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DLN: 93493136039882

# Form **990**

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 black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public Inspection

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

	Revenue		<u> </u>	· -	requirements	Inspection
		2011 calendar year, or tax year beginning 01-01-2011  C Name of organization	and ending 12-31-20	11	D Employer ide	ntification number
_	•	CASTLE ROCK ECONOMIC				
_	ress cha	Doing Business As		—	84-144573! E Telephone nu	
_	ne char				(303)688-7	488
Initia —	al retur	Number and street (or P O box if mail is not delivered 18 South Wilcox St	d to street address) Room/	suite	<b>G</b> Gross receipts s	
Tern	nınated	18 South Wilcox St		ŀ	a cross receipts :	, 525,177
Ame	ended r	eturn City or town, state or country, and ZIP + 4 Castle Rock, CO 80104	•			
- Appl	lication	pending				
		<b>F</b> Name and address of principal officer		H(a) Is thu	s a group return	for
				affiliat		ΓYes <b>Γ</b> No
				H(b) Are all	affiliates include	ed?
				1 ' '		(see instructions)
Tax	-exem	pt status	1947(a)(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		p exemption nur	
We	ebsite	: www CastleRockEDC com		7 ``		
<b>7</b>	-6	anization 🔽 Corporation Trust Association Other 🕨		1 V		Chata of land downside Co
Par		Summary Summary		L Year of for	mation 1997 <b>M</b>	State of legal domicile CC
Ра			<u> </u>			
		Briefly describe the organization's mission or most sign Economic development and information for the Castle R		iitv		
<u>ع</u>	_			,		
cao vermanos	-					
ן עַ	2 (	Check this box 🔭 if the organization discontinued its	onerations or disposed	of more than 2	5% of its not as	cate
3		Number of voting members of the governing body (Part )				45
		Number of independent voting members of the governing			4	45
<u> </u>		otal number of individuals employed in calendar year 2			5	
Hourines a		otal number of volunteers (estimate if necessary) .			6	
ŧ		otal unrelated business revenue from Part VIII, colum			7a	(
		Net unrelated business taxable income from Form 990-			7b	
			.,	Prior	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			298,392	361,153
<u>9</u>	9	Program service revenue (Part VIII, line 2g)			46,651	160,357
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			-3,666	822
랸	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			3,380	-3,412
	12	Total revenue—add lines 8 through 11 (must equal Pa		ne		_,
		12)			344,757	518,920
	13	Grants and similar amounts paid (Part IX, column (A)	), lines 1–3 )		3,694	0
	14	Benefits paid to or for members (Part IX, column (A),				0
ge	15	Salaries, other compensation, employee benefits (Par 5-10)	rt IX, column (A), lines		285,936	350,770
Брепзея	16a	Professional fundraising fees (Part IX, column (A), lin	ne 11e)		203,330	0
क्			le i i e i i e i i e i i e i i e i i e i i e i i e i e i e i e i e i e i e i e i e i e i e i e i e i e i e i e			
മ്	b 17	Total fundraising expenses (Part IX, column (D), line 25) •0	115 24 0		110,579	100 204
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses Add lines 13-17 (must equal Part I)			400,209	199,304 550,074
	19	Revenue less expenses Subtract line 18 from line 12			-55,452	-31,154
υ φη Το Φο		Revenue less expenses subtract line to non-line tr		Beginning	of Current	<u> </u>
9 8					ear	End of Year
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	Total assets (Part X, line 16)			234,302	227,520
net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			93,707	121,058
¤Œ	22	Net assets or fund balances Subtract line 21 from lin	ne 20		140,595	106,462
Par	t II	Signature Block				
	edge a	ties of perjury, I declare that I have examined this return, i and belief, it is true, correct, and complete. Declaration of p				
		N		<u> </u>		
::		****** Signature of officer			12-05-14 te	
Sign Iere	,			Da		
iere	•	FRANK GRAY President & CEO Type or print name and title				
		<u></u>	Data	Charle &	D=====================================	
		Preparer's signature Aaron S Fort	Date	Check If self-	Preparer's taxpay (see instructions)	er identification number
Paid		Signature		employed 🕨 🦳		
Prepa		Firm's name (or yours			EIN Þ	<u> </u>
Jse O	nly	address, and ZIP + 4 407 North Wilcox St				
		Cartla Park CO 901042429			Phone no 🕨 (30	)3) 688-0375

Castle Rock, CO 801042428

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Forn	n 990 (2011)				Page				
Par		of Program Service Aule O contains a response	Accomplishments to any question in this Part III		୮				
1	Briefly describe the o	rganızatıon's mıssıon							
Ecor	nomic development and	information for the Castle	Rock business community						
_									
2	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	rogram services during the year wh		'es ✓ No				
	If "Yes," describe thes	se new services on Schedu	ıle O						
3	Did the organization c		significant changes in how it condu		′es 🔽 No				
	If "Yes," describe these changes on Schedule O								
4	expenses Section 50	1(c)(3) and 501(c)(4) org	complishments for each of its three anizations and section 4947(a)(1) ses, and revenue, if any, for each p	trusts are required to report th					
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	ECONOMIC DEVELOPMEN	T-SEE YEAR END REPORT							
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	BUSINESS DEVELOPMENT								
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	COMMUNICATION								
	Other program service	ces (Describe in Schedule	e O )						
	(Expenses \$		, grants of \$	) (Revenue \$	)				

Total program service expenses►\$

Part TV	Checklist	of Reauired	Schedules
21171	CHECKHSU	oi keuulieu	ocileuules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
,	Tabout he number of Forms W. 2C year land on line 1 of Forter Curing to a pulsable.	-		
b	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 reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
	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 or securities	4a		NI a
	account)?	- <del>1</del> a		No
b	If "Yes," enter the name of the foreign country ►	,		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	JD		No
_	The testion interest of SD, and the organization line Form 6000-17	5c		140
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
4	file Form 8282?	7c		
u	11 res, indicate the number of Forms 6262 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	   7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		140
a	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
	Section 501(c)(7) organizations. Enter	J.		140
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )	{		
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		NI -
	allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand	1		
-	13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  $\,$  .  $\,$  .  $\,$  .

Se	ction A. Governing Body and Management			
			Yes	No
1_	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	Yes	
3	3	103	NI -	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
-	filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		Νo
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Νo
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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			
	organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Frank Gray

18 South Wilcox St 202

Castle Rock, CO 80104 (303)688-7488

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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

Check this box if neither the organiz	zation nor any re	elated o	rganı	zatio	ons	compe	ensat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) See List Attached Directors	50	х						0	0	0
(2) Frank Gray President & CEO	55 00			х				147,447	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) (C)  A verage Position (do not check more than one box, unless person is both week an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	I .	
1b	Sub-Total			<u> </u>				<b>▶</b>							
С	Total from continuation sheets t	to Part VII, Sec	tion A					•							
2	Total (add lines 1b and 1c) .  Total number of individuals (inclusion),000 of reportable compens		nited to			ted	• above	) who	receive	147,447 d more tha	an				
3	Did the organization list any <b>form</b>								r highest	t compens	ated employee		Yes	No	
4	on line 1a? If "Yes," complete Sch For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able (	com	pens	sation	and				3 4		No	
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No No	
Se	ction B. Independent Cont	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	the organizatio ear									ng with				
	Nan	(A) ne and business add	dress							Desc	(B) ription of services	$\frac{1}{1}$	(C) Compensation		
												$\pm$			
												$-\Gamma$			
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nited	d to	those	liste	d above)	who recei	ved more than				

Form 99			_					Page <b>9</b>
Part \	<u> </u>	Statement of	Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campai	gns <b>1a</b>					
E E	b	Membership dues	1b	172,175				
s, g	C	Fundraising event	s <b>1c</b>					
<u>a</u> j∰	d	Related organizati	ions 1d					
E, S	e	Government grants (c	contributions) <b>1e</b>	124,050				
Contributions, gifts, grants and other similar amounts	f g	All other contributions, similar amounts not in Noncash contributions.	ncluded above tions included in	64,928				
S E	h	lines 1a-1f \$	 a-1f	▶	361,153			
				Business Code				
Program Service Revenue	2a b	Fees & Contracts Gov	Agencies	561000	160,357	160,357		
<u>7</u> 2	°	_						
Ş	d							
38	e							
E E	f	All other program	service revenue					
ွို	-							
	g		a-2f		160,357			
	3		ne (including dividend amounts)	_	755			755
	4		ent of tax-exempt bond p	<b>⊢</b>	0			
	5			· · · · · · · · · · · · · · · · · · ·	0			
		, 	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	· · · —	or(loss)		o			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory		145				
	ь	Less cost or other basis and sales expenses		78				
	C	Gain or (loss)		67				
	d 8a	Net gain or (loss) Gross income from	n fundraising		67	67		
Other Revenue		sof contributions re See Part IV, line :	_ eported on line 1c)					
Ē	Ь	Less direct expe						
₹	c		ı ss) from fundraısıng (	events 🟲	o			
	9a	Gross income from See Part IV, line 3						
	Ь	Less direct expe	a nses b	6,767				
	c		ss) from gaming activ	10,179 vities	-3,412	-3,412		
	10a	Gross sales of inv returns and allowa	entory, less inces .					
	Ь	Less cost of good	a dissold b					
	c	<del>-</del>	ss) from sales of inve	entory ►	o			
		Miscellaneous R		Business Code				
	11a							
	ь							
	c							
	d	All other revenue						
	e	Total. Add lines 1	1a-11d		0			
	12	Tabal manager	a Inahiii ahaa	· .				<u> </u>
	12	i <b>otal revenue.</b> Se	e Instructions	-	518,920	157,012		755

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations		Сурензез	general expenses	cyhelises
	in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	147,447			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	187,142			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,421			_
9	Other employee benefits	0			
10	Payroll taxes	11,760			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,530			
c	Accounting	3,425			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	5,311			
12	Advertising and promotion	133			
13	Office expenses	7,883			
14	Information technology	3,185			
15	Royalties	0			
16	Occupancy	42,567			
17	Travel	2,154			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,061			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,992			
23	Insurance	3,996			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPECIAL PROJECTS	43,172			
b	RETAIL RECRUITMENT	65,446			
c	MISCELLANEOUS	1,605			
d	MEALS & ENTERTAINMENT	6,656			
e	EDUCATION/GOV'T ISSUES	3,025			
f	All other expenses	163			
25	Total functional expenses. Add lines 1 through 24f	550,074	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 21,460 4,529 1 176,940 147.994 2 2 Savings and temporary cash investments . . . . . . . 3 3 0 50.850 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 Schedule L . . . . . 0 7 0 8 0 9 9 Prepaid expenses and deferred charges . . . . . . 10a 33.370 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 11,723 33,402 b Less accumulated depreciation . . . . 10c 21,647 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets . . . . . . . . . 14 2,500 2,500 15 15 234,302 227,520 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 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 of Schedule 93,707 25 121,058 D . . . . . 26 93,707 26 121,058 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 140,595 106,462 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 140.595 33 106.462 34 Total liabilities and net assets/fund balances . . . . . 234.302 227.520 34

	Check if Schedule O contains a response to any question in this Part XI	•		. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	518,92
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			-31,15
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	140,59
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-2,97
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	106,46
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
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?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 84-1445735

Name: CASTLE ROCK ECONOMIC

**DEVELOPMENT COUNCIL** 

## Form 990, Special Condition Description:

**Special Condition Description** 

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DLN: 93493136039882

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

			Employer identification number		
			84-1445735		
Pa	CASTLE ROCK ECORONIC  PROFILED TO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.  Total number at end of year  Aggregate contributions to (during year)  Aggregate contributions to (during year)  Aggregate value at end of year  Did the organization inform all denors 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 may 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 to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit or the donor or donor advisor, or for any other purpose conferring impermissible private benefit to the donor or donor advisor, or for any other purpose conferring impermissible private benefit or for the donor or donor advisor, or for any other purpose conferring impermissible private benefit or for the donor advisor in writing that great funds may be used to first fund for the text year.  Purpose(5) of conservation easements. Complete if the organization habitate purpose contribution in the form of a conservation easements and the form of the form of a conservat				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5					
6	used only for charitable purposes and not for the ben		ny other purpose		
Pai	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.		
2	Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure)	ertified historic structure		
			Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	İ	2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	۰ rred, released, extinguished, or terminate	d by the organization during		
	the taxable year 🛌				
4	Number of states where property subject to conserva	ition easement is located .			
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, hand			
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►		
7					
•		<i>5</i> ,	J ,		
8		(d) above satisfy the requirements of sec	tion Yes No		
9	balance sheet, and include, if applicable, the text of t	he footnote to the organization's financial			
Par			or Other Similar Assets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc	th in furtherance of public service,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		· <u></u>		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal T</u>	reasur	es, or Ot	<u>her</u>	<u> Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing	that are	a significar	nt us	e of its collection	n	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms			
b	Scholarly research		е	Γ	Othe	·r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furth	er the or	ganızatıon's	exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	orgar	nization			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	for c	ontrıb	utions oi	r other asse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able						
_							<u> </u>	_	Amo	unt	
C C	Beginning balance							lc			
d	Additions during the year						<u> </u>	.d			
e	Distributions during the year						_	le			
f	Ending balance						1	Lf			
2a	Did the organization include an amount on Fo	•	e 21?	)						Yes	∏ No
	If "Yes," explain the arrangement in Part XIV				1 ***	п					
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior						NEOUR V	ears Back
1a	Beginning of year balance	(a)Current rear	(D	PHOL	rear	(c) i wo	rears back	(a)ı	filee fears back (	e)rour r	ears back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
u e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	ld and ad	dministered	for t	:he		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a(i)		<del>                                     </del>
	(ii) related organizations							•	3a(ii)	1	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•				·		•	3b		<u> </u>
	t VI Land, Buildings, and Equipme					10					
FGI	Land, Buildings, and Equipme	int. See roini 93	70, F				(In) Country on the		(-) A	T	
	Description of property					or other estment)	(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) B	look value
1a	Land										
b	Buildings		•								
С	Leasehold improvements						3,	165	141		3,024
d	Equipment						30,	205	11,582	2	18,623
e	Other	<u></u>									
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B	), line	10(c).	)			►		21,647
									Schedule D (	Form 9	90) 201:

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		l of valuation year market value
(1)Financial derivatives		Cost of ella of	year market value
(2)Closely-held equity interests			
Other			
o the.			
	<u> </u>		
Total (Column (2) and add of the 12)	F 000 P- 1 V	1.2	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		l - C l t
(a) Description of investment type	(b) Book value		l of valuation year market value
		Cost of the of	year market varue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of Liability	(b) A mount		
	(b) Amount		
Federal Income Taxes			
UNRECOGNIZED DUES	117,500		
Rounding	1		
PAYROLL TAXES	3,557		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	121,058		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
3			
!	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493136039882

**Employer identification number** 

Investors who support the organization's purpose and keep informed of

Any number of Directors conduct business with each other in their normal

course of business and unrelated to their membership in the Castle Rock

current developments and trends

Economic Development Council

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization CASTLE ROCK ECONOMIC DEVELOPMENT COUNCIL

Department of the Treasury
Internal Revenue Service

Form 990, Part

Form 990. Part

VI. Line 6

VI, Line 2

Form 990, Part VI, Line 6 Explanation of

Form 990, Part VI, Line 2 Description of

Business or Family Relationship of Officers,

Classes of Members or Shareholder

Directors, Et

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7.

2011

Open to Public Inspection

84-1445735 Identifier Return Reference **Explanation** Form 990, Part XII, Line 1 Overall change in accounting method from modified cash in the prior year to accrual in the current year Form 3115 has been filed Form 990. Part Form 990, Part VI, Line 19 Other Organization In most cases, the listed documents are furnished upon request Documents Publicly Available VI Line 19 Form 990. Part Form 990. Part VI. Line 15b Compensation All others require CEO and board chair review VI, Line 15b Review and Approval Process for Officers and Key Employees Form 990. Part Form 990, Part VI, Line 12c Explanation of Review is made at regular Board meetings VI, Line 12c Monitoring and Enforcement of Conflicts Form 990, Part Form 990, Part VI, Line 11 Form 990 Review Review by Executive Committee VI. Line 11 Process Form 990, Part Form 990, Part VI, Line 7b Describe Decisions Members notified of votes and may request full approval VI, Line 7b of Governing Body Approval by Members or Shareholders Form 990. Part Form 990. Part VI. Line 7a How Members or Regular meetings of the members VI. Line 7a Shareholders Elect Governing Body

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

DLN: 93493136039882 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Open to Public Inspection

Name of the organization CASTLE ROCK ECONOMIC DEVELOPMENT COUNCIL								
Part I Identification of Disregarded Entities (Com	olete if the organizatio	n answered "Yes"	on Form 990, Par					
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	<b>(e)</b> nd-of-year asse	ets	<b>(f)</b> Direct controlling entity		
			+					
								(g) ection 512(b)(13 controlled organization  Yes No  No
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		f the organization	answered "Yes" o	n Form 99	0, Part	t IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity	cont	trolled
(1) Castle Rock Merchants Association							Yes	No
18 South Wilcox St 202 Castle Rock, CO 80104	Promotion of downtown Castle Rock	со	501(c)(6)			Town of Castle Rock CO		No
(2) Downtown Development Authority								
18 South Wilcox St  Castle Rock, CO 80104	Downtown Castle Rock promotion and development	со	501(c)(3)			Town of Castle Rock CO		No
	Primary activity  Legal domicile (state of foreign country)  Total income End-of-year assets Direct controlling entity  Promotion of downtown Castle Rock promotion and development  Direct controlling entity  Total income End-of-year assets Direct controlling entity  Promotion of foreign country)  Downtown Castle Rock  CO  Solici(3)  Downtown Castle Rock CO  Town of Castle Rock CO							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y	-		Schedule R (F	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No
	Sift, grant, or capital contribution from related organization(s)			1d		No
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No
e L	oans or loan guarantees by related organization(s)			16	+	110
f S	ale of assets to related organization(s)			1f		No
	curchase of assets from related organization(s)			1g		No
	exchange of assets with related organization(s)			1h		No
	ease of facilities, equipment, or other assets to related organization(s)			1i		No
	ouse of facilities, equipment, of earlier describes to foliated organization(e)					
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No
n S	haring of paid employees with related organization(s)			1n		No
<b>o</b> F	teimbursement paid to related organization(s) for expenses			10		No
p F	Reimbursement paid by related organization(s) for expenses			<b>1</b> p		No
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No
r C	ther transfer of cash or property from related organization(s)			1r		No
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
1) 2)						
2)						
3)						
4)						
5)						
6)		1		I		

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	Share of end-of-year total income assets amount asset asset as a second as a second asset as a second as		(h) Disproprtionate allocations?		n box managır ule K-1 partner (65)		<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

## **Application for Change in Accounting Method**

OMB No 1545-0152

Department of the Treasury Internal Revenue Service	G	•						
Name of filer (name of parent corporation if a CASTLE ROCK ECONOMIC	consolidated group) (see instructions)	Identification number 84-1445735	er (see instructi	ons)				
DEVELOPMENT COUNCIL		Principal business active 900099	rity code number (	see instructi	ons)			
Number, street, and room or suite no If a PO	box, see the instructions	Tax year of change be	gins (MM/DD/YYY	Y) 01-01-	-2011			
18 South Wilcox St		Tax year of change ends (MWDD/YYYY) 12-31-2011						
City or town, state, and ZIP code		Name of contact person (see instructions)						
Castle Rock, CO 80104		Frank Gray						
Name of applicant(s) (if different than filer) are CASTLE ROCK ECONOMIC	nd identification number(s) (see instructio	ns) ID No 84-1445735	Contact person's (303) 688-7488	s telephone n	number			
If the applicant is a member of a consoli If Form 2848, Power of Attorney and Dec				<u>►                                    </u>	ııred),			
				<u> </u>				
Check the box to indicate the applicant	<b>:.</b>	Check the appropria						
┌ Individual	Cooperative (Sec 1381)	of accounting meth (see instructions)	od change bein	g requeste	a.			
☐ Corporation	┌─ Partnership	(See mandenons)						
Controlled foreign corporation	☐ S corporation	Depreciation or A	mortization					
(Sec 957)	☐ Insurance co (Sec 816(a))	Financial Product		ıal Actıvıtıes	of			
10/50 corporation (Sec 904(d)(2)(E))		Financial Institution	ons					
☐ Qualified personal service corporation (Sec 448(d)(2))	☐ Other (specify) ►	☐ Other (specify) ►						
Exempt organization Enter Code sec	tion ► 501(c)(6)							
Caution:To be eligible for approval of the re		na, the taxpaver must pro	ovide all information	on that is reli	evant			
to the taxpayer or to the taxpayer's requested (including its instructions), as well as any off The taxpayer must attach all applicable s	d change in method of accounting. This her information that is not specifically i	s includes all information requested	requested on this					
Part I Information For Automatic				Ye	s No			
1 Enter the applicable designated automation Enter only one designated automation published by the IRS. If the requeste check "Other," and provide both a dechange. See instructions	c accounting method change numbed change has no designated autoescription of the change and citation	per, except as provided matic accounting meth	d for in guidance iod change num	e nber,				
►(a) Change No <u>122</u> (b) Other  Descr	•							
2 Do any of the scope limitations desc unavailable for the applicant's reque Note: Complete Part II below and then F	ested change? If "Yes," attach an ex	φlanation		эе 	X			
Part II Information For All Reque	ests	-		Ye	s No			
3 Did or will the applicant cease to enterminate its existence, in the tax year if "Yes," the applicant is not eligible to	ar of change (see instructions)? .				×			
4a Does the applicant (or any present of	or former consolidated group in wh	ich the applicant was a	a member durin	g				
the applicable tax year(s)) have any If "No," go to line 5	Federal income tax return(s) under	examination (see inst	tructions)? .		X			
<b>b</b> Is the method of accounting the app or any present or former consolidate		•	• •	ınt				
year(s)) either (i) under consideration	n or (II) placed in suspense (see II	nstructions)? .	···		X			
Under penalties of perjury, I declare that I have knowledge and belief, the application contains a (other than applicant) is based on all information Filer  2012-05-1	all the relevant facts relating to the applic n of which preparer has any knowledge	ompanying schedules and	t, and complete De	eclaration of p				
Signature and date CASTLE ROCK ECONOMIC DEVELOPMENT COUNCIL	<del></del>	Signature of individual pre	eparing the applica	tion and date				
Name and title (print or t	vne)	Name of individual prepari	ng the annication	(nrint or type)				
rame and the print of t	· · · · · · · · · · · · · · · · · · ·	oarriada prepari	approunding		,			

Name of firm preparing the application

Pai	II Information For All Requests (continued)	Yes	No
	the method of accounting the applicant is requesting to change an issue pending (with respect to either the pplicant or any present or former consolidated group in which the applicant was a member during the applicable		
	x year(s)) for any tax year under examination (see instructions)?		X
	the request to change the method of accounting being filed under the procedures requiring that the operating		
	เพรเดท director consent to the filing of the request (see instructions)?		X
	"Yes," attach the consent statement from the director		
	the request to change the method of accounting being filed under the 90-day or 120-day window period? .		X
	"Yes," check the box for the applicable window period and attach the required statement (see instructions)		
	790 day		
f	you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	ear(s) under examination		
	ame ▶ Telephone number ▶ Tax year(s) ▶	_	ļ
_	as a copy of this Form 3115 been provided to the examining agent identified on line 4f?		X
	oes the applicant (or any present or former consolidated group in which the applicant was a member during		
	the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? .		X
	"Yes," enter the name of the (check the box)		
	elephone number, and the tax year(s) before Appeals and/or a Federal court ame ▶ Tax year(s) ▶		
	as a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	-	l I
	n line 5a?		X
	the method of accounting the applicant is requesting to change an issue under consideration by Appeals		
	nd/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant		
	as a member for the tax year(s) the applicant was a member) (see instructions)?		X
	"Yes," attach an explanation		
6	the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
	ttach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d	)	
	x year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or		
	efore a Federal court		
	for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
	partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	onsideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax		
	eturn of a partner, member, or shareholder of that entity?		×
	"Yes," the applicant is <b>not</b> eligible to make the change oes the applicable revenue procedure (advance consent or automatic consent) state that the applicant does		
	ot receive audit protection for the requested change (see instructions)?		×
	"Yes," attach an explanation		$\stackrel{\sim}{\vdash}$
	as the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	rocedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		
	ncluding the year of the requested change)?		×
	"Yes," for each trade or business, attach a description of each requested change in method of accounting		
	ncluding the tax year of change) and state whether the applicant received consent		
С	any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	igned and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	n explanation		
	oes the applicant, its predecessor, or a related party currently have pending any request (including any		l
	oncurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
	"Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
	pe of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
	the request(s) the applicant requesting to change its <b>overall</b> method of accounting?	X	
	"Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of	\ <u>^</u>	$\vdash$
	ccounting Also, complete Schedule A on page 4 of this form		
	resent method:		
	roposed method: Cash Accrual Hybrid (attach description)		

		T	1	
	Information For All Requests (continued)	Yes	No	
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of			
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and			
	complete description for each of the following			
	The item(s) being changed			
	The applicant's present method for the item(s) being changed			
	The applicant's proposed method for the item(s) being changed  The applicant's present overall method of accounting (cash, accrual, or hybrid)			
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal			
	business activity code for each. If the applicant has more than one trade or business as defined in			
Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the				
	goods and services provided by each trade or business and any other types of activities engaged in that			
	generate gross income, the overall method of accounting for each trade or business, and which trade or			
11	business is requesting to change its accounting method as part of this application or a separate application. Will the proposed method of accounting be used for the applicant's books and records and financial statements?			
14	For insurance companies, see the instructions	×		
	If "No," attach an explanation	<u> </u>		
45	•			
158	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization,			
	merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing		×	
1.	of the year under section 381(b)(1)?		<del>  ^`</del>	
r	olf "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying			
	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to			
	the change(s) requested in this application			
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		×	
	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method			
• •	of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories			
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change			
	1st preceding 2nd preceding 3rd preceding 3rd preceding			
	year ended mo yr year ended mo yr year ended mo yr year ended mo			
	\$ 356,709	1		
Pa	Int III Information For Advance Consent Request	Yes	No	
	·	1.00	1.10	
10	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		l x	
	other published guidance as an automatic change request?		<del>  ^</del>	
	request procedures			
40				
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a			
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's			
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either			
	a discussion of the contrary authorities or a statement that no contrary authority exists			
20	Attach a copy of all documents related to the proposed change (see instructions)			
	Attach a statement of the applicant's reasons for the proposed change			
	If the applicant is a member of a consolidated group for the year of change, do all other members of the			
~~	consolidated group use the proposed method of accounting for the item being changed?			
	If "No," attach an explanation			
22:	Enter the amount of <b>user fee</b> attached to this application (see instructions) <b>&gt;</b> \$			
	of the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)			
•	on the applicant qualities for a reduced user lee, attach the required information of certification (see instructions)			
Б	will Continue 404/o) Adjustment	Vac	No	
	rt IV Section 481(a) Adjustment	res	INO	
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the			
	applicant to implement the requested change in method of accounting on a cut-off basis rather than a section			
	481(a) adjustment?		X	
25				
	income 🕨 \$ Attach a summary of the computation and an explanation of the			
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show			
	the computation for each component. If more than one applicant is applying for the method change on the same			
	application, attach a list of the name, identification number, principal business activity code (see instructions),			
	and the amount of the section 481(a) adjustment attributable to each applicant	1		

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Pa	irt IV Section 481(a) Adjustment	Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take		
	the entire amount of the adjustment into account in the year of change?		X
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?		×
	If "Yes," attach an explanation		
Sc	hedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed	<u>'</u>	
	Change in Overall Method (see instructions)	,	
1	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "None " Also,		
	attach a statement providing a breakdown of the amounts entered on lines 1a through 1g		
	Amou		
a	Income accrued but not received (such as accounts receivable)		NONE
k	Income received or reported before it was earned (such as advanced payments). Attach		
	a description of the income and the legal basis for the proposed method		NONE
	Expenses accrued but not paid (such as accounts payable)		NONE
	l Prepaid expenses previously deducted		NONE
	Supplies on hand previously deducted and/or not previously reported		NONE
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.		NONE
Ç	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the		
_	calculation of the section 481(a) adjustment		NONE
r	Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an		
	increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment		0
	amount on Part IV, line 25		0
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method use preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a state explaining the differences.	th the I, line	es 1a
Pa	Int II Change to the Cash Method For Advance Consent Request (see instructions)		
Apı	olicants requesting a change to the cash method must attach the following information		
	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials	erials	;
_	and supplies used in carrying out the business		
2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations		
<u>Sc</u>	hedule B–Change to the Deferral Method for Advance Payments (see instructions)		
	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Re	v Dr	
	2004-34, 2004-1 C B 991, attach the following information	V PI	,,,
	A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34		
k	If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by se 8 02(3)(a)-(c) of Rev Proc 2004-34	ection	
C	If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section (a)-(f) of Rev Proc 2004-34	า 8 03	3(2)
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulations sections, attach the following	on 1	<b>151</b> -
а	A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)		
k	A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(2)(i) and	to no	
C	A statement explaining that the advance payments will be included in income no later than when included in gross repurposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)		ts for
c	A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if s	o, wh	en

substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

#### Schedule C-Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

#### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a Adescription of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Proc 2008-52 (or its successor)

Schedule D-Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8) 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change If the applicant is a construction contractor, attach a detailed description of its construction activities b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? . . . . ┌ Yes ┌ No If line 2b is "No," attach an explanation c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost d If line 2c is "No." is the applicant requesting to use the exempt-contract percentage-of-completion If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? . . . . | Yes | No b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods 4 To determine a contract's completion factor using the percentage-of-completion method a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)? b If line 4a is If "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))? 5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8) 1 Attach a description of the inventory goods being changed 2 Attach a description of the inventory goods (if any) NOT being changed 3a Is the applicant subject to section 263A? If "No," go to line 4a b is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? Inventory Not Inventory Being Changed Being Changed 4a Check the appropriate boxes below Identification methods Proposed method Present method Specific identification FIFO . . . . . . . . . . . . . . . . . Other (attach explanation) Valuation methods . . . . . . . . . . . . . . . . . . . Cost or market, whichever is lower . . . . . . . . . Retail cost **b** Enter the value at the end of the tax year preceding the year of change . . . 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions) a Copies of Form(s) 970 filed to adopt or expand the use of the method b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method c Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev

Part III

**Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

#### **Section A-Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

#### Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
25	`		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs )		

Forr	n 3115 (Rev 12-2009)		Page <b>8</b>
Pa	rt III Method of Cost Allocation (see instructions) (continued)		
Se	ction C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is	requesting to ch	ange its
me	thod for these costs )		
		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		_
7	Warranty and product liability costs		_
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs )		
Sc	nedule E-Change in Depreciation or Amortization (see instructions)		
	olicants requesting approval to change their method of accounting for depreciation or amortizati	on complete this	section
	plicants <b>must</b> provide this information for each item or class of property for which a change is re		3000011
	e: See the <b>List of Automatic Accounting Method Changes</b> in the instructions for information re		atic changes
	ler sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. <b>do not</b> file Form 3115 with r	-	-
and	l election revocations (see instructions).		
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)?	Г	Yes ┌ No
	If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii)		
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e	_	
	263A)?	[	<sup>−</sup> Yes
•	If "Yes," enter the applicable section •	ation under	-
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the elesections 168(f)(1), 179, or 179C)?		- Yes ⊏ No
	If "Yes," state the election made	,	163   140
42	To the extent not already provided, attach a statement describing the property being changed	Include in the de	- escription the
	type of property, the year the property was placed in service, and the property's use in the appli		•
	income-producing activity		
k	If the property is residential rental property, did the applicant live in the property before renting	it? Γ	Yes
C	Is the property public utility property?		Yes ┌ No
5	To the extent not already provided in the applicant's description of its present method, attach a	statement expla	iining how
	the property is treated under the applicant's present method (e.g., depreciable property, invent	ory property, sup	plies
	under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductib	le as a current e	xpense, etc)
6	If the property is not currently treated as depreciable or amortizable property, attach a statement proposed change to depreciate or amortize the property	nt of the facts su	pporting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable property,	provide the follo	wina
	information for both the present (if applicable) and proposed methods		9
а	The Code section under which the property is or will be depreciated or amortized (e.g., section	168(g))	
b	The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciate		, ,
	or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, fo		
	former section 168 (ACRS), an explanation why no asset class is identified for each asset for been identified by the applicant	wnich an asset (	ass nas not
	been identified by the applicant		
	The facts to support the asset class for the proposed method	,	
d	The depreciation or amortization method of the property, including the applicable Code section method under section 168(b)(1))	n (e g , 200% de	clining balance

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section

168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation

e The useful life, recovery period, or amortization period of the property

as to why no special depreciation allowance was or will be claimed

f The applicable convention of the property

# TY 2011 Present hybrid method of accounting attachment

Name: CASTLE ROCK ECONOMIC

DEVELOPMENT COUNCIL

**EIN:** 84-1445735

**Software ID:** 11000144

**Software Version:** 2011v1.2

**Description:** Modified Cash

### **TY 2011 Trade or Business Statement**

Name: CASTLE ROCK ECONOMIC

DEVELOPMENT COUNCIL

**EIN:** 84-1445735

**Software ID:** 11000144

**Software Version:** 2011v1.2

**Description:** The applicant is an existing 501(c)(6). Receipts include member

dues and contributions which are used for economic development and information for the Castle Rock business community. The

principal business activity codes are 900099 and 561000.

Name	Title	Address	Avg Hrs Per Week
1 Heather Rogers	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
2 Diana Doyle	Director	18 South Wilcox #202, Castle Rock, CO 80104	0.5
3 Ron Zuroff	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
4 Tom Koolman	Director	18 South Wilcox #202, Castle Rock, CO 80104	0.5
5 Tracy Wilkes	Director	18 South Wilcox #202, Castle Rock, CO 80104	0.5
6 Brian Moore	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
7 DJTedesco	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
8 Jım Riley	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
9 Paul Donahue	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
10 Renee Valentine	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
11 Laurel Walk	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
12 Barbara McKellar	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
13 Laurie Lewis	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
14 Gregg Brown	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
15 Jack A Vickers III	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
16 Steve Boand	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
17 David Farnan	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
18 Diane Doney	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
19 Paul Eakıns	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
20 Joey Edge	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
21 Millie Bennett	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
22 Jeff Benge	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
23 Duke Saeman	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
24 Wes King	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
25 Jim Folkestad	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
26 Nick Hier	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
27 William R Schroeder, Jr	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
28 Kurtis Williams	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
29 Jose Del Toro	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5
30 Diane Evans	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
31 Diana Blanch	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
32 Becky Ostdiek	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
33 Mike Golden	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
34 Heather Taylor	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
35 Allison Towe	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
36 Maggie Bolden	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
37 Glen Smith	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
38 Israel Reyes	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
39 Linda Watson	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
40 Greg Balen	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
41 Ian Steyn	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
42 Rick Stucy	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
43 Kate Blair	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
44 George Hoge	Director	18 South Wilcox #202, Castle Rock, CO 80104	05
45 Tim White	Director	18 South Wilcox #202, Castle Rock, CO 80104	0 5

Part-X Balance Sheet (A) Beginning of year (B) End of year Cash - non-interest-bearing. . 8,809. 21,460. 1 2 172,561 2 176,940. Savings and temporary cash investments 3 Pledges and grants receivable, net ... 3 4 Accounts receivable, net ... 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .... 6 6 Notes and loans receivable, net 7 8 Inventories for sale or use..... 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 a **b** Less: accumulated depreciation... 10b 10c 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 14 15 Other assets See Part IV, line 11 15 2,500. 197,805 234,302. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .... 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 1,758. 25 93,707. 25 Other liabilities. Complete Part X of Schedule D 1,758. 93,707. Total liabilities. Add lines 17 through 25 海洋 经流气水 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets. Temporarily restricted net assets 28 29 29 Permanently restricted net assets.... R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 140,595. 196,047. 32 196,047. 140,595. Total net assets or fund balances 197,805. 34 Total liabilities and net assets/fund balances 234,302.

BAA

Form 990 (2010)

Form 990 (2015) CHEASUILE ROCKPIAGONOMIC LINE 3

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,694.	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,094.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors.			LA SELECTION DE L'EXPLOY	
5	trustees, and key employees	269,454.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,872.			
9	Other employee benefits	2 77 2			
10	Payroll taxes	8,610.			
11	Fees for services (non-employees)				
	Management Degal				
	Accounting	3,530.	<del> </del>		
	Lobbying .				
	Professional fundraising services. See Part IV, line 17	<del></del> -	TO THE WAY THE WAY	Wind Co. Pr. Tox to	
	Investment management fees				
ç	Other	928.			
	Advertising and promotion	1,225.			
13	Office expenses	2,139.			
14	Information technology .	3,569.			
15	Royalties .				
16	Occupancy	18,769.			7.00
17	Travel ,	1,848.	<del></del>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,548.			
20	Interest	14.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 (71	<u></u>		
23 24	Insurance Other expenses, Itemize expenses not	3,671.		1. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1/25/18/11/10 The control of the a
	covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	RETAIL RECRUITMENT	56,222.			
	MEALS & ENTERTAINMENT	7,623.			
	EDUCATION/GOV'T ISSUES	3,815.			
	SPECIAL PROJECTS	<u>2,336.</u>			
	REPAIRS & MAINTENANCE	1,850.			
_	All other expenses	492.			
25	Total functional expenses Add lines 1 through 24f	400,209.		<del> </del>	<del> </del>
26 BAA	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2010)

## FORM 3115 ATTACHMENT SCHEDULE A, PART I, LINE 3

INCOME STMT PAGE 1/2

Form 990 (2010) CASTLE ROCK ECONOMIC 84-1445735 Page 9 Rart VIII Statement of Revenue (B) Related or (A) Total revenue (C) Unrelated (D) Revenue exempt excluded from tax business function revenue under sections revenue 512, 513, or 514 1a Federated campaigns 1 a **b** Membership dues. 1 b c Fundraising events 1 c d Related organizations 1d e Government grants (contributions) 114,050 1 e f All other contributions, gifts, grants, and similar amounts not included above 184,342 1f a Noncash contributions included in Ins 1a-1f: h Total. Add lines 1a-1f. PROPERTY OF THE PARTY OF THE PA PROGRAM SERVICE REVENUE **Business Code** Paration of the same 561000 2a Fees & Contracts Gov Agencies 46,651 46,651. f All other program service revenue g Total. Add lines 2a-2f 46,651. · -, -, -Investment income (including dividends, interest and other similar amounts) . 957 957. Income from investment of tax-exempt bond proceeds 5 Royalties. (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of 390 assets other than inventory. b Less: cost or other basis 5,013 and sales expenses c Gain or (loss)..... -4,623d Net gain or (loss) 4,623 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 .... 10,319 6,939 b Less direct expenses .... b 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 **Business Code** CONTRACTOR OF THE PARTY OF THE 11 a

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

12 Total revenue. See instructions

344,757

The work of the same

957.

Sela Sel

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45,408