

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

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
 PUEBLO DOWNTOWN ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
 503 N MAIN ST STE 952

City or town, state or province, country, and ZIP or foreign postal code
 PUEBLO, CO 81003

D Employer identification number
 84-0987355

E Telephone number
 (719) 543-7155

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.PUEBLODOWNTOWN.COM

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 114,869

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	1,844
3	Membership dues and assessments	3	35,737	12	Salaries, other compensation, and employee benefits	12	14,759
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	1,127
5a	Gross amount from sale of assets other than inventory	5a	750	14	Occupancy, rent, utilities, and maintenance	14	12,465
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	6,493
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	750	16	Other expenses (describe in Schedule O)	16	24,409
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	61,097
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,227
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	58,322	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	96,227
c	Less: direct expenses from gaming and fundraising events	6c	38,545	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,777	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	111,454
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	20,060				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	76,324				

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	76,738	22 93,354
23 Land and buildings		23
24 Other assets (describe in Schedule O)	20,816	24 19,491
25 Total assets	97,554	25 112,845
26 Total liabilities (describe in Schedule O).	1,327	26 1,391
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,227	27 111,454

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PRIMARY EXEMPT PURPOSE - ENHANCEMENT OF DOWNTOWN PUEBLO THROUGH THE PROMOTION OF BUSINESS, BEAUTIFICATION AND DEVELOPMENT OF ACTIVITIES	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TJ WRIGHT PRESIDENT	7.00	0		
MIKE CARLISLE VICE PRESIDE	7.00	0		
JUDITH MCGINNIS TREASURER	12.00	0		
TAMMY FESMIRE SECRETARY	4.00	0		
MARGARET WARD-MASIAS EXECUTIVE DI	20.00	14,759		
MIKE CUPPY DIRECTOR	2.00	0		
KRISTEN SPICOLA DIRECTOR	4.00	0		
LEE GLADNEY DIRECTOR	2.00	0		
ALEXANDRIA ROMERO DIRECTOR	4.00	0		
NICOLE VALDEZ DIRECTOR	4.00	0		
APRIL KASZA DIRECTOR	4.00	0		
PEGGY WILLCOX DIRECTOR	5.00	0		

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

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of JUDITH MCGINNIS Telephone no. (719) 544-4752
Located at P O BOX 1953 PUEBLO, CO ZIP + 4 81002

Table with 3 columns: Question, Yes, No. Rows include 42b-42c regarding foreign accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-45b regarding donor advised funds, hospital facilities, and controlled entities.

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

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

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

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

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

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

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

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

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

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

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

Sign Here Signature of officer ***** JUDITH MCGINNIS TREASURER	Date 2020-05-14
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PAOLUCCI MARK J	Preparer's signature	Date 2020-05-14	Check <input type="checkbox"/> if self-employed	PTIN P00203775
	Firm's name ► MGPM PC				Firm's EIN ► 84-0628988
	Firm's address ► 503 N MAIN ST STE 740 PUEBLO, CO 81003				Phone no. (719) 543-0516

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

Additional Data

Software ID:
Software Version:
EIN: 84-0987355
Name: PUEBLO DOWNTOWN ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description
EXTENDED TO MAY 15 2020

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 STREETSCAPING - CHRISTMAS DECORATIONS - DOWNTOWN PROMOTION - FUNDRAISING (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		DANCING W/ THE (event type)	PARADE OF LIGHT (event type)	4 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	22,037	18,296	17,989	58,322
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	22,037	18,296	17,989	58,322
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,559	10,436	14,550	38,545
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,545
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				19,777	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

PUEBLO DOWNTOWN ASSOCIATION

Employer identification number

84-0987355

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	STREETSCAPE MAINTENANCE 20,060 TOTAL 20,060

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE & EQUIP MAINTENANCE 730 BANK FEES & DUES 993 OFFICE SUPPLIES 117 INSURANCE 1,773 LICENSES AND FEES 60 PAYROLL TAXES 1,005 SALES TAX 102 CIVIC PROJECTS 13,490 NON-INVESTMENT DEPRECIATION 6,139 TOTAL 24,409

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	OTHER DECREASES -3,019 BOOK / TAX DEPRECIATION DIFFERENCE 3,019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	OTHER DEPRECIABLE ASSETS 140,587 137,386 LESS ACCUMULATED DEPRECIATION 119,771 117,895 TOTAL 20,816 19,491

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 0 275 PAYROLL TAXES 1,327 1,116

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PRIMARY EXEMPT PURPOSE - ENHANCEMENT OF DOWNTOWN PUEBLO THROUGH THE PROMOTION OF BUSINESS, BEAUTIFICATION AND DEVELOPMENT OF ACTIVITIES