Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2016 Open to Public

Internal Revenue Se			Inspection
A For the 20	16 calendar year, or tax year beginning $10/01/16$ , and ending $09/30/16$		
B Check if applicat		D Employe	r identification number
Address change	CORPORATION		
	Doing business as PREFERRED LENDING PARTNERS	74-2	363487
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite E Telephon	
Initial return	140 E. 19TH AVE SUITE 202	303-	861-4100
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
Amended return	DENVER CO 80203	G Gross reco	eipts\$ 1,083,630
Amended return	F Name and address of principal officer	H(a) is this a group return for si	ubordinates? Yes X No
Application pend	ng BRIAN P DEVLIN	n(a) is this a group return for si	
	140 E. 19TH AVE SUITE 202	H(b) Are all subordinates incli	uded? Yes No
	DENVER CO 80203	If "No," attach a list	(see instructions)
I Tax-exempt sta	itus <b>X</b> 501(c)(3) 501(c) ( ) <b>◄</b> (insert no ) 4947(a)(1) or 527 <b>√</b>		
J Website	WWW.PREFERREDLENDINGPARTNERS.COM	H(c) Group exemption number	er <b>&gt;</b>
K Form of organiz	ation X Corporation Trust Association Other ▶ L	Year of formation 1984	M State of legal domicile CO
Part I	Summary		
	y describe the organization's mission or most significant activities		
	E SCHEDULE O		
일			
Ē			
egovernance 2 Chec	1. thus have \$ 1. cathodra and a second a second and a second a second and a second a second a second and a s	EO/ of its not assets	
G 2 Chec	k this box   if the organization discontinued its operations or disposed of more than 2		9
	ber of voting members of the governing body (Part VI, line 1a)	3	8
<b>:</b>	ber of independent voting members of the governing body (Part VI, line 1b)	4	
∑ 5 Tota	number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
6 Total	number of volunteers (estimate if necessary)	6	7
7a Tota	unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net u	inrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year	Current Year
8 Cont	ributions and grants (Part VIII, line 1h)	021 542	1 003 103
do l	ram service revenue (Part VIII, line 2g)	931,543	1,083,183
್ರಿ   10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	331	447
11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	931,874	1,083,630
13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Bene	fits paid to or for members (Part IX, column (A), line 4)		0
ဖွာ့ 15 Sala	ries, other compensation, employee benefits (Part IX, column (A) lines 5 10)	477,652	596,791
% 15 Sala	essional fundraising fees (Part IX, column (A), line 11e)		0
b Tota	fundraising expenses (Part IX_column (D)   line 25) ▶		
17 Othe	r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	371,911	507,755
		849,563	1,104,546
ľ	enue less expenses Subtract line 18 from line 12	82,311	-20,916
o se		Beginning of Current Year	End of Year
ឡើ 20 Tota	assets (Part X, line 16)	941,340	1,470,633
%.co	liabilities (Part X, line 26)	445,489	995,698
호텔 22 Net :	assets or fund balances Subtract line 21 from line 20	495,851	474,935
Part II	Signature Block		
	s of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my kr	nowledge and belief, it is
	nd complete Declaration of preparer (other than officer) is based on all information of which preparer		
	2	¥ 7	13.2018
Sign	Signature of officer	Date	<u>, , , , , , , , , , , , , , , , , , , </u>
Here	BRIAN P DEVLIN EXECU	TIVE DIRECTOR	3
	Type or print name and title		
Pro	nt/Type preparer's name Preparer's lignature	Date Check	of PTIN
Doid		07/12/18 self-en	<b>□</b> "
Proparer	GG R. SCHEIRMAN / O / O/	<del></del>	20-5969428
Use Only		Firm's EIN	20-3303420
- I	3872 S DALLAS ST UNIT 107	}	303-439-9469
	n's address	Phone no	
	scuss this return with the preparer shown above? (see instructions)		X Yes No
For Paperwork DAA	Reduction Act Notice, see the separate instructions		Form <b>990</b> (2016)

DAA

AJLOD

rait iv Citechiist of Reduited Scriedules	Part IV	Checklist	of Required S	Schedules
---	---------	-----------	---------------	-----------

гα	Tite Checklist of Required Schedules			
4	In the constant decayle of a contant 504(a)(a) on 4047(a)(4) (a)thought foundation)(2.45,0)(a)		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
	complete Schedule A	<u>'</u>	_	X
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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
	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	ĺ	X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u></u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
	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		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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	- 1	X
	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
	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
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
	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	
	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		x
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	i
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
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	L_ =	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 (see instructions)	17	L	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	L	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		İ
	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 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 Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	( // // // // // // // // // // // // //	25-	X	
h	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	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	X	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or 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		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
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	_33		A
<b>V T</b>	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	004		
-	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		x
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	
		_	000	•

	990 (2016) DENVER URBAN ECONOMIC DEVELOPMENT 74-2363487		P	age :
Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	با
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3	Γ	res	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		]	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	$\dashv$		
·	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.0		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 4			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		x	
	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?	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			1
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		l
	(FBAR)	1	1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does 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?	6a	<u> </u>	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b	<b>├</b>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	- [	ł	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1_		
	and services provided to the payor?	7a	├	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
al	If "Yes," indicate the number of Forms 8282 filed during the year	7c	<del> </del>	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ł
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
g	If the organization, during the year, pay premiums, directly of indirectly, and a personal benefit contract?	7g		1
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	111		
•	sponsoring organization have excess business holdings at any time during the year?	8	l	ľ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ì
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	_]	l	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1
11	Section 501(c)(12) organizations. Enter			l
а	Gross income from members or shareholders	_	ł	ł
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<del> </del>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	_
	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	}	1	
	the organization is licensed to issue qualified health plans	$\dashv$		
C	Enter the amount of reserves on hand	44-	┼	х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

<u> </u>	ion A. Governing Body and Management					Ve - 1	N.s				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			Yes	N <u>o</u>				
	If there are material differences in voting rights among members of the governing body, or	1.0	<del>                                     </del>		1 1						
	if the governing body delegated broad authority to an executive committee or similar		1								
	committee, explain in Schedule O		l			Ì					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
_	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct				2	X					
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5											
6	Did the organization have members or stockholders?				5 6	X	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by f	the fo	llowing							
а	The governing body?			3	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 Inter	nal F	Reve	nue C	ode)						
						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											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	onflic	ts?	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						
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official				15a		$\mathbf{x}_{-}$				
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)				}		]				
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						1				
	organization's exempt status with respect to such arrangements?				16b						
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	)1(c)(3	3)s oı	niy)							
	available 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 inter-	est po	licy,	and							
	financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨	•								
В	RIAN P DEVLIN 140 E. 19TH AVE SUITE 202										
DI	ENVER CO 8020	)3_		30	<u>3-86</u>	1-4	100				
DAA		_			Fo	m 990	(2016)				

Form 990 (201	6) DENVER URBAN ECONOMIC DEVELOPMENT	74-2363487	Page <b>7</b>
Part, VII	Compensation of Officers, Directors, Trustees, Key En	nployees, Highest Compensa	ted Employees, and
	Independent Contractors  Check if Schedule O contains a response or note to any lir	ne in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compen		

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

(A) Name and Title	(B) (C) Average Position hours per (do not check more tha						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
·	week (list any hours for	week box, unles officer and ours for		ss pe nd a d	rson i irecto	s both a	an ∍)	from the organization	related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	1	organization and related organizations
(1) STEPHANIE GERRIN	IGER						T			· · · · · · · · · · · · · · · · · · ·
	40.00						-			
EXECUTIVE DIRECTOR	0.00	X	<u> </u>	X		$\vdash$	_	279,987	0	26,723
(2) STEVE FAJARDO	2 00									
CECDEMADY /MDEACIDED	2.00		ŀ	7		1 1	ł	0	0	0
SECRETARY/TREASURER (3) MARY MARGRET CRE	0.00	X	├	X		$\vdash$	$\dashv$	0	0	
(3)MAKI MAKGKEI CK	2.00									
BOARD MEMBER	0.00	x					1	o	0	0
(4) SAM STOOKEY			<u> </u>				寸		<u> </u>	
``	2.00									
VICE PRESIDENT	0.00	X	<u>L</u>	X				0	0	0
(5) MARK MOLEN										
	2.00									
BOARD MEMBER	0.00	X	<u> </u>		<u> </u>			0	0	0
(6) PATRICK HENRY					ĺ	1 1	ſ			,
	2.00		1		Į.		-		•	
BOARD MEMBER	0.00	X	⊢		-	$\vdash \dashv$		0	0	0
(7) BEN DORLAND	2.00					1 1	1			
BOARD MEMBER	0.00	x						o	0	o
(8) BRIAN P DEVLIN	0.00	╅	┼	$\vdash$	$\vdash$	<del>  -  </del>	$\dashv$	<del></del>	<del>_</del>	
(0, 22, 22, 22, 22, 22, 22, 22, 22, 22, 2	2.00	1			1		- 1			
BOARD MEMBER	0.00	x					-	o	0	0
(9) BILL SCHNEIDER			<u> </u>			$\Box$	ヿ			
. ,	2.00	1	ļ		ļ	1	ı			
BOARD MEMBER	0.00	X						0	0	0
(10) JOHN GOLDSCHMID										
	20.00		]		]	J I		_		
CFO	0.00	<u> </u>	<u> </u>	X	<u> </u>	oxdot		55,323	0	11,713
(11)		Ì								
		1	1	1	1	1 1	- 1			{

<u>1 dl</u>	(A) Name and title	(B) Average hours per week (list any hours for	(de bo	o not o	Pos check ess pe	c) sition more erson i	than o	ne an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization			
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		ar	ganizat nd relat ganizat	ed	
												_		
					ļ									
1b c	Sub-total  Total from continuation she	ets to Part VII.	Sect	ion A				<b>&gt;</b>	335,310			3	8,4	136
d	Total (add lines 1b and 1c) Total number of individuals (ii					e lie	tod a	boy	335,310			3	8,4	36
	reportable compensation from				uios				——————————————————————————————————————		<u> </u>	т	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin	" complete Sche	dule	J for	suc	h ind	lividu	ıal				3		х
5	organization and related orga individual Did any person listed on line	nızatıons greater	thar	\$15	50,00	)0? <i>I</i>	f "Ye	s," c	complete Schedule J for su	ch		4	x	
 Sect	for services rendered to the o ion B. Independent Contracto		/es,"	com	plet	e Sc	hedu	le J	for such person			5	1	<u> </u>
1	Complete this table for your fi compensation from the organ	ve highest comp									ear			
		(A) d business address							Descrip	(B) ution of services		Cor	(C) npensati	on
								_						
					_									
DAA	Total number of independent received more than \$100,000	contractors (incl of compensation	uding 1 from	p but	not e org	ıımıtı janız	ed to ation	tho •	se listed above) who	0		Form	990	(2016)

Form 990 (2016) DENVER URBAN ECONOMIC DEVELOPMENT 74-2363487 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) exempt business function under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 1e Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 1,083,183 1,083,183 2a b C f All other program service revenue g Total. Add lines 2a-2f 1,083,183 Investment income (including dividends, interest, 447 447 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses  $\blacktriangleright$ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a 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 **Busn Code** 11a b

1,083,630

1,083,630

0

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respo			piete column (A)	X
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	335,310	299,987	35,323	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 = 0 = 0 = 0		<del></del>
7	Other salaries and wages	178,386	178,386		
8	Pension plan accruals and contributions (include	24 222	01 700	0 400	
	section 401(k) and 403(b) employer contributions)	24,200	21,780	2,420	<del>_</del>
9	Other employee benefits	26,619	23,957	2,662	
10	Payroll taxes	32,276	29,048	3,228	
11	Fees for services (non-employees)	ļ	[	[	
a	Management	10 506	11 750	7.020	
b	~ · · · · · · · · · · · · · · · · · · ·	19,596	11,758	7,838	
C	Accounting	21,393	20,103	1,290	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25, column	201,452	201,452		
12	(A) amount, list line 11g expenses on Schedule ()	8,701	8,701	<del>-</del>	<del></del>
13	Advertising and promotion Office expenses	26,369	21,972	4,397	
14	Information technology	41,404	31,053	10,351	
15	Royalties	31,303	31,033	10,331	
16	Occupancy	35,641	32,077	3,564	
17	Travel	5,368	4,026	1,342	
18	Payments of travel or entertainment expenses		- 1,020		<del></del>
10	for any federal, state, or local public officials			j	
19	Conferences, conventions, and meetings	4,384		4,384	
20	Interest	18,184	13,638	4,546	_ <del>-</del>
21	Payments to affiliates	20/101			
22	Depreciation, depletion, and amortization				
23	Insurance	3,018	2,651	367	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		,	i	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		1	-	
а		35,099	35,099		
b	DEPRECIATION	22,758	17,068	5,690	
С	DUES AND SUBSCRIPTIONS	20,714	15,535	5,179	
d	TELEPHONE	13,174	11,857	1,317	
е	All other expenses	30,500	28,254	2,246	
25	Total functional expenses. Add lines 1 through 24e	1,104,546	1,008,402	96,144	0
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)				

Part X Balance Sheet

Part	X Balance Sheet			<del></del>
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)	- }	(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	105,411	1	<u>39,668</u>
2	Savings and temporary cash investments	475,357	2	539,121
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	63,859	4	19,000
5	Loans and other receivables from current and former officers, directors,		'	
	trustees, key employees, and highest compensated employees			10.00
	Complete Part II of Schedule L		_5_	12,92
6				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		. 1	
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		'	
<u>ရှိ</u>	organizations (see instructions) Complete Part II of Schedule L		6	
Assets			7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	37,229	9	68,24
10	a Land, buildings, and equipment cost or		l	
-	other basis Complete Part VI of Schedule D  Less accumulated depreciation  10a 1,044,743  10b 253,067			
t	Less accumulated depreciation [10b] 253,067	254,477	10c	791,67
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	5,007	14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	941,340	16_	1,470,633 96,60
17	Accounts payable and accrued expenses	147,968	17	96,604
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors,			
≣│	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons Complete Part II of Schedule L		22	<del></del> _
그   23	Secured mortgages and notes payable to unrelated third parties	236,591	23_	779,97
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
- (	parties, and other liabilities not included on lines 17-24). Complete Part X		1	
	of Schedule D	60,930		119,120
26	Total liabilities. Add lines 17 through 25	445,489	26	995,698
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
89	complete lines 27 through 29, and lines 33 and 34.			
<u>등</u>   27	Unrestricted net assets	495,851	27	474,93
ន្ត   28	Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·
일 29	Permanently restricted net assets		29	<del></del>
편	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō	complete lines 30 through 34.			
종   30	Capital stock or trust principal, or current funds		30	
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	495,851	33	474,93
34	Total liabilities and net assets/fund balances	941,340	34	1,470,63

<u>Form</u>	990 (2016) DENVER URBAN ECONOMIC DEVELOPMENT 74-2363487			_Pa	ge <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	1,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>916</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	<u> 5,8</u>	<u>851</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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	47	4,	<u>935</u>
Рa	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1	ļ	
	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		i i		
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			For	n 990	(2016)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

DENVER URBAN ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

74-2363487 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (ci) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
<b>4</b> <b>5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4		1		<u>/</u>		
	tion B. Total Support			/	·	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014/	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		/-				
11	Total support. Add lines 7 through 10		<u> </u>			L	
12	Gross receipts from related activities, etc		,			12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public St	<del></del>					
14	Public support percentage for 2016 (line 6			nn (f))		14	%_
15	Public support percentage from 2015 Sch					15	%
16a	33 1/3% support test—2016. If the organ	#			33 1/3% or more,	cneck this	▶ ┌
	box and stop here. The organization qual						
b	33 1/3% support test—2015. If the organ	7			15 is 33 1/3% or m	nore, cneck	
	this box and stop here. The organization	•	•			4.4	
17a	10%-facts-and-circumstances test 201						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	ects-and-circumsta	ances" test. The or	ganization qualifie	s as a publicly sup	ропеа	
	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	d-circumstances" to	est. The organizat	ion qualifies as a p	uplicly	
	supported organization						▶ _
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	5b, 17a, or 17b, ch	eck this box and s	ee	. □
	instructions						
	· · · · · · · · · · · · · · · · · · ·					Sabadula A (Form	990 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	,					-	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	876,417	905,271	934,015	931,543	1,083,183	4,730,429	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	876,417	876,417					
6	Total. Add lines 1 through 5	876,417	905,271	934,015	931,543	1,083,183	4,730,429	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000		40.006		05.000	176 010	F04 010	
•	or 1% of the amount on line 13 for the year  Add lines 7a and 7b	58,494 58,494	43,836 43,836	129,841	95,829 95,829	176,918 176,918	504,918 504,918	
с 8	Public support. (Subtract line 7c from	58,494	43,836	129,841	95,629	170,910	304,918	
•	line 6)						4,225,511	
Sec	tion B. Total Support		•			· · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	876,417	905,271	934,015	931,543	1,083,183	4,730,429	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	624	449	297	331	447	2,148	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	624	449	297	331	447	2,148	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12 )	877,041	905,720	934,312	931,874	1,083,630	4,732,577	
14	First five years. If the Form 990 is for the organization, check this box and stop here	~	second, third, fou	rth, or fifth tax year	r as a section 501(	(c)(3) 	<b>&gt;</b>	
Sec	tion C. Computation of Public Su	pport Percenta	age					
15	Public support percentage for 2016 (line 8,	• • •	•	n (f))		15	89.29%	
16	Public support percentage from 2015 Sche					16	90.49%	
	tion D. Computation of Investme					1 4= [		
17	Investment income percentage for 2016 (li			column (f))		17	<u>%</u>	
18	Investment income percentage from 2015			44 and has 45 is i	mara than 22 4/20	18   4 and line	<u>%</u>	
19a b	33 1/3% support tests—2016. If the organ 17 is not more than 33 1/3%, check this both 33 1/3% support tests—2015. If the organ	ox and <b>stop here.</b> T	he organization q	ualifies as a public	ly supported orgar	nization	×	
~	line 18 is not more than 33 1/3%, check th						ightharpoons	
20							▶ □	

Page 4

### DENVER URBAN ECONOMIC DEVELOPMENT

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and com	<u>plete Part V )</u>		
Sect	ion A. All Supporting Organizations			<u> </u>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	İ		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			Ì
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		L
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		,	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		İ	ļ
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			l
	despite being controlled or supervised by or in connection with its supported organizations	_4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			ļ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ļ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	j	ļ	]
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ļ		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		]	
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		l	i
	was accomplished (such as by amendment to the organizing document)	_5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b	ļ	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			ļ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	_ 6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			ļ
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1	j	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	<b></b>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	İ		
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	_9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1	ļ	]
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b_		<b>_</b>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	ł
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_ <u>9c</u>	<b>-</b>	<b>├</b> ─-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	j		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	[		1
	supporting organizations)? If "Yes," answer 10b below	_10a	-	<del> </del>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		
	determine whether the organization had excess business holdings )	10b	<u> </u>	<u></u>

<u>rai</u>	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	' i	1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	)		
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	l		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
_			Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			i
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	_1_		
Sect	ion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	'		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ions)		
ŭ		2		
2	Activities Test Answer (a) and (b) below.	İ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		_
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Page 5

Schedu	le A (Form 990 or 990-EZ) 2016 DENVER URBAN ECONOMIC DEVEL	OPM	ENT 74-2363	487 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov 20,	1970 (explain in Part VI) S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mu	st com	olete Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	tructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		-
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		}
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016

and 4c

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# 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.irs.gov/form990. Open to Public Inspection

Name of the organization Employer identification number DENVER URBAN ECONOMIC DEVELOPMENT CORPORATION 74-2363487 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	dule D (Form 990) 2016 DENVER URE					74-2363		eeate (	Continu		ge <b>2</b>
3					·				<u>oomina</u>	cu)	
	collection items (check all that apply)	,	,	,,	- · · · · · · · · · · · · · · · · · · ·	<b>-</b>					
а	Public exhibition	d 🗌	Loan	or exchange pro	grams						
b	Scholarly research	e 🔲	Other								
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	how	they further the o	organization's	s exempt purpos	e ın Par	t			
	XIII										
5	During the year, did the organization solicit or i										
Da	assets to be sold to raise funds rather than to		art of	the organization	's collection?				Yes		No
Pa	rt IV Escrow and Custodial Arrai	-		000 Da	mt IV / Jumps (				- Corm		
	Complete if the organization a 990, Part X, line 21.					•	an an	nount o	n Form		
1a	Is the organization an agent, trustee, custodiar	or other intermed	ary fo	or contributions o	r other asset	s not					
	included on Form 990, Part X?								Yes	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing	g table					A		
							<u> </u>		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance	000 Dart V I.a.a	24 6		اماما	الإستان المامالية	1f	L	T Va		— No
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII C					-			Yes	` ⊢	NO
	rt V Endowment Funds.	oneck here if the ex	pianic	ition has been pi	Ovided Off 1	an Am				1	
-	Complete if the organization a	answered "Yes"	on I	Form 990. Pa	rt IV. line 1	10					
		(a) Current year		(b) Prior year	(c) Two yea	1	Three year	s back	(e) Four	years b	ack
1a	Beginning of year balance		-					ŀ			
	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 current	nt year end balanc	e (line	1g, column (a))	held as						
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ► %										
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%									
3a	Are there endowment funds not in the possess	sion of the organiza	ition t	hat are held and	administered	for the			_		
	organization by								$\overline{}$	Yes	No
	(ı) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		_
4	Describe in Part XIII the intended uses of the o		wmer	nt funds							
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		on l	Form 990, Pa	rt IV, line	11a See Forr	n 990,	Part X	, line 10	)	
	Description of property	(a) Cost or other b	asıs	(b) Cost or o		(c) Accumula			(d) Book v	alue	
	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	(investment)		(oth		depreciation	on				
	Land				89,177	* -		_		9,1	
	Buildings			8	99,900	20:	1,10	2	69	8,7	<i>1</i> 98
	Leasehold improvements		_		FF 666	= -		_			-
	Equipment				55,666	5	1,96	ㅋ		3,7	/ U 1
е	Other	I		1							

791,676

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

Part VII	Investments—Other Securities.	<u> </u>	11h Soo Form 000 Port	V line 12
	Complete if the organization answered "Yes" ( (a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mar	
(1) Financial d	<del></del>			
	ld equity interests		-	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
( <b>F</b> )				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990. Part	X. line 13
-	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	
(1)				
	<del></del>			··
(2)			-	
(3)				
(4)				
(5)		_		
(6)				
<u>(7)</u>				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d See Form 990, Part	X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		-		<del></del> -
(5)	······································	• • • • • • • • • • • • • • • • • • • •		
(6)				
(7)				
(8)				<del></del>
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990	D, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	ncome taxes			
(2) <b>COMMI</b>	TMENT FEES	119,120		
(3)				
(4)				
(5)				
(6)				
(7)				
/Q\		i		
(8)	· .			
(9)	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	119,120		

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

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide 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, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

1,104,546

1,104,546

3

4c

Page 5

Part XIII Supplemental Information (continued)

#### **SCHEDULE J**

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DENVER URBAN ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

74-2363487

Pa	irt I Questions Regarding Compensation			
			Ýes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
	Proportionary Sperialing account.			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			i
٠	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		x
	expiair —	10		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		x
	1a?	2	$\vdash$	
•			ł	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		l	
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract		1	1
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			İ
		}	1	ł
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Į		İ
	organization or a related organization		İ	.,
	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		ļ	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	ĺ	ĺ	ĺ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of	İ		
а	The organization?	5a	x	
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III			
		l	ŀ	l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of			
9	The organization?	6a		x
	Any related organization?	6b	<del> </del>	X
U	If "Yes" on line 6a or 6b, describe in Part III	- O.D	$\vdash$	<del></del> -
	H TES OFFINE DA OF OU, UCSCHOC III FAIL III	[	l	l
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	}	1	1
•		,		x
6	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<del> </del>	<u> </u>
8	A series of the	J	J	ļ
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		v
	ın Part III	8_	├	X
		Į		]
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_	1	
	Regulations section 53 4958-6(c)?	9	L	_ بر ا

Page 2

74-2363487 DENVER URBAN ECONOMIC DEVELOPMENT

Schedule J (Form 990) 2016 DENVER URBAN ECONOMIC DEVELOPMENT 74–2363487

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(B) Breakdown	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	compensation (C) Retirement and (D	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)–(D)	ın column (B) reported as deferred on prior Form 990
GERRINGER	(1) 100,00	179,987	0	16,510	10,213	306,710	0
1 EXECUTIVE DIRECTOR	(u)	0 0	0	ļ	0	0	0
	(1)						
2	(11)						
	€					-	
3	(ii)						
	(0)						
4	(ii)						
	(ο)						
5	(11)						
	(0)						
9	(ii)						
	(0)						
7	(11)						
	(0)						
8	<u>(E)</u>						
	\$						
6	€						
	· ·					•	
01			}				
÷	· (#)						
	3						
12	(II)						
	(1)						
13	(II)						
	, (2)						
14	<b>(E)</b>						
ţ	(a)						
	: 3						
9-	(E)		,				
		1					

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

- FRINGE OR EXPENSE EXPLANATION PART I, LINE 1A THE ORGANIZATION PAID FOR A HEALTH CLUB MEMBERSHIP THAT WAS IN THE NAME OF

THE ORGANIZATION DID DERIVE SOME THE FORMER CHIEF FINANCIAL OFFICER. BENEFIT FROM THIS MEMBERSHIP INCLUDING USE OF THE MEETING FACILITIES

AND OTHER AMENITIES.

PART I, LINE 1B - WRITTEN REIMBURSEMENT POLICY EXPLANATION

THERE WAS MONTHLY HEALTH CLUB DUES WERE PAID DIRECTLY BY THE ORGANIZATION.

NO WRITTEN POLICY REGARDING THIS PAYMENT

PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION

THE EXECUTIVE DIRECTOR RECEIVED COMPENSATION IN THE FORM OF COMMISSIONS

BASED UPON LOAN ORIGINATION FEE REVENUE OF THE ORGANIZATION

Schedule J (Form 990) 2016

# **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part II

## Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Name of the organization

DENVER URBAN ECONOMIC DEVELOPMENT

CORPORATION

Employer identification number

74-2363487

P		(section 501(c)(3), section 501(c)(4), and 50 "Yes" on Form 990, Part IV, line 25a or 25b,			
4	(a) Name of discussified assess	(b) Relationship between disqualified person and	tol Doggetter of transporter	(d) Cor	rected?
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)	STEPHANIE GERRINGER	FORMER EXEC DIRECTOR	UNAUTH CREDIT CARD CHARGE		X
(2)	STEPHANIE GERRINGER	FORMER EXEC DIRECTOR	UNAUTHORIZED COMMISSIONS		X
(3)	JOHN GOLDSCHMIDT	FORMER CFO	UNAUTH CREDIT CARD CHARGE		X
(4)	JOHN GOLDSCHMIDT	FORMER CFO	UNAUTHORIZED BONUS		X
(5)					
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

organization reported an amount on			22	_								
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to m the g ?		(f) Balance due	(g) In (	default?	(h) Ap by box comm	ard or	(ı) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
STEPHANIE GERRINGER	FORMER EXE	C DIRECTOR	_									
(1) REIMBURSEMENT	PERSONAL	EXPENSES		X	12,923	12,923	<u> </u>	X		X		X
(2)												
(3)	<b>_</b>		_				 	_				
(4)												
(5)												<del></del>
(6)												
(7)	ļ	}										
(8)											<u>.</u>	
(9)	<u> </u>											
(10)												
Total	<u></u>					12,923						

#### Part III **Grants or Assistance Benefiting Interested Persons.**

	Complete if the organization answered "	Yes on Form 990, Part IV, line	e 27		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					· · · · · · · · · · · · · · · · · · ·
(10)					

Part IV Business Transactions Involving Interested Persons.

	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
		organization			Yes	No
_(1)						
(2)						
(3)					Ţ	Ţ -
(4)						
(5)						T
(6)						T
(7)				•		1
(8)						
(9)						
(10)		7-1				

# Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART V - ADDITIONAL INFORMATION

THE \$12,923 RECEIVABLE FROM THE FORMER EXECUTIVE DIRECTOR THAT WAS INCLUDED

IN PART II WAS COLLECTED IN FULL BY THE ORGANIZATION AFTER SEPTEMBER 30,

2017.

PART 1 - SUBSEQUENT TO SEPTEMBER 30, 2017, THE BOARD OF DIRECTORS OF THE ORGANIZATION BECAME AWARE THAT THE FORMER EXECUTIVE DIRECTOR AND THE FORMER CFO ENGAGED IN TRANSACTIONS THAT WERE UNAUTHORIZED BY THE BOARD OF DIRECTORS. THE UNAUTHORIZED AMOUNTS WERE FOR BOTH THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 AND FOR PRIOR FISCAL YEARS. THE BOARD OF DIRECTORS IDENTIFIED UNAUTHORIZED TRANSACTIONS TOTALING \$487,716 BY THE FORMER EXECUTIVE DIRECTOR, AND \$65,998 BY THE FORMER CFO. OF THOSE AMOUNTS \$224,610 BY THE FORMER EXECUTIVE DIRECTOR, AND \$10,838 BY THE FORMER CFO WERE INCURRED DURING THE YEAR ENDED SEPTEMBER 30, 2017. AFTER SEPTEMBER 30, 2017, THE ORGANIZATION REACHED A SETTLEMENT AGREEMENT WITH THE FORMER EXECUTIVE DIRECTOR WHEREBY SHE REIMBURSED THE ORGANIZATION \$200,000 AS A FULL AND FINAL SETTLEMENT OF THE AMOUNTS SHE OWED TO THE ORGANIZATION, AND THE FORMER CFO REIMBURSED THE ORGANIZATION \$27,000 AS A FULL AND FINAL SETTLEMENT OF THE AMOUNTS HE OWED TO THE ORGANIZATION FOR UNAUTHORIZED ADDITIONALLY, AFTER SEPTEMBER 30, 2017, THE FORMER EXECUTIVE TRANSACTIONS.

	m 990 or 990-EZ) 2016		URBAN ECONOMIC	<u> </u>	<u>74-2363487</u>	Pa
uć IA	<b>Business Transac</b>	ctions Involvin	g Interested Persons.			
	Complete if the organiz	ation answered "Y	es" on Form 990, Part IV, line	28a, 28b, or 28c	<del></del>	
	(a) Name of interested pe	rson	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) SI of o
			interested person and the	transaction		rever
			organization			Yes
rt V	Supplemental Info	ormation	<u> </u>		<u></u>	
			es to questions on Schedule L	(see instructions)		
IRECT	OR REIMBURSE	ED THE ORG	GANIZATION FOR	THE \$12,923	THAT WAS INCLUDE	D I
ART I	I OF SCHEDU	LE L.				
		<u> </u>		<del></del>	<del></del>	
				<del></del>		
<del></del>		<b></b>				

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization DENVER URBAN ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 74-2363487

FORM 990 - ORGANIZATION'S MISSION

DENVER URBAN ECONOMIC DEVELOPMENT CORPORATION WAS ORGANIZED FOR THE PURPOSE OF FUTHERING ECONOMIC DEVELOPMENT FOR THE STATE OF COLORADO BY PROMOTING AND ASSISTING THE GROWTH AND DEVELOPMENT OF NEW AND EXISTING BUSINESSES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS STEPHANIE GERRINGER JOHN GOLDSCHMIDT

FMR EXEC DIR

FMR CFO

MARRIED

FORM 990, PART VI, LINE 5 - MATERIAL DIVERSION OF ASSETS THE FORMER EXECUTIVE DIRECTOR AND FORMER CFO ENGAGED IN EXCESS BENEFIT TRANSACTIONS DURING THE YEAR ENDED SEPTEMBER 30, 2017 AND DURING PRIOR FISCAL YEARS. SEE DISCUSSION OF THE EXCESS BENEFIT TRANSACTIONS ON SCHEDULE L

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED STEPHANIE GERRINGER 759 POPLAR STREET DENVER, CO 80220

JOHN GOLDSCHMIDT

759 POPLAR STREET

DENVER, CO 80220

Employer identification number

74-2363487

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED AND APPROVED BY BOARD MEMBERS AND THE EXECUTIVE DIRECTOR BEFORE FILING WITH THE IRS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PROVIDED UPON REQUEST AT ORGANIZATION'S OFFICE.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	PROGRAM	SERVICE	MGT &	GENERAL	FUNDRAISING	
CONTRACT	SERVICING					
	Ś	201.452	Ś	0	<b>Š</b>	0