

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury

Open to Public Inspection

Int	ernal F	Revenue S	Service	► The organization may have to use a copy of this return to satisfy state reporting requ	<u>лгете</u>	nts	Inspection
A	For	r the 20)08 ca	alendar year, or tax year beginning $JUL 1, 2008$ and ending JUL	1 30), 2	009
В	Chec	ck if licable	Please	C Name of organization	D Empl		entification number
٢	- TA	ddress	use IRS	DOWNTOWN DEVELOPMENT FOUNDATION	-		
ř		ama 1	label or print or	% CHRISTIE DEPOORTER	QΩ	- ∩ 3	06353
		nitia!	type	Number and street (or P O box, if mail is not delivered to street address) Room/suite			
F			See Specific				
<u> </u>	a	tion	Instruc-	121 W. 131h S1. S1E. 200			33-9730
Ĺ		mended eturn			F Grou	p Exem	ption
L		pplication ending		CHEYENNE, WY 82001		ber 🕨	
	• (Section	501(c)((3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Account	ling me	thod: L	X Cash Accrual
				Schedule A (Form 990 or 990-EZ) Other (s	pecify)	_	
ı	Wel	bsite 🕽	► N/	/A H Check	▶ [¥	🕽 if the	e organization is not
J	Org	anizatio	n type	(check only one)— $X = 501(c)(3)$ (insert no.) $4947(a)(1)$ or 527 required to	attach !	Schedul	le B (Form 990 990-EZ or 990-PF)
K				the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not			
				organization chooses to file a return, be sure to file a complete return.			,000,711,010,111,10
				and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ			3.
, it	art			nue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ctions f		
L	1			 	110113	4	·· <i>)</i>
				ons, gifts, grants, and similar amounts received	-		
	1		_	service revenue including government fees and contracts	-	2	
	3	3 Men	nbersh	nip dues and assessments	F	3	
	4	4 Inve	stment	it income	L	4	3.
2010		5a Gros	ss amo	ount from sale of assets other than inventory 5a			
7		b Less	s cost	or other basis and sales expenses 5b			
9		c Gain	or (los	ss) from sa <u>le of assets other than inventory (Subt</u> ract line 5b from line 5a) (attach schedule)	L	5c	
S e	1 6	6 Spe	cial eve	ents and activities (������������������������������������			
DEC 0	ŀ			enue (not including \$ 100 of contributions	ŀ	*	
急	İ	****	rtad ar	almost) los		-	
$\overline{}$		h less	s direct	ct expenses of the rundratsing expenses ω			
Ш				e or (loss) from <u>special events and activities (Subt</u> act line 6b from line 6a)	-	6c	
Z	۱.			is of inventory, less @ (4) and allowables 7a 7a	-	00	
SCANNED	'				\dashv		
Ç					^-		
S	Ι,			fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	, -	7c	
	8			nue (describe	-'├	8	
				nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	3.
	10			d similar amounts paid (attach schedule) STMT 1	· -	10	3,300.
	11			aid to or for members		11	
ses	12		,	ther compensation, and employee benefits	_	12	
eus	13	3 Prof	ession	nal fees and other payments to independent contractors	L	13	
Expen	14	4 Occi	upancy	y, rent, utilities, and maintenance	L	14	
	15	5 Prin	tıng, pı	ublications, postage, and shipping	L	15	
	16	6 Othe	er expei	enses (describe 🚩	_)	16	
	17	7 Tota	ıl expe	enses Add lines 10 through 16		17	3,300.
,	18	B Exce	ess or ((deficit) for the year (Subtract line 17 from line 9)	L	18	-3,297.
Net Assets	19	9 Net	assets	or fund balances at beginning of year (from line 27, column (A))			
Ass		(mu	st agre	ee with end-of-year figure reported on prior year's return)		19	6,182.
et.	20	•	_	nges in net assets or fund balances (attach explanation)		20	
Z	21			or fund balances at end of year Combine lines 18 through 20		21	2,885.
F	art			ice Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Fo			
ـــا				(See the instructions for Part II.) (A) Beginning of	_	T	(B) End of year
2	2 (Cach ca	vinge s		82.	22	2,885.
. 2		Land and				23	2,003.
2				lescribe ►		24	
2		Total as:	•		82.	25	2,885.
				s (describe >)	0.	26	0.
2					82.		2,885.
	7 2171 -17-0			or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990		<u> </u>	Form 990-EZ (2008)
12	-17-0	ᅜᅜᄓ	"¬ FU	or rivery metant aperment incurrent net neuros, see the monutablem of fulli 550			1 OHH 220 LE (2008)

DOWNTOWN DEVELOPMENT FOUNDATION

	1990-EZ (2008) % CHRISTIE DEPOORTER 83-030					53 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)			penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	י 3			(Required	for 501(c)(3) ganizations and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a	a clear and concise manner, d	escribe the services		4947(a)(1) trusts; optional
	RAISE MONEY FOR DEVELOPMENT AND BEA		ROJECTS T	N		·
20	DOWNTOWN CHEYENNE, WYOMING.	MOTIFICATION I	ROODCID I			
] [
	(Grants \$) If this amount includes foreign of	grants, check here			28a	
29			 			
						
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30						
	(Grants \$) If this amount includes foreign of	grants, check here	>		30a	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign of	grants, check here		 	31a	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mnlovees		<u> </u>	32	0.
P	art IV List of Officers, Directors, Trustees, and Key L	.IIIpioyees. List each one e	ven if not compensated	1	ontributions	
		(b) Title and average hours			employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred pensation	other allowances
	NDEDE D. GLADY OOF COLDEN HILLG	CHAIRMAN			ponoution	
	DEERT D. CLARY, 825 GOLDEN HILLS	0.00	0.		0.	0.
	C., CHEYENNE, WY 82009		0.		U .	<u> </u>
	MI FALZONE, 2515 WARREN AVE.,	SECRETARY			^	_
	JITE 450, CHEYENNE, WY 82001	0.00	0.		0.	0.
	JE MILLER	TREASURER			•	
<u>21</u>	0 W. LINCOLNWAY, CHEYENNE, WY 82001	0.00	0.		0.	0.
		-				
				ļ		
			1			
]		1		
]				
				<u> </u>		
			1			
_						
_						
]			
			<u> </u>			
		1	İ			
_				<u> </u>		
_		†	1			
				 		
		1	1			
832	172	<u> </u>	<u> </u>	L.—	Earm	990-EZ (2008)
12-	17-08				FOLID	33Y-EÆ (2UU8)

Form 990-EZ (2008)

Pa	Int V Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not		1	
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	ŀ		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy		ĺ	
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	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 unpaid at the start of the period covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_	1.	
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	\dashv	.,	
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_ '	7.	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		-,'	
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . , section 4955 ▶ 0 .			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 0 •			
	Enter amount of tax on line 40c reimbursed by the organization O.	.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		37
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed. ► <u>WY</u> The books are in care of ► CHRISTIE DEPORTER Telephone no ► 307-4	33 0	720	
42 a	The books are in care of \blacktriangleright CHRISTIE DEPOORTER Located at \blacktriangleright 121 W. 15TH ST. STE 200, CHEYENNE, WY Telephone no \blacktriangleright 307-4			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	0200		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country		,	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			;
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
-	If "Yes," enter the name of the foreign country.			_
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	N/A	<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	ļ		1
	completed instead of Form 990-EZ	45_	L	X
		Form 9	90-EZ	(2008)

DOWNTOWN DEVELOPMENT FOUNDATION Form 990-EZ (2008) Page 4 % CHRISTIE DEPOORTER 83-0306353 Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No 46 office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Х 47 Is the organization operating 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? Х 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the 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," (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation

				I	
Total numb	er of other independent contractors each receiving over \$100,000		•		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer Type or print name and title				t of my knowledge and belief, it is true, \(\frac{1}{2} - \frac{1}{2} \) Date
Paid Preparer's	Preparer's signature	Date	/	eck if self- ployed	Preparer's Identifying Number (See instr.)
Use Only	film s name (or yours of self-employed) address, and ZIP+4 MCGEE, HEARNE & PAIZ, P. O. BOX 1088 CHEYENNE, WY 82003	LLP			EIN ► Phone ► no. 307-634-2151
May the IRS	S discuss this return with the preparer shown above? See instructions				► X Yes N

Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

DOWNTOWN DEVELOPMENT FOUNDATION & CHRISTIE DEPOORTER

Employer identification number 83-0306353

Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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 federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 the Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization orgañizátion in col in col (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes No Yes (see instructions)) Nο Nο

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Total

DOWNTOWN DEVELOPMENT FOUNDATION

Schedule A (Form 990 or 990 EZ) 2008 % CHRISTIE DEPOORTER 83-0306353 Page 2 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) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (e) 2008 (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 4 Total, Add lines 1 - 3 5 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) 0. 6 Public Support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2008 (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3. 4. 7. 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 IV) 7. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage .00 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		L]			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	· · · · · · · · · · · · · · · · · · ·					
(less section 511 taxes) from businesses						
c Add lines 10a and 10b			 		 	
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 IV)						
13 Total support (Add lines 9, 10c, 11, and 12)				,		
14 First five years. If the Form 990 is for t	he organization's	s first, second, thi	rd, fourth, or fifth tax	x year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	Ü					▶□
Section C. Computation of Public	Support Pe	rcentage				· · · · ·
15 Public support percentage for 2008 (lin		·	column (fl)		15	
16 Public support percentage from 2007 S	, ,,				16	
Section D. Computation of Invest					1.2.1	
17 Investment income percentage for 200					17	
					18	
· ·	•	·		15 is more than		
19a 33 1/3% support tests - 2008. If the o	•		_			i is uòr
more than 33 1/3%, check this box and	•			• •		
b 33 1/3% support tests - 2007. If the o	•		·			ina 🔽 🖵
line 18 is not more than 33 1/3%, chec	k triis dox and st	top nere. The orga	anization qualifies as	s a publicly supp	orted organization	▶∟
20 Private foundation. If the organization	المساملة عمر المرام	hay an line 44 40	0 0 10h ab 1 11	a bau	ata intic	▶ [

FORM 990-EZ PAYMENTS TO	PAYMENTS TO AFFILIATES				
AFFILIATE'S NAME	AFFILIATES ADDRESS				
CHEYENNE DOWNTOWN DEVELOPMENT AUTHORITY	121 WEST DEPOT SQUARE CHEYENNE, WY 82001				
PURPOSE OF PAYMENT		AMOUNT			
CHEYENNE CHAMBER OF COMMERCE		3,3	00.		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3.30	00.		

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				MENT	2
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

3

RAISE MONEY FOR DEVELOPMENT AND BEAUTIFICATION PROJECTS IN DOWNTOWN CHEYENNE WYOMING.