

Form **990-EZ**

**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)

OMB No 1545-1150

**2018**

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** , 2018, and ending

**B** Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C**  
**DOWNTOWN OGDEN INC**  
**2380 WASHINGTON BLVD STE 270**  
**OGDEN, UT 84401**

**D** Employer identification number  
87-0507277

**E** Telephone number

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ N/A

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

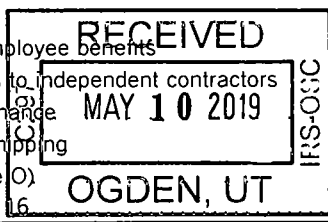
**K** Form of organization  Corporation  Trust  Association  Other

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 51,437.

**Part II 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	1	Contributions, gifts, grants, and similar amounts received	1	25,000.				
	2	Program service revenue including government fees and contracts	2	25,631.				
	3	Membership dues and assessments	3					
	4	Investment income	4	806.				
	5a	Gross amount from sale of assets other than inventory	a					
	5b	Less cost or other basis and sales expenses	5b					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6	Gaming and fundraising events						
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b						
6c	Less direct expenses from gaming and fundraising events	6c						
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d						
7a	Gross sales of inventory, less returns and allowances	7a						
7b	Less cost of goods sold	7b						
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
8	Other revenue (describe in Schedule O)	8						
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		51,437.				
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10					
	11	Benefits paid to or for members	11					
	12	Salaries, other compensation, and employee benefits	12	48,546.				
	13	Professional fees and other payments to independent contractors	13	695.				
	14	Occupancy, rent, utilities, and maintenance	14					
	15	Printing, publications, postage, and shipping	15					
	16	Other expenses (describe in Schedule O)	16	28,453.				
	17	<b>Total expenses.</b> Add lines 10 through 16	17	77,694.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,257.					
Net Assets	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	249,842.				
	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	223,585.				



SEE SCHEDULE O

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2018)

**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	253,268.	225,270.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	253,268.	225,270.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	3,426.	1,685.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	249,842.	223,585.

**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? SEE SCHEDULE O

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 SUCCESSFULLY PROMOTED ECONOMIC DEVELOPMENT OF THE DOWNTOWN OGDEN AREA. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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
MARK ALTICE PRESIDENT	0	0.	0.	0.
KEITH BUSWELL VICE PRESIDENT	0	0.	0.	0.
JANITH WRIGHT SECRETARY	0	0.	0.	0.

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of DAN MUSGRAVE Telephone no (801) 695-7125
Located at 800 S 4100 W OGDEN UT ZIP + 4 84401

42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

	Yes	No
46		X

**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

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 ▶

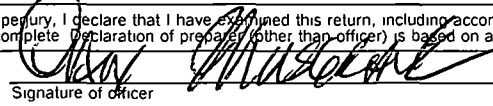
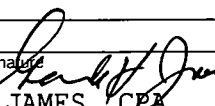
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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.

<b>Sign Here</b>	 Signature of officer		Date <u>5/8/19</u>		
	DAN MUSGRAVE Type or print name and title		PRINCIPAL OFFICER		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GORDON JAMES, CPA	Preparer's signature  GORDON JAMES, CPA	Date 5-6-19	Check <input type="checkbox"/> if self-employed	PTIN P00344477
	Firm's name ▶ CARVER FLOREK & JAMES CPAS			Firm's EIN ▶ 52-2408237	
	Firm's address ▶ 2246 N. UNIVERSITY PARK BLVD LAYTON, UT 84041			Phone no 801-926-1177	

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**DOWNTOWN OGDEN INC**

Employer identification number

**87-0507277**

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BANK CHARGES	\$	90.
CAR ALLOWANCE		2,000.
CONFERENCES, CONVENTIONS, AND MEETINGS		1,790.
FOOD-MEETINGS		1,321.
FUEL		583.
INSURANCE		12,913.
LICENSES & PERMITS		120.
OFFICE & EVENTS SUPPLIES		2,794.
OUTSIDE SERVICES		3,500.
RAMP EXPENSES		1,421.
TELEPHONE & INTERNET		1,921.
<b>TOTAL</b>	<b>\$</b>	<b>28,453.</b>

**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,426.	\$ 1,685.
<b>TOTAL</b>	<b>\$ 3,426.</b>	<b>\$ 1,685.</b>

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTION OF ECONOMIC DEVELOPMENT AND GROWTH OF THE DOWNTOWN OGDEN AREA THROUGH  
MARKETING EVENTS, PROMOTIONAL ACTIVITES, ECONOMIC OPPORTUNITIES, AND ENTERTAINMENT  
FOR THE COMMUNITY.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? **NO**

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? **NO**