Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

		Internation about 1 of the second and the most designed	<u> </u>			
A F	or the	e 2016 calendar year, or tax year beginning and	ending			
В	heck if	C Name of organization		D Employer iden	ntification number	
а	pplicabl	* METROPOLITAN DENVER LOCAL DEVELOPMENT	ı			
Γ	Addre	SS CORROR ET ON		•		
}=	_Jchang ∏Name			74	-2112461	
<u> </u>	_]chang]linitial		r <u>.</u>			
<u>_</u>	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun		
L	JFınal Jreturn		<u> 303-333-1464</u>			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	291,421.		
	Amen- return	DENVER, CO 80209		H(a) Is this a grou	p return	
7	Applic			ates?Yes 🛣 No		
L	Deuqii					
				1		
		empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1)	or 527	1	h a list. (see instructions)	
		te: WWW.MDLDC.COM		H(c) Group exemp		
K F	orm of	organization: X Corporation Trust Association Other	L Year	of tormation: 1978	B M State of legal domicile: CO	
Pa	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: THE	CORPOR	ATION WAS	FORMED TO	
ၓၟ	1	FURTHER THE SOCIAL WELFARE AND ECONOMIC				
ો∫ાં ∤્રેંે. Activities & Governance		Check this box if the organization discontinued its operations or dispo				
5	ı	·	isea or more	1 (11an 25% of its no	_	
, ó	1	Number of voting members of the governing body (Part VI, line 1a)			3 4	
<u> </u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 0	
S	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		[5 0	
÷Ě	6	Total number of volunteers (estimate if necessary)			6 0	
E				_	7a 0.	
TA	, .	Total unrelated business revenue from Part VIII, column (C), line 12 RECEIV Net unrelated business taxable income from Form 990-T, line 34	FD	1 · · · · ·	7b 0.	
	- 0	Net uniteraced business taxable income from Point 950-1, line 55-				
_	ļ		<u> </u>	Prior Year	Current Year	
E e	8	Contributions and grants (Part VIII, line 1h) MAY 1 .2 2	2017.		0.	
- - =	9	Program service revenue (Part VIII, line 2g)	<u> </u>	295,370		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	131	L. 132.	
∌ Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 16PDEN,	UT T	(0.	
<u>ي</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		295,501		
۴," ا		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	
51			 			
	ı	Benefits paid to or for members (Part IX, column (A), line 4)	••			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		156,138		
S	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(0.	
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.			
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,906	127,274.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	"	288,044		
	l .	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	7,457		
<u>_ 0</u>	19	Neverlue less expenses. Subtract line 16 mont line 12				
Net Assets or Fund Balances		<u>.</u>	Be	ginning of Current Ye		
Sala	20	Total assets (Part X, line 16)		254,785	266,382.	
≨ಾ	21	Total liabilities (Part X, line 26)			<u> </u>	
컐	22	Net assets or fund balances. Subtract line 21 from line 20		<u> 254,785</u>	<u>266,382.</u>	
Pε	art II	Signature Block				
Unde	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best o	f my knowledge and belief, it is	
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of w			,	
1100,	COTTCC	A COMPLETE Decidiation of preparer (other than officer) is based on an information of w	men proparer	V £ 10		
_		Signature of officer		Date Date	11.7	
Sig	n	* · · · · · · · · · · · · · · · · · ·		Date		
Her	е	ANTHONY D GENGARO, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN	
Paid	ı	KEN SALIMAN KEN SALIMAN	n	2/27/17 It self-en	P00434709	
Ргер			LLP	Firm's EIN		
				1 1111 3 2110	02 03/3402	
Use	Unity	Firm's address 5840 E EVANS AVE			202 400 4000	
		DENVER, CO 80222		Phone no.	303-480-1200	
May	the II	RS discuss this return with the preparer shown above? (see instructions)			. X Yes No	

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)

	n 990 (2016) CORPORATION	<u>74-2112461</u>	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	<u> </u>	X
1	Briefly describe the organization's mission:	•	
	THE CORPORATION PROVIDES BUSINESS IMPROVEMENT AND FACIL	LITY MANAGEME	ייענ
	SERVICES TO DEFINED BUSINESS DISTRICTS OF THE CITY OF I		
	COMMERCIAL AREAS IN TRANSITIONAL AND ECONOMICALLY DEPR		11111
	NEIGHBORHOODS AND ADDITIONALLY PARTICIPATES IN THE SOC		
	Did the organization undertake any significant program services during the year which were not listed on the	TYP MEPLYKE'	
2			[••]
	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	;?	X No
	If "Yes," describe these changes on Schedule Q.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers, the total expenses,	and
	revenue, if any, for each program service reported.	, , , , , , , , , , , , , , , , , , , ,	
4a	(Code) (Expenses \$279,824 - including grants of \$) (Reve	291	289.)
	THE CORPORATION PROVIDES STREETSCAPE IMPROVEMENT FACIL	TOV CARE AND	<u> 205.</u>)
	MANAGEMENT FOR LOCAL MAINTENANCE DISTICTS UNDER CONTRAC		TMV
	OF DENVER BROADWAY PEDESTRIAN MALL.	ST WITH THE C	T.I.X
	OF DENVER BROADWAI PEDESTRIAN MALL.		
			
			
			
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$) (Reve	anue \$)
		······································	
			
		·	
			···
		·····	
4c	(Code) (Expenses \$	anue \$	<u>,</u>
		· · · · · · · · · · · · · · · · · · ·	

	Other program converse (December 1, Oct. 11, Oct.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses 279,824.		
		Form 9 5	90 (2016)

Form 9'90 (2016)

Form 990 (2016) CORPORATION
Part IV Checklist of Required Schedules

74-2112461

Page 3

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4	j	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	_8_		X
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		X
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		X
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			ĺ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			i
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ı
	Schedule D, Parts XI and XII	12a		X
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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	17	İ	X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		x
			990 (

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	990 (2016)	CORPORATION				74-211	2461	Р	age 4
Pai	t IV Checklist of	Required Schedules (continued)			_			
								Yes	No
20a	Did the organization o	perate one or more hospital fa	acilities? If "Ye	s," complete	e Schedule H		20a		X
b	If "Yes" to line 20a, did	d the organization attach a co	py of its audit	ed financial	statements to this return?		20b		

2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
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_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		}	1
	Schedule K. If "No", go to line 25a	24a	L _	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		X
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	1		
	Schedule L, Part I	25b		X
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	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ŀ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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	,	X
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	X	_

FINOLOTITIVA	DEMARK	TOCAL	
ORPORATION			

Part V Statements Regarding Other IRS Fillings and Tax Compliance	Form	990 (2016) CORPORATION 74-2112	461	F	age 5
Series the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 0 0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
tale first the number reported in Box 3 of Form 1096. Enter 0-4 in ot applicable 1e 0 befirst the number of Forms Was fail included in the a. Enter 0-4 in ot applicable 0 c bit the organization comptly with backup withholding rules for reportable gayments to vendors and reportable gaming (gambling) within part with the vendors and reportable gaming (gambling) within part with the vendors and reportable gaming (gambling) within part within the year covered by the return of the call of the calendar year ending with or within the year covered by the return of the calendar year anding with or within the year covered by the return of the calendar year anding with or within the year covered by the return of the calendar year and the calendar year and the gamble of the calendar year and the organization file all required federal employment tax returns?		Check if Schedule O contains a response or note to any line in this Part V			
tale first the number reported in Box 3 of Form 1096. Enter 0-4 in ot applicable 1e 0 befirst the number of Forms Was fail included in the a. Enter 0-4 in ot applicable 0 c bit the organization comptly with backup withholding rules for reportable gayments to vendors and reportable gaming (gambling) within part with the vendors and reportable gaming (gambling) within part with the vendors and reportable gaming (gambling) within part within the year covered by the return of the call of the calendar year ending with or within the year covered by the return of the calendar year anding with or within the year covered by the return of the calendar year anding with or within the year covered by the return of the calendar year and the calendar year and the gamble of the calendar year and the organization file all required federal employment tax returns?				Yes	No
b Enter the number of Forms W26 included in line 1a. Enter O-If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
gambling) winnings to prize winners? 2]		
gambling) winnings to prize winners? 2			1		ł
2a Eletr the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required foderal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has at filed a Form 980-T for this year? If "No," to filine 8b, provide an explanation in Schedule O 3c At any time during the calendary 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? 4c If "Yes," the text the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization apart to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6d If "Yes," to line 5a or 5b, did the organization file form 8886-17 6d If "Yes," to line 5a or 5b, did the organization file form 8886-17 6d If "Yes," Indicate the number of Form 88826 filed during the year accordance of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," indicate the number of Forms 88282 filed during the year 6d If "Yes," indicate the number of Forms 88282 filed during the year 6d If Yes, "Indicate the number of Forms 88282 filed during the year 7d If Yes, "Indicate the number of			1c		ļ
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greated than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has if filed a Form 990 To the isyear? If "No," to line 3b, provide an explanation in Schedule O. 3b 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 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)? 5b If "Yes," there the name of the foreign country. See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," to line Sea of 5b, did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d Ut the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year and y	2a				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greated than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has if filed a Form 990 To the isyear? If "No," to line 3b, provide an explanation in Schedule O. 3b 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 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)? 5b If "Yes," there the name of the foreign country. See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," to line Sea of 5b, did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d Ut the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year and y		filed for the calendar year ending with or within the year covered by this return 2a 2			ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		1		Ì
14 bit the organization have unrelated business gross income of \$1,000 or more during the year? bit Yes, 'has it filed a Form 990 T for this year? If 'No,' to fine 3b, provide an explanation in Schedule O 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; Image of the foreign country. Image of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a prive to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 9c bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 1b If Yes, 'do the organization notify the donor of the value of the goods or services provided? 1c) If Yes, 'do the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 1c) If the organization receive a contribution of qualified intellectual property or which it was required to the payor? 1c) If Yes, 'do the organization notify the donor of the value of the goods or services provided? 1d) If the organization received a contribu		· · · · · · · · · · · · · · · · · · ·			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 Gross income from members or shareholders B 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.) 11b 12a Section 501(c)(12) organizations the received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. B Enter the amount of reserves on hand 13c C Enter the amount of reserves on hand D Id the organization receive any payments? If *No,* provide an explanat			7e	-	
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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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 10 Section 501(c)(12) organizations. Enter: a 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				
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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			132		
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	•		.54		
organization is licensed to issue qualified health plans	h				
c Enter the amount of reserves on hand	U				l
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	^				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			142		x
		1		990	(2016)

Form 990 (2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 4												
	If there are material differences in voting rights among members of the governing body, or if the governing	1											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ľ											
b	Enter the number of voting members included in line 1a, above, who are independent)											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1											
	officer, director, trustee, or key employee?	2		X									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X									
6													
7a													
	more members of the governing body?												
b													
	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	X										
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 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.)												
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		X									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X										
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe]										
	in Schedule O how this was done	12c	_X_										
13	Did the organization have a written whistleblower policy?	13	X										
14	Did the organization have a written document retention and destruction policy?	14	X										
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	1										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		İ										
а	The organization's CEO, Executive Director, or top management official	15a	X										
b	Other officers or key employees of the organization	15b		X									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	1										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		X									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1										
	exempt status with respect to such arrangements?	16b											
	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed CO												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallabl	ө										
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial										
00	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:												
	THE CORPORATION - 303-333-1464 1001 S GILPIN ST, DENVER, CO 80209												
	1001 S GILPIN ST, DENVER, CO 80209												

Form 990		ORPORATI				74-2112461	Page
Part VI	Compensation of	Officers, D	irectors,	Trustees,	Key Employees,	Highest Compensated	
	Employees, and I	Independen	t Contrac	tors			

Section A.	Officers, Directors,	, Trustees, Key Employe	es, and Highest Comp	ensated Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Check if Schedule O contains a response or note to any line in this Part VII

- 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			Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN BLYDENBURG	1.00	[
DIRECTOR/TREASURER		X	_	X		ļ	ļ	0.	0.	0.
(2) RYAN TOOLE	1.00									II.
DIRECTOR		X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(3) JEFF BERNARD	1.00			ĺ	İ	1		_	_	
DIRECTOR		X	L.,	<u> </u>	<u> </u>	_	_	0.	0.	0.
(4) ANTHONY D GENGARO	40.00									_
PRESIDENT/CEO	1 22	X	<u> </u>	X	<u> </u>	 	<u> </u>	0.	91,200.	0.
(5) NEAL PAUL	1.00	 	1		1					_
DIRECTOR		X	<u> </u>		<u> </u>	_	_	0.	0.	0.
(6) PAT GENGARO	5.00					l				
DIRECTOR/SECRETARY	1 00	X	-	X	<u> </u>	├		0.	0.	<u>0.</u>
(7) SETH DONNELL	1.00	1)				•	•
DIRECTOR		-		ļ	 -	┝╌	_	0.	0.	0.
					}					
										
			-			-				
						-				
		-	-		-	-	_			-
		<u> </u>			_	<u> </u>	_			
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CORPORATION

(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimat mount other npens	t of r
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from th ganiza nd rela ganizat	tion ted
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	Sub-total								0.	91,200	-		0.
C	Total from continuation sheets to Part VI							>	0.	91,200			0.
2	Total number of individuals (including but no compensation from the organization						e) wh	no re	eceived more than \$100				
3	Did the organization list any former officer,	director, or tru	uste	θ, ke	y er	nplo	уөө	, or l	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su				 ensa				ner compensation from		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			-						dual for services	4	<u> </u>	Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·		5_	<u>.</u>	X
1	Complete this table for your five highest co the organization. Report compensation for	•	-							•	sation	from	
	(A) Name and business			INC		VICIT	<u>01. v</u>		(B) Description of s			C) ensatio	n
					<u> </u>								
					• •								
						·							
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot li	mıte	d to		se li: O	sted	above) who received m	ore than			

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74-2112461 CORPORATION Form 990 (2016) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue ons, Gifts, Grants Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 291,289. 811000 291,289. 2 a CONTRACT SERVICES Program Service Revenue f All other program service revenue 289 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 132. 132. Income from investment of tax-exempt bond proceeds 5 Royalties ... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses . . c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2016)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ındividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 87,996. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 57,843. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 6,711. Payroll taxes 10 Fees for services (non-employees): Management 1,375. Accounting ... Lobbying d e Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, 724 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 2,931 Office expenses 13 344 Information technology 15 25,800. Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,820. Depreciation, depletion, and amortization ... 7,017. Insurance 23 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.) ADMIN OPERATING COSTS 59,004. 15,962. FIELD EQUIP & SUPPLIES 8,260. FIELD STORAGE LOCKER REPAIRS 2,018. 1,019. All other expenses 279,824 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1,580. 12,159. Cash - non-interest-bearing 1 242,767. 2 248,062. 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 8 3,388. 1,931. Prepaid expenses and deferred charges . .. 10a Land, buildings, and equipment: cost or other 56,288. basis. Complete Part VI of Schedule D 10a 52,058. 7,050. b Less: accumulated depreciation 10b 10c 4,230. Investments · publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 254,785. 266,382. 16 Total assets. Add lines 1 through 15 (must equal line 34)_ 16 17 17 18 18 19 Deferred revenue ... 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here
and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 30 through 34. 0. 30 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 31 254,785. 266,382. Retained earnings, endowment, accumulated income, or other funds 32 254,785. 266,382. 33 33 266,382. 254,785. Total liabilities and net assets/fund balances

Form 990 (2016)

orm	METROPOLITAN DENVER LOCAL DEVELOPMENT CORPORATION	74-21	12461	Pa	nae 12
	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	29:	1.4	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2			24.
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			85.
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	260	5,3	82.
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: X Cash Accrual Other		} }	·	ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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:				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			·	
þ	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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			1
	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 Sch	edule Q.	- } - }	- 1	, ,

Form **990** (2016)

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?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 6 Open to Public Inspection

Name of the organization

METROPOLITAN DENVER LOCAL DEVELOPMENT CORPORATION

Employer identification number 74-2112461

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	/h) Funds and other accounts
1	Total number at end of year	(a) Donor advised failes	10	7. Gilds and other accounts
2	Aggregate value of contributions to (during year)		+	
3	Aggregate value of grants from (during year)		 	
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor advisors in wr		used fund	
•	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv			
•	for charitable purposes and not for the benefit of the donor or	• •		•
		· · · · · · · · · · · · · · · · · · ·		Yes No
Pa	rt II Conservation Easements. Complete if the organ			
1	Purpose(s) of conservation easements held by the organization	, · · · · · · · · · · · · · · · · · · ·	,	
•	Preservation of land for public use (e.g., recreation or edu		storically i	mnortant land area
	Protection of natural habitat	Preservation of a ce	-	
	Preservation of open space			iono diractaro
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the for	m of a con	servation easement on the last
	day of the tax year.		.	Held at the End of the Tax Yea
а	Total number of conservation easements		-	2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic struc			2c
	Number of conservation easements included in (c) acquired aft			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, release			ation during the tax
	year▶	,	ŭ	3
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling o	- of	
	violations, and enforcement of the conservation easements it h	olds?	<i></i>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	onservation	n easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation eas	ements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(
	and section 170(h)(4)(B)(ii)?			🗀 Yes 🔲 No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	se stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describe	s the orga	inization's accounting for
	conservation easements.			· · · · · · · · · · · · · · · · · · ·
Pa	t III Organizations Maintaining Collections of A	•	Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and	I balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furthe	rance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and bal	ance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of p	oublic serv	ice, provide the following amount:
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financ	ial gaın, pı	rovide
	the following amounts required to be reported under SFAS 116			
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			▶ \$

	dule D (Form 990) 2016 CORPORA						-2112461	
Pai	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the fo	ollowing that are a	significant use o	of its collection	items
	(check all that apply):							
а	Public exhibition	c	J Loa	n or excha	ange programs			
ь	Scholarly research	•	• 🗀 Oth	er				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how they	further the	organization's ex	empt purpose ir	n Part XIII.	
5	During the year, did the organization solicit o		-			-		
_	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran							110
	reported an amount on Form 990, Pa		5.0 ii ii io 0.g	,ameanon	4.01.01.04			
10	Is the organization an agent, trustee, custod		diany for con	tributions	or other assets no	at included		
18							Yes	
	on Form 990, Part X?				• • • • • • • •	• • • • • • •	. L Yes	∟ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the to	Mowing table	3:				
						 	Amount	
С	Beginning balance					. 1c		
ď	Additions during the year							
е	Distributions during the year				· · · · · · · · · · · · · · · · · · ·	<u>1e</u>		
f	Ending balance						- 	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escr	ow or cus	itodial account liab	oility?	. L Yes	L No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	f the organization ar	swered "Ye	s" on Forn	m 990, Part IV, line	10.		
		(a) Current year	(b) Prior	year	(c) Two years back	(d) Three years	back (e) Four ye	ears back
1a	Beginning of year balance		<u></u>		` <u> </u>	L		
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs			{		}	1	
f	Administrative expenses	-			·			
g g	End of year balance			+				
2	Provide the estimated percentage of the curr	rent year end haland	re (line 1g. c	olumn (a))	held as:			
a	Board designated or quasi-endowment	one year one balanc	%	Jidiiiii (a))	noid as.			
_	Permanent endowment	%						
b		%						
C	Temporarily restricted endowment							
٥.	The percentages on lines 2a, 2b, and 2c sho				dd	4b	_	
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e neid and	a administered for	tne organization		
	by:						(T	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	•					. 3b	
4	Describe in Part XIII the intended uses of the		owment fund	ls				
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, lin	e 11a. Se	e Form 990, Part >	(, line 10.		
	Description of property	(a) Cost or o		(b) Cost or		Accumulated	(d) Book v	alue
		basis (ınvestr	nent)	basis (of	ther) de	preciation		
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment		288.			52,058.	4	230.
	Other						T	0.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 10	c.)	>	4	230.

CORPORATION

Schedule D (Form 990) 2016

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	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
) Financial derivatives				
Closely-held equity interests				
) Other			_ 	
(A)				
(B)			·····	
(C)				
(D)				
(E)	· · · · · · · · · · · · · · · · · · ·			
_(F)				
(G)				
(H)	ļ		 	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	L	<u> </u>		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990), Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
(2)		ļ		
(3)				
				
(5)	 	 		
(6)				
(7)	<u> </u>			
(8)	ļ			
(9)		ļ		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	L	L		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990) Part X line 15	
			2, 1 4.1.74, 11.10 101	
(a)	Description			(b) Book value
	Description		···-	(b) Book value
(1)	Description			(b) Book value
(1) (2)	Description			(b) Book value
(1) (2) (3)	Description			(b) Book value
(1) (2) (3) (4)	Description			(b) Book value
(1) (2) (3) (4) (5)	Description			(b) Book value
(1) (2) (3) (4)	Description			(b) Book value
(1) (2) (3) (4) (5) (6)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.) on Form 990, Part IV, line	11e or 11f. See Fo	rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15.) on Form 990, Part IV, line		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e 15.)		rm 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15.)	(b) Book value		25.

_	A VI Decemblistics of Payonus par Audited Financial Statements With Devenue par F	74-2112461 Page 4
Pal	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1
a	Net unrealized gains (losses) on investments 2a	4 (
Ь	Donated services and use of facilities	-{
c	Recoveries of prior year grants 2c	1 1
d		1 . 1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	-3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	}
b	Other (Describe in Part XIII.)	1 .
c		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Peturn
Га		neturii.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	-1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	-{ }
þ	Prior year adjustments 2b	
C	Other losses	
d	,	4 1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а		4 1
b		-{
	Add lines 4a and 4b	4c
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	5
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	5
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

632211 08-25-16

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-2112461

Schedule O (Form 990 or 990-EZ) (2016)

CORPORATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REDEVELOPMENT OF BLIGHTED AND ECONOMICALLY DISTRESSED NEIGHBORHOODS IN METRO DENVER AND OTHER URBAN ENVIRONS THROUGH MANAGEMENT, MAINTENANCE, EDUCATION, TRAINING, CONSULTING AND OTHER OUTREACH. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ECONOMIC REVITALIZATION AND REDEVELOPMENT, AND PRESERVATION OF THESE AREAS THROUGH EDUCATION, TRAINING, CONSULTING AND OTHER OUTREACH. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS APPROVED BY OUR BOARD OF DIRECTORS AT OUR ANNUAL MEETING BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT STATEMENTS ARE COMPLETED BY OFFICERS AND DIRECTORS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION IS DETERMINED BY DISINTERESTED COMPENSATION REVIEW COMMITTEE AT THE EMPLOYMENT CONTRACT REVIEW PROCECESS. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE FOR REVIEW AT CORPORATE OFFICES DURING WORK HOURS. FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION MAKES OFFICIAL GOVERNING DOCUMENTS AND STRATEGIC PLANNING

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

Schedule O (Form	<u>990 or 990-E</u>	Z) (2016)							Page 2
Name of the organ	ization ME	TROPO RPORA	LITAI TION	N DENVER	LOCAL	DEVELOPME	NT	Employer identification 74-211246:	n number
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