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.

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

Open to Public Inspection

	AF	or th	e 2018 calendar year, or tax year beginning and	ending		
	B 0	heck if	C Name of organization		D Employer identific	cation number
	a	heck if pplicat	METROPOLITAN DENVER LOCAL DEVELOPMENT			
		Addre	CORPORATION			
	$\vdash$	Name			71-2	112461
	늗	,, chan; ∏initial		Doom fourto		
	<u></u>	_Ireturr ]Final	Number and street (or P.U. box it mail is not delivered to street address)	Room/suite	E Telephone number	
		returr			1	333-1464
		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	303,521.
		Amer	DENVER, CO 80209		H(a) Is this a group re	
	_	Appli	F Name and address of principal officer ANTRONT D GENGARO		for subordinates	<sup>?</sup> ☐ Yes X No
		pend	<sup>n9</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
	1 T	ax-ex	empt status 501(c)(3) _X 501(c)( 4 ) ◀ (insert no.) 4947(a)(1)	or (1) 52 v	If "No," attach a	list (see instructions)
	JV	Vebsi	te: ➤ WWW.MDLDC.COM		H(c) Group exemption	n number 🕨
			forganization: X Corporation Trust Association Other	L Year	of formation: 1978 N	State of legal domicile: CO
		rt I	Summary	1		
		1	Briefly describe the organization's mission or most significant activities THE	CORPOR	ATTON WAS F	ORMED TO
	õ	'	FURTHER THE SOCIAL WELFARE AND ECONOMIC			
	Jan	_				
	je.	2	Check this box   if the organization discontinued its operations or dispo	sea of more		Sets
	် ဗိ	3	Number of voting members of the governing body (Part VI, line 1a)		3	
	∞ ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
	es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	_	5	0
	Activities & Governance	6	Total number of volunteers (estimate if necessary)	$\overline{}$	6	0
	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<i>.</i> , <i>l</i>	7a	0.
	_	b	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 38  RECEIVED	$\sim 181$	7b	0.
			REG	~ /3T	Prior Year	Current Year
	a	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	136/ 6	0.	0.
	ž	9	Program service revenue (Part VIII, line 2g)		297,225.	303,393.
0	Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) Grants and similar amounts paid (Part IX, column (A), lines 1.8)	111	135.	128.
2019	ř	11	Other revenue (Part VIII column (A) lines 5 6d, 8c, 9c, 10k and 11e)		0.	0.
7		12	Total revenue - add lines 8 through 11 (must equal Part VIII) column Al the 12)		297,360.	303,521.
ಯ	$\vdash$	13	Grants and similar amounts paid (Part IX, column (A), lines 1-8)		0.	0.
63			Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
JUL		14			160,297.	200,435.
_	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
6	ë		Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> –	<u> </u>	
CANNED	꼾		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	140 407	150 004
=			Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	<u> </u>	142,427.	150,804.
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	302,724.	351,239.
ॐ		19	Revenue less expenses Subtract line 18 from line 12		-5,364.	-47,718.
Ŋ	ssets or salances			Be	ginning of Current Year	End of Year
	ase	20	Total assets (Part X, line 16)		271,038.	213,450.
	쮍	21	Total liabilities (Part X, line 26)		10,020.	<u> 150.</u>
	원	22	Net assets or fund balances Subtract line 21 from line 20		261,018.	213,300.
	Pa	rt II	Signature Block			
	Undo	r pena	ilties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
	true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	
			1 01	<del></del>	4-4-	19
	Sign	1	Signature of officer		Date	
	Here		ANTHONY D GENGARO, PRESIDENT & CEO			
	HEIG	•	Type or print name and title			
					Date Check	PTIN
	ר: •ם		Print/Type preparer's name Preparer's signature		2/18/19 self-employer	
	Paid		KEN SALIMAN KEN SALIMAN			
	Prep			LLP	Firm's EIN	84-0579402
	Use (	JUIA	Firm's address 5840 E EVANS AVE			
		_	DENVER, CO 80222		Phone no. 3 0 3	3-480-1200
	Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

		•	
	METROPOLITAN DENVER LOCAL DEVELOPMENT	_	•
	n 990 (2018) CORPORATION	74-2112461	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		X
1	Briefly describe the organization's mission	T TMV MANAGEME	33703
	THE CORPORATION PROVIDES BUSINESS IMPROVEMENT AND FACI		
	SERVICES TO DEFINED BUSINESS DISTRICTS OF THE CITY OF	•	nek
	COMMERCIAL AREAS IN TRANSITIONAL AND ECONOMICALLY DEPENDENCE OF THE SOURCE OF THE SOUR		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		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 service	s? <b>Yes</b>	X No
-	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers, the total expenses,	and
	revenue, if any, for each program service reported		
4a			<u>393.</u> )
	THE CORPORATION PROVIDES STREETSCAPE IMPROVEMENT FACIL		
	MANAGEMENT FOR LOCAL MAINTENANCE DISTICTS UNDER CONTRA	CT WITH THE C	TTY
	OF DENVER BROADWAY PEDESTRIAN MALL.	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code ) (Expenses \$	venue \$	)
		<del></del>	
		-	
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$ ) (Rev	uonuo ¢	١
40	(Code) (Expenses 3	/ondo 4	′
		<u>.</u>	

Form **990** (2018)

<u>4e</u>

4d Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$ 351,237.

Form 990 (2018) CORPORATION
Part IV Checklist of Required Schedules

			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	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	İ		
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	L
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		i	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
n	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,		v
0-	complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
1	domestic government on Part IV column (A) line 12 if "You " complete School its I Part I land II	_		v

Form 990 (2018) CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			۱,,
	Schedule J	23		X
24 a	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b> -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
Б	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Í		
	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par		<u> 30  </u>	Α	
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		3	
	Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable  1b 0	1 1	- 1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		İ	
-	(gambling) winnings to prize winners?	1c	- 1	
			~~	

Form 990 (2018) CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		5a	$\vdash$	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\vdash$	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.	.	
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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	-+	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
С	to file Form 8282?	7c	ŀ	
а	If "Yes," indicate the number of Forms 8282 filed during the year		$\neg \uparrow$	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ	
	amounts due or received from them)	_	- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year	- 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.	$\rightarrow$	
а	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	13a		
<b>.</b>	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\overline{}$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	$\neg \uparrow$	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\neg \uparrow$	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

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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 or changes in Schedule O See instructions

	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	ction 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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_ <del>-</del>		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<del></del>		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a		İ		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	-23	
		40-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\frac{\mathbf{\hat{x}}}{\mathbf{x}}$	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ĺ	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		l	
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	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		Ì	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filled ▶CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	2 224	avadal	
.0	for public inspection. Indicate how you made these available. Check all that apply	o orny)	avaiidi	שוע
40	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	al	
	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		·	_

Form 990 (2018) CORPORATION 74-2112461 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Part VII	Compensation of Officers, Directors,	Trustees, Key	Employees,	Highest	Compensated
	<b>Employees, and Independent Contract</b>	ctors			

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title  Average hours per week (list any hours for related organizations below line)  (1) JEFF BERNARD  DIRECTOR  (2) ANTHONY D GENGARO  PRESIDENT/CEO  (3) NEAL PAUL  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (5) SETH DONNELL  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (not not check more than one box, unless person is both an officer and a director/trustee)  (w-2/1099 MISC)  (w-2/1099 MI	(A)	(B)	organization compensate (C)						(D)	(E)	(F)
hours per week (list any hours for related organizations below line)  (1) JEFF BERNARD  DIRECTOR  (2) ANTHONY D GENGARO  PRESIDENT/CEO  (3) NEAL PAUL  DIRECTOR  (4) PAT GENGARO  PAT GENGARO  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (5) SETH DONNELL  DIRECTOR/SECRETARY  (5) SETH DONNELL  DIVIDING TO THE WEEK (list any hours for related organization shoun and related organization (W-2/1099 MISC)  Tompensation from related organization (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of the program and a director/trustee)  (W-2/1099 MISC)  The part of			1.	Position					I .		
week (list any hours for related organizations below line)  (1) JEFF BERNARD  DIRECTOR  (2) ANTHONY D GENGARO  PRESIDENT/CEO  (3) NEAL PAUL  DIRECTOR  (4) PAT GENGARO  DIRECTOR  (4) PAT GENGARO  DIRECTOR/SECRETARY  (5) SETH DONNELL  DISCOMPANABLE AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON AND AND CHICAGON	Tame and The		(do	not o	heck ss pe	more rson	than is bot	one h an		· ·	
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00			offi	officer and a director/trustee)			or/trus	itee)			other
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00		, , ,	ecto				1		1		compensation
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00			i di	ه			EE .			(W-2/1099 MISC)	
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00			stee	ruste			18		(W-2/1099 MISC)		_
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00		1 -	la tr	onal		płoye	8 8	1			
(1) JEFF BERNARD       1.00         DIRECTOR       X         (2) ANTHONY D GENGARO       40.00         PRESIDENT/CEO       X         (3) NEAL PAUL       1.00         DIRECTOR       X         (4) PAT GENGARO       5.00         DIRECTOR/SECRETARY       X         (5) SETH DONNELL       1.00		l l	divid	stitut	#ice	ey em	ighesi mploy	ormer			organizations
DIRECTOR	(1) TERE BEDNARD	_ <del></del>	┤╼	┝┺	۱ ۹	ř	= =	-			
(2) ANTHONY D GENGARO PRESIDENT/CEO  (3) NEAL PAUL DIRECTOR  (4) PAT GENGARO DIRECTOR/SECRETARY  (5) SETH DONNELL  40.00  X  X  0. 91,200.  0. 0. 0. 0. 0. 0. 0. 0.			$\mathbf{x}$						0.	0.	0.
PRESIDENT/CEO         X         X         X         0.         91,200.         0           (3) NEAL PAUL         1.00         0.         0.         0.         0.         0		40.00									
DIRECTOR         X         0.         0.         0.           (4) PAT GENGARO         5.00         X         X         0.         0.         0.           DIRECTOR/SECRETARY         X         X         X         0.         0.         0.           (5) SETH DONNELL         1.00         0.         0.         0.         0.         0.			X		X				0.	91,200.	0.
(4) PAT GENGARO         5.00           DIRECTOR/SECRETARY         X         X           (5) SETH DONNELL         1.00	(3) NEAL PAUL	1.00									
DIRECTOR/SECRETARY (5) SETH DONNELL  X X 0. 0. 0. (5)	DIRECTOR		X			<u> </u>			. 0.	0.	0.
(5) SETH DONNELL 1.00	(4) PAT GENGARO	5.00									
	DIRECTOR/SECRETARY		X		X				0.	0.	0.
DIRECTOR 0. 0. C	(5) SETH DONNELL	1.00								_	
	DIRECTOR		ļ	_	_	<u> </u>	_		0.	0.	0.
			-								
			_	_	<u> </u>	_	<u> </u>	ļ			
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<del>   </del>							Н	-			
					Ì						

CORPORATION

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) ition more	1 than	one	( <b>D</b> ) Reportable	( <b>E)</b> Reportable			(F) stimat	
		week (list any hours for related organizations below line)	tee or director			Irecto	Highest compensated highest compensated employee	tee)	compensation from the organization (W-2/1099 MISC)	compensati from relate organization (W 2/1099-MI	d ns	com f org an	mount other other opens rom th ganiza id rela anizat	ation ne tion ted
						_								
						_								
				_										
													,	
	Sub-total							<b>-</b>	0.	91,2		<del></del>		0.
	Total from continuation sheets to Part VII  Total (add lines 1b and 1c)							<b>&gt;</b>	0.	91,2				0.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le —		W	0
3	Did the organization list any former officer,		stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	m of reportabl		-					•	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	ccrue compen	ısatı	on f	rom	any	unre			dual for services	,	5		_ <u>^</u>
Sec	tion B. Independent Contractors	olete Schedule	0 10	01 30	1011	<i>J</i> C/3	011			· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest corthe organization. Report compensation for t										npensa	ition f	rom	
	(A) Name and business			NE		10	<u> </u>		(B) Description of se		Co	(C	) nsatio	
								i						
											·		·	
							_							
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lin	nited	d to	thos 0		ted .	above) who received m	ore than	·•			

Form 990 (2018) CORPORATION
Part VIII Statement of Revenue

74-2112461

Page 9

Form 990 (2018)

			Check if Schedule O con	itains a respons	e or note to any lin	ie in this Part VIII			
			ONOUN II GONOUUN O GON	Number of the points	or neteriorally in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
sts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, G		С	Fundraising events	1c					
ar Sitt		d	Related organizations	1d	-				
š, E		е	Government grants (contribu	tions) 1e					
rior S S	1	f	All other contributions, gifts, gra	nts, and					1
ğ ş			similar amounts not included abo	ove 1f					
E D		g	Noncash contributions included in line	s 1a-1f \$					
<u>ರೆ ಕ</u>		h	Total. Add lines 1a-1f		<b>&gt;</b>				
					<b>Business Code</b>				1
Ş	2	а	CONTRACT SERVI	CES	811000	303,393.	303,393.		
e v	1	b							
e S		С							
Tan Sev		d							
Program Service Revenue		е							
		f	All other program service rev	enue				<del></del>	
		g	Total. Add lines 2a-2f			303,393.			
	3		Investment income (including	j dividends, intei	_	100			100
			other similar amounts)			128.		<del> </del>	128.
	4		Income from investment of ta	x-exempt bond	proceeds -				<u> </u>
	5		Royalties		1 (18				
	_		0	(ı) Real	(ii) Personal				
	ь	a	Gross rents		<del> </del>				
			Less rental expenses		1				
			Rental income or (loss)		<b>•</b>				
	7		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
	′	а	assets other than inventory	(i) Securities	(ii) Other				
		h	Less cost or other basis		-				
			and sales expenses						
		_	Gain or (loss)						
			Net gain or (loss)		<u> </u>		İ		
	8		Gross income from fundraisin	a events (not					
une	Ĭ	_	including \$	of	İ				
e e			contributions reported on line	<del></del>					
Other Reven			Part IV, line 18	, a			İ		
ŧ.		b	Less direct expenses	b					
٥		С	Net income or (loss) from fund	draising events					
	9	а	Gross income from gaming ad	ctivities See					
ļ			Part IV, line 19	а					
l		b	Less direct expenses	b					
		С	Net income or (loss) from gan	ning activities	<b>•</b>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less cost of goods sold	b					
ļ		С	Net income or (loss) from sale	s of inventory	<b>•</b>		***		
ļ			Miscellaneous Revenu	ie	Business Code				
	11	а							<u> </u>
]		b							
İ		С			-				<u> </u>
			All other revenue						
			Total. Add lines 11a-11d		<b>P</b>	202 521	202 222		4.00
	12		Total revenue See instructions		▶	303,521.	303,393.	0.	128.

Form 990 (2018) CORPORATION

Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Chapter Schodule Constant a respec	and or note to only line in	thin Dort IV		[-]
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		- CAPOTIOGO	goviorar experience	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~					
^	individuals See Part IV, line 22				<del> </del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 000			
_	trustees, and key employees	90,000.			<del> </del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	101,309.			
7	Other salaries and wages	101,309.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits	0 126			· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	9,126.			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
a	Management				·
b	Legal	1,500.			
	Accounting Lobbying	1,300.			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a .					
9	column (A) amount, list line 11g expenses on Sch O.)	856.			
12	Advertising and promotion				
13	Office expenses	4,481.			
14	Information technology	273.			
15	Royalties				
16	Occupancy	25,960.	·		
17	Travel				
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,410.			
23	Insurance	9,080.			
24	Other expenses. Itemize expenses not covered				•
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	ADMIN OPERATING COSTS	60,000.			<u> </u>
þ	FIELD EQUIP & SUPPLIES	27,559.		-	
С	REPAIRS	9,284.			
d	FIELD STORAGE LOCKER	7,380.		·	
	All other expenses	3,021.			<u> </u>
25	Total functional expenses Add lines 1 through 24e	351,239.			
26	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)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

CORPORATION

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Pa	rt X	Balance Sheet					
	-	Check if Schedule O contains a response or no	te to a	ny line in this Part X		,	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non interest-bearing			9,989.	1	8,990.
	2	Savings and temporary cash investments			259,638.	2	204,460.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer	officers, directors,			
	-	trustees, key employees, and highest compens	ated e	mployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified pe	ersons (as defined under			
	1	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 50	)1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment, cost or other	1				
		basis Complete Part VI of Schedule D	10a	56,288.		1	
	ь	Less accumulated depreciation	10b	56,288.	1,411.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	271,038.	16	213,450.		
	17	Accounts payable and accrued expenses	20.	17	150.		
	18	Grants payable	10,000.	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
를		key employees, highest compensated employee	s, and	disqualified persons			
Liabılıtıes		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		· i		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-	i			
		parties, and other liabilities not included on lines	17-24	) Complete Part X of			
		Schedule D			10 000	_25	150
	26	Total liabilities. Add lines 17 through 25			10,020.	26	150.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 📖 and			
Ses		complete lines 27 through 29, and lines 33 an	d 34.				
lan	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
Net Assets or Fund Balances	29	Permanently restricted net assets	00	ر م		29	
£		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 🔼 📗			
SO		and complete lines 30 through 34.			^	_	^
set	30	Capital stock or trust principal, or current funds			0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or eq	•	ľ	0.	31	0.
Ne.	32	Retained earnings, endowment, accumulated in	come,	or other runds	261,018.	32	213,300.
	33	Total liabilities and not seed (fund belonged		}	<u>261,018.</u>	33	213,300.
	34	Total liabilities and net assets/fund balances			271,038.	34	213,450.

Form **990** (2018)

Forn	1990 (2018) CORPORATION	74-2	2112461	Page <b>12</b>			
Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,521.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,239.</u>			
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,718.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 261</u>	<u>,018.</u>			
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	213	,300.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			Y	es No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both			ľ			
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,					
	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 O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt					
	Act and OMB Circular A-133?		3a	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2018)

Internal Revenue Service

(Form 990)

Department of the Treasury

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.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

METROPOLITAN DENVER LOCAL DEVELOPMENT CORPORATION

Employer identification number 74-2112461

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
	<del>-</del>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	ı)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	libition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea	•	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Sche	edule D (Form 990) 2018 CORPORA!							<u> 12461</u>	
Pa	rt III Organizations Maintaining C	ollections of Art, H	istorical Tr	reasures, o	or Othe	r Simila	ır Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other records, ch	eck any of the	following that	at are a sig	gnificant u	ise of its	collection	items
	(check all that apply)		_						
а	Public exhibition	d 🗀	Loan or exc	change progra	ams				
b	Scholarly research	e 🗀	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	illections and explain how	they further t	the organizati	on's exem	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of art,	historical trea	asures, or oth	er sımılar :	assets			
	to be sold to raise funds rather than to be ma	untained as part of the or	ganization's c	ollection?				Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	gements. Complete if t	he organizatio	on answered	"Yes" on f	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodia	an or other intermediary f	or contribution	ns or other as	sets not ii	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the followin	g table						
	. ,							Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, fo	or escrow or c	ustodial acco	unt liabilit	y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII	Check here if the explana	ition has been	provided on	Part XIII	•			
	rt V Endowment Funds. Complete if					)			
		(a) Current year (b	Prior year	(c) Two year	rs back (d	d) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities							/	
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent vear end balance (line	1g, column (a	a)) held as		-			
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
c	Temporarily restricted endowment	<del></del> %							
_	The percentages on lines 2a, 2b, and 2c shou	ild equal 100%							
3a	Are there endowment funds not in the posses	•	hat are held a	ind administe	red for the	e organiza	ition		
	by	Ū				•		Y	es No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required on	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							
	t VI Land, Buildings, and Equipme		· · · · · · · · · · · · · · · · · · ·						
·	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 11a S	See Form 990	, Part X, III	ne 10			
	Description of property	(a) Cost or other		or other		umulated		(d) Book v	alue
	was a second reserve	basis (investment)	1 ' '	(other)	<b>\</b> -,	eciation			
1a	Land						1		
b	Buildings								
c	Leasehold improvements				,				
d	Equipment	56,288	•			56,28	8.		0.
	Other	•							0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2018

74-2112461 Page 3 Schedule D (Form 990) 2018 CORPORATION Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or end-of-year market value (a) Description of investment (1) (2) (3) (4) (5) (6) (7)(8) (9) Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) 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 15 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes (1) (2) (3) (4) (5) (6)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2018

(7) (8) (9)

	edule D (Form 990) 2018 CORPORATION	staments With Davies	/4-2112401	Page •
Pa	Reconciliation of Revenue per Audited Financial St		ue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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.			
a		2a   2b	<del></del>	
b		2c 2c		
c d		2d		
	Add lines 2a through 2d	<u> </u>	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		4a	]	
b		4b		
_	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	
	ert XII Reconciliation of Expenses per Audited Financial S		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II			
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			
а	Do not done and an official to a	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5		18)	5	
	rt XIII Supplemental Information.	<del></del>		
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		art V, line 4, Part X, line 2, Part	XI,
nes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information		
		<del></del>		
				<del> </del>
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		. <del>.</del> .		

Schedule D (Form 990) 2018

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### **SCHEDULE 0**

(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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN DENVER LOCAL DEVELOPMENT CORPORATION

Employer identification number 74-2112461

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:
THE ORGANIZATION MAKES OFFICIAL GOVERNING DOCUMENTS AND STRATEGIC PLANNING

Name of the organization METROPOLITAN DENVER LOCAL DEVELOPMENT Employer identification number											
Name of the organ	ızatıon	METRO! CORPOR	POLITA RATION	N DENV	ER LOC	CAL DE	EVELOPI	MENT	Employ 74	er identification -2112461	number
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