|--|---|------------|--|
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | 29a | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | | |
| 30 | | 30a | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| DOUGLAS RUTLEDGE | 2 00 | 0 | 0 | 0 |
| BOARD CHAIRMAN | | | | |
| DANIEL MILLS | 2 00 | 0 | 0 | 0 |
| BOARD PRESIDENT | | | | |
| BLAINE RAPPE | 2 00 | 0 | 0 | 0 |
| BOARD TREASURER | | | | |
| CHAD BRENT | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| JACK CANTLEY | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| JAY DOKTER | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| SHERRI KUHLMAN | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| DOUG ERION | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| EVAN HYATT | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| KELLY JONES | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| DON MAROSTICA | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |
| BRIAN PETERSON | 1 00 | 0 | 0 | 0 |
| BOARD MEMBER | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of THE ORGANIZATION Telephone no (970) 667-2203 Located at 1712 TOPAZ DRIVE LOVELAND, CO ZIP + 4 80537

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | No |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|--|--------------------|
| Sign Here ▶ ***** Signature of officer | 2020-01-15 Date |
| ▶ BLAINE RAPPE TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name ROBERT E FABRY CPA | Preparer's signature | Date 2020-01-15 | Check <input type="checkbox"/> if self-employed | PTIN P00757821 |
| | Firm's name ▶ WIPFLI LLP | | | Firm's EIN ▶ 39-0758449 | |
| | Firm's address ▶ 7887 E BELLEVIEW AVE SUITE 700 DENVER, CO 80111 | | | Phone no (303) 759-0089 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 46-2257572
Name: LOVELAND DEVELOPMENT FUND

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|---|
| <p>28 ECONOMIC DEVELOPMENT INCENTIVES TO BUSINESS THE ORGANIZATION WILL PROVIDE SHORT TERM SUBSIDIES, FEE WAIVERS, MOVING COSTS, IN KIND PRODUCTS AND SERVICES, AND OTHER FUNDS TO ASSIST BUSINESS IN THEIR EARLY STAGE GROWTH AND/OR RELOCATION TO LOCATIONS WITHIN LOVELAND, INCLUDING THE ROCKY MOUNTAIN CENTER FOR TECHNOLOGY AND INNOVATION, THE DOWNTOWN LOVELAND AREA AS WELL AS OTHER AREAS OF THE CITY OF LOVELAND (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 0 |

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
LOVELAND DEVELOPMENT FUND

Employer identification number

46-2257572

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME LOVELAND STRATEGIC PARTNERSHIP AMOUNT GIVEN 5,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME THARP CABINET COMPANY AMOUNT GIVEN 10,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ADVANCING NORTHERN COLORADO AMOUNT GIVEN 10,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 25,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION MARKETING/PUBLIC RELATIONS AMOUNT 13,500 DESCRIPTION INSURANCE AMOUNT 1,709 DESCRIPTION OFFICE AND POSTAGE AMOUNT 31 TOTAL TO FORM 990-EZ, LINE 16 15,240 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 26,000 END OF YEAR AMOUNT 2,500 |