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DLN: 93493080007094

OMB No 1545-0047

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)

Open to Public

	eck if applicat	C Name of a manufacture	g 09-01-2012 , 2012, and ending 08-	31 2013	D Employer ide	entification number
	dress change	Denver Metro Chamber Leadership	Foundation		74-248985	
- Na	me change	Doing Business As			74-240903	7
Inı	tıal return		nail is not delivered to street address) Room/s	suite	E Telephone nun	nber
	rmınated	1445 Market Street			(303) 534-8	3500
	nended return	City or town, state or country, and Denver, CO 80202	ZIP + 4			
Apj	plication pendi	F Name and address of prii	<b>G</b> Gross receipts			
		Mary Ricketson	ncipal officer		ıs a group returr ates?	TYes ▼ No
		1445 Market Street Denver, CO 80202		H(b) Are:	all affiliates incli	uded? TYes TNo
_						(see instructions)
		us	Insert no )   494/(a)(1) or   52/	H(c) Gro	up exemption nu	mber <b>►</b>
		lenverleadership org		1		
		on F Corporation Trust Association	on Other ►	<b>L</b> Year of fo	mation 1987 M	State of legal domicile C
٠		describe the organization's mission	on or most significant activities			
	2 Chec 3 Numb 4 Numb	this box F if the organization dier of voting members of the governer of independent voting members	heir individual passion to make positive onal growth while creating value for passion to make positive onal growth while creating value for passions or disposed sing body (Part VI, line 1a)	of more than 2	25% of its net as	
	6 Total	number of volunteers (estimate if r	necessary)		6	39
			art VIII, column (C), line 12 rom Form 990-T, line 34		7a	
	<b>D</b> Net u	ileiated busiliess taxable ilicollie i	10111 F01111 9 90 - 1 , IIII		or Year	Current Year
	<b>8</b> Cor	tributions and grants (Part VIII, li	ne 1 h)		855,495	659,32
			ine 2g)		979,849	933,33
		,	n (A), lines 3, 4, and 7d)	•	110,911	118,74
				l l	0	
	<b>12</b> Tot	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), lii	ne	-	
	12 Tot 12)	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), lıı		1,946,255	1,711,40
	12 Tot 12] 13 Gra	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), lii		-	1,711,40
···	12 Tot 12 Tot 13 Gra 14 Ber 15 Sal	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), lines 1-3)		1,946,255 333,431 0	1,711,40 149,82
	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1	al revenue—add lines 8 through 11  nts and similar amounts paid (Part lefits paid to or for members (Part lefits, other compensation, employed)	(must equal Part VIII, column (A), lines 1  IX, column (A), lines 1  IX, column (A), line 4)		1,946,255	1,711,40 149,82 509,69
	12 Tot 12	al revenue—add lines 8 through 11  nts and similar amounts paid (Part lefits paid to or for members (Part lefits, other compensation, employed)	(must equal Part VIII, column (A), line IX, column (A), lines 1-3) IX, column (A), line 4) ee benefits (Part IX, column (A), lines column (A), line 11e)		1,946,255 333,431 0 548,402	1,711,40 149,82 509,69
	12 Total 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Total 17 Oth	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), line 1-3)		1,946,255 333,431 0 548,402 0	1,711,40 149,82 509,69 635,64
	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot	al revenue—add lines 8 through 11  ints and similar amounts paid (Part I  aries, other compensation, employe 0)  fessional fundraising fees (Part IX, I fundraising expenses (Part IX, column (D  er expenses (Part IX, column (A), al expenses Add lines 13–17 (mu	(must equal Part VIII, column (A), line IX, column (A), line 1-3)  IX, column (A), line 4)  ee benefits (Part IX, column (A), lines  column (A), line 11e)  l), line 25) \( \bullet \frac{149,971}{149,971} \)  lines 11a-11d, 11f-24e)  st equal Part IX, column (A), line 25)		1,946,255 333,431 0 548,402 0 851,624 1,733,457	1,711,40 149,82 509,69 635,64 1,295,16
	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot	al revenue—add lines 8 through 11  ints and similar amounts paid (Part I  aries, other compensation, employe 0)  fessional fundraising fees (Part IX, I fundraising expenses (Part IX, column (D  er expenses (Part IX, column (A), al expenses Add lines 13–17 (mu	(must equal Part VIII, column (A), line IX, column (A), line 1-3)	. Beginnin	1,946,255 333,431 0 548,402 0	1,711,40 149,82 509,69 635,64 1,295,16
	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot	al revenue—add lines 8 through 11  ints and similar amounts paid (Part lefits paid to or for members (Part I aries, other compensation, employed)  ressional fundraising fees (Part IX, I fundraising expenses (Part IX, column (Der expenses (Part IX, column (A), al expenses Add lines 13–17 (mulenue less expenses Subtract line	(must equal Part VIII, column (A), line IX, column (A), lines 1-3)	. Beginnin	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current	1,711,40 149,82 509,69 635,64 1,295,16 416,24 End of Year
	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), lines 1-3)	. Beginnin	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current /ear 5,105,441 932,833	1,711,40 149,82 509,69 635,64 1,295,16 416,24 End of Year 5,726,85 960,47
Fend Basaces	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), lines 1-3)	. Beginnin	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current fear 5,105,441	1,711,40 149,82 509,69 635,64 1,295,16 416,24 End of Year 5,726,85 960,47
geografia Band Band of k	12 Tot 12   13 Gra 14 Ber 15 Sal 5-1	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), lines 1-3)	Beginnin  Beginnin  Inying schedul than officer) is	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current /ear 5,105,441 932,833 4,172,608 es and statemer	1,711,40 149,82 509,69 635,64 1,295,16 416,24 End of Year 5,726,85 960,47 4,766,37
nde y k	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 11 Sier penalties nowledge a parer has any see Net 11 Sier penalties nowledge a parer has a parer ha	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IIX, column (A), lines 1-3) (IX, column (A), lines 4)	Beginnin  Beginnin  Inying schedul than officer) is	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current fear 5,105,441 932,833 4,172,608 es and statemer based on all info	5,726,85. 960,478 4,766,374 ats, and to the best of
Secondary Pand Barances	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 11 Sier penalties nowledge a parer has any see Net 11 Sier penalties nowledge a parer has a parer ha	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), lines 1-3)	Beginnin  Beginnin	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current /ear 5,105,441 932,833 4,172,608 es and statemer based on all info	1,711,404 149,829 509,690 635,649 1,295,160 416,244 End of Year 5,726,853 960,478 4,766,374 ats, and to the best of ormation of which
Secure Pund Parances	12 Tot 12 13 Gra 14 Ber 15 Sal 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 11 Sier penalties nowledge an arer has any Te	al revenue—add lines 8 through 11	(must equal Part VIII, column (A), line IX, column (A), line 1-3)	Beginnin  Beginnin  Date  Chesel	1,946,255 333,431 0 548,402 0 851,624 1,733,457 212,798 g of Current fear 5,105,441 932,833 4,172,608 es and statemer based on all info	1,711,40- 149,82 509,69 635,64 1,295,16 416,24 End of Year 5,726,85 960,47 4,766,37- nts, and to the best of ormation of which

	990 (2012)				Page
Par			ce Accomplishments onse to any question in this	Part III	٠
1	Briefly describe the	organization's mission			
See ——	description to Part I,	Line 1 on Schedule O			
2	the prior Form 990	or990-EZ?		the year which were not listed on	
	·	iese new services on Sc			
3	_	n cease conducting, or m		how it conducts, any program	
	If "Yes," describe th	iese changes on Schedu	ile O		
4	expenses Section 5	501(c)(3) and 501(c)(4		n of its three largest program serving to report the amount of grants and ted	
4a	(Code	) (Expenses \$	434,989 including gran	ts of \$ 7,900 ) (Revenue	\$ 474,010)
	innovations and best p	ractices of another city facing of contributions made to the p	relevant business and policy issu	rings Denver's prominent business and civies while strengthening the collective vision rogram generated total revenue of \$741,2	and collaboration in our own
4b	(Code	) (Expenses \$	128,413 including gran	ts of \$ 107,500 ) (Revenue	\$ )
	through a consortium of development support f Denver, DU, UNC,Regi	of leadership education progra or its programs on more than s University, and Metropolitai	nms at undergraduate institutions i ten campuses(CSU-Ft Collins, C	rado Leadership Alliance develops the nex across Colorado CLA coordinates a rich ar SU-Pueblo, the US Air Force Academy, CL dition to these activities, the Foundation a Colorado Scholars Program	ray of programmatic and resource I-Boulder, CU-Colorado Springs, CU-
4c	(Code	) (Expenses \$	154,432 including gran	ts of \$ 16,700 ) (Revenue	\$ 212,395)
	Leadership Denver is a	balance of in-depth issues se	eminars, retreats, and a group co	sused on assuming civic leadership roles in mmunity service project Inclusive of conti f \$154,432 for a program net of \$79,963	
	(Code	) (Expenses \$	186,962 including gran	ts of \$ 17,725 ) (Revenue	\$ 246,925 )
	strengthen Colorado's in exclusive two-day intro- contributions made to it \$49,977 Colorado Expe- opportunity for emerging program takes participal confidence and leaders in fiscal year 2013, this established leaders with some of the most acco	future Access Denver exposes oduction to the city's business the program in fiscal year 20 periode is a two day program ing and executive leaders to earls to a different city in Coloid by skills for young professions program generated a total of mid-career professionals, emplished and inspirational learners.	s senior-level Denver executives to and community landscape. This 13, this program generated a total designed to promote dialogue relevance for a consideration of the control is supported to the control is a control in the control is a control in the control in	to prepare and connect leaders from the of the influential people and critical issues of program is held every other year and was lof revenue of \$117,990 and expenses of ating to statewide business and policy issuand to strengthen collective vision and colheld every other year, and will be held agrics of significance to the region. Inclusive onses of \$69,099 for a program net of \$42, enence that can be leveraged in their own Inclusive of contributions made to the proof \$9,368.	of the Denver area, providing an held during 2013 Inclusive of \$68,013 for a program net of less. The program provides an laboration in our communities. The ain in 2014 Impact Denver builds of contributions made to the program 216 Legacy Denver pairs inspiration, careers and offering insights from
	Other program ser	vices (Describe in Sche	dule O )		
	Janes program ser	(Describe in Selle	<i>j</i>		
	(Expenses \$	186,962 incl	uding grants of \$	17,725 ) (Revenue \$	246,925)

Part IV Checklist of Required Schedule
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			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	Yes	
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> " <i>Yes</i> ," <i>complete Schedule C, Part II</i>	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 $I^{\bullet}$	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	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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 V	10	Yes	
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, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
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	Yes	
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		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII 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		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		
2a	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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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			
E-	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?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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 services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>		140
•	The state of the manuscript of the state of	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?		1	1
0		8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter	90		
	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 facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	[		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
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 R	<u>event</u>	<u>ie Cod</u>	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Denver Metro Chamber of Commerce 1445 Market Street Denver, CO (303)534-8500

Form	990	(2012)
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#### 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 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 organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	Name and Title Average hours per week (list any hours	(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 compensatio from related organization: (W- 2/1099-		(F) Estimated amount of other compensation from the
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	than o	one l both	box, an d	heck unless officer stee)		Repor comper from organiza	table sation the tion (W-	(E)  Reportable  compensation  from related  organization	-	(F) Estima mount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
				-										
				-										
												+		
				_								-		
				<u> </u>								_		
												_		
1b	Sub-Total							►						
<b>c</b>	Total from continuation shee	-	ection A	Α.	•	•	-	•		26.667	270.44			24 770
d 2	Total (add lines 1b and 1c).  Total number of individuals (ii		limitad	+o +b	•	licto	d abov	٠٠١ ١٠٠	ho rosawa	36,667		8		21,779
2	\$100,000 of reportable comp						u abov	e) w	no receive	u more tr	iaii			
													Yes	No
3	Did the organization list any <b>f</b>						emplo	yee	, or highes	t compen	sated employee		100	
	on line 1a? If "Yes," complete .	Schedule J for suc	ch indiv	ıdual	•	•		•				3		No
4	For any individual listed on lir organization and related organ individual											4	V	
5	Did any person listed on line :	1a receive or acc	crue co	 mpen	satı	on fr	om an	y uni	related ord	anızatıon	or individual for	-	Yes	
	services rendered to the orga										[	5		No
<u> </u>	ection B. Independent Co	ntractors												
1	Complete this table for your fi compensation from the organi	ve highest comp											tax year	
		( <b>A</b> ) Name and business	address							Des	(B) cription of services		(C Comper	
												1	,	
												+		
2	Total number of independent co	ontractors (inclu	dına bu	t not	lımıt	ed to	thos	e list	ted above)	who rece	ıved more than	$\dashv$		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part VI		<b>Statement of Revenue</b> Check if Schedule O contains a response to any question	ın thıs Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
so	1a	Federated campaigns 1a				
Grants	b	Membership dues 1b				
tributions, Gifts, Grants Other Similar Amounts	c	Fundraising events 1c 87,800				
‡ ‡	d	Related organizations 1d 25,000				
ું <u>કૈ</u>	e	Government grants (contributions) <b>1e</b>				
Contributions, Gifts, and Other Similar A		All other contributions, gifts, grants, and <b>1f</b> 546,528				
	f	similar amounts not included above				
<u> </u>	g	Noncash contributions included in lines 1a-1f \$				
and Con	h	Total. Add lines 1a-1f	659,328			
		Business Code				
aur.	2a	Leadership Exchange 900099	474,010	474,010		
8 8	b	Leadership Denver 900099	212,395	212,395		
92	С	Impact Denver 900099	103,565	103,565		
Program Service Revenue	d	Access Denver 900099	84,490	84,490		
ig	е	Leadership Alumni 900099	29,715	29,715		
200	f	All other program service revenue	29,155	29,155		
<u></u>	g	<b>Total.</b> Add lines 2a-2f	933,330			
	3	Investment income (including dividends, interest, and other similar amounts)	118,746			118,746
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents Less rental				
	D	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(1) Securities (11) Other Gross amount				
	, u	from sales of assets other				
	b	than inventory Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$87,800 of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a 80,770				
<b>₽</b>	b	Less direct expenses <b>b</b> 80,770				
•	C O-	Net income or (loss) from fundraising events	0			
	Уа	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	C	Net income or (loss) from gaming activities				
,	LUa	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
1	11a					
	b					
	c d	All other revenue				
	u e	Total. Add lines 11a-11d				
,	12	Total revenue Can Instructions				
[ ]		Iotal revenue. See Instructions	1,711,404	933,330	C	118,746

	990 (2012)				Page <b>10</b>
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ione must com	olete column (A.)	
<u>Jec circ</u>	Check if Schedule O contains a response to any question in this Pa				
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		схрепзез	general expenses	скрепосо
2	Grants and other assistance to individuals in the United States See Part IV, line 22	149,825	149,825		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	·	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	103,561	75,599	19,677	8,285
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	338,399	200,845	45,002	92,552
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,755	6,707	1,566	2,482
9	Other employee benefits	23,754	13,996	3,116	6,642
10	Payroll taxes	33,221	20,719	4,835	7,667
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	49,200		49,200	_
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	14,246			14,246
13	Office expenses	129,825		111,728	18,097
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,269		5,269	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LEADERSHIP EXCHANGE	300,184	300,184		
b	LEADERSHIP DENVER	69,619	69,619		
c	ACCESS DENVER	20,654	20,654		
d	IMPACT DENVER	14,819	14,819		
e	All other expenses	31,829	31,829		
25	Total functional expenses. Add lines 1 through 24e	1,295,160	904,796	240,393	149,971
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	_,,	23.,,30	,	

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part $X$			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,251,382	2	2,600,537
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, truste key employees, and highest compensated employees Complete Part II of Schedule L	ees,	5	
şţe	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib employers and sponsoring organizations of section 501(c)(9) voluntary employers are section 501(c)(9).	uting	6	
Assets	7	Notes and loans receivable, net	_	7	
₹	8	Inventories for sale or use	-	8	
	9	Prepaid expenses and deferred charges	203,992		191,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a			·
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	2,650,067	12	2,935,203
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,105,441	16	5,726,852
	17	Accounts payable and accrued expenses	125,940	17	247,217
	18	Grants payable		18	
	19	Deferred revenue	806,893	19	713,261
	20	Tax-exempt bond liabilities		20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		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 partie and other liabilities not included on lines 17-24) Complete Part X of Schedul			
		D		25	
	26	Total liabilities. Add lines 17 through 25	932,833	26	960,478
on do		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complet lines 27 through 29, and lines 33 and 34.	e		
ĕ	27	Unrestricted net assets	1,464,887	27	1,730,762
<u>छ</u>	28	Temporarily restricted net assets	57,654	28	100,409
Fund Balance	29	Permanently restricted net assets	2,650,067	29	2,935,203
Ĭ	29	,	2,000,007	29	2,333,203
Assets or Fi	20	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		20	
3£	30	Capital stock or trust principal, or current funds		30	
SSŧ	31	Paid-in or capital surplus, or land, building or equipment fund	•	31	
	32	Retained earnings, endowment, accumulated income, or other funds	4 470 000	32	4 700 07 :
Net	33	Total net assets or fund balances	4,172,608		4,766,374
	34	Total liabilities and net assets/fund balances	5,105,441	34	5,726,852

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,7	711,404
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	295,160
3	Revenue less expenses Subtract line 2 from line 1	3			116,244
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			172,608
5	Net unrealized gains (losses) on investments	5			177,522
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,7	766,374
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

## Software ID: **Software Version:**

**EIN:** 74-2489854

Name: Denver Metro Chamber Leadership Foundation

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	rectors	s,Tr	uste	ees	, Key	/ En	nployees, Highe	st	
<b>(A)</b> Name and Tıtle	(B) Average hours per week (list	dıre	than	o not one son i er an trus	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Dan Lewis Chair of the Board	1 60 2 50	х		х				0	0	0
Kelly Brough President & CEO	1 60 38 40	х		х				0	370,468	18,982
Mike Fordyce Treasurer	1 60 10	х		х				0	0	0
Darren Markley Secretary	1 60	х		х				0	0	0
Cindy Parsons Chair-Elect	1 60	х						0	0	0
Jandel Allen-Davis Immediate Past Chair	1 60	х						0	0	0
John Beeble Chamber Board Chair	1 60 2 60	х						0	0	0
Justın Ball Member	1 00	х						0	0	0
M Gregory Bante Member	1 00	х						0	0	0
Christine Benero Member	1 00	х						0	0	0
Pat Cortez Member	1 00	х						0	0	0
Tara Dunn Member	1 00	х						0	0	0
Steven Foster Member	1 00	х						0	0	0
Chris Hansen Member	1 00	х						0	0	0
GG Johnston Member	1 00	х						0	0	0
Stephen Jordan Member	1 00	х						0	0	0
Tammy Keffeler Member	1 00	х						0	0	0
Michael Korenblat Member	1 00	х						0	0	0
Katie Kramer Member	1 00	х						0	0	0
Margie Mauldin Member	1 00	х						0	0	0
Dennis Moore Member	1 00	х						0	0	0
Bill Myers Member	1 00	х						0	0	0
Mike Niyompong Member	1 00	х						0	0	0
James Pinto Member	1 00	х						0	0	0
Mimi Roberson Member	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (A) (C) (D) (E) (F) Name and Title Position (do not check Estimated amount Average Reportable Reportable of other hours more than one box, compensation compensation per unless person is both from the from related compensation week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (list any related hours organizations for

	for related organizations below dotted line)	wdual trustee Inector	titutional Trustee	<u> </u>	emplo)ee	nest compensated	ner			
Ramonna Robinson Member	1 00	х						0	0	0
Catie Rohloff Member	1 00	Х						0	0	0
Maja Rosenquist Member	1 00	х						0	0	0
Kırk Scheitler Member	1 00	x						0	0	0
Holly Shilliday Member	1 00	х						0	0	0
Landrı Taylor Member	1 00	х						0	0	0
Kristin Todd Member	1 00	х						0	0	0
Maureen Upton Member	1 00	х						0	0	0
Lynne Valencia Member	1 00	х						0	0	0
Andre van Hall Member	1 00	х						0	0	0
Jamie Van Leeuwen Member	1 00	х						0	0	0
Travis Webb Member	1 00	х						0	0	0
Bert Williams Member	1 00	х						0	0	0
Tamı Young Member	1 00	х						0	0	0
Tameka Montgomery Executive Director	40 00			х				36,667	0	2,797

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As Filed Data -

DLN: 93493080007094

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Denver Metro Chamber Leadership Foundation

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

									74-2489		
	rt I			blic Charity Sta						instructions	i
	organiz		•	e foundation becaus	•			•	•		
1			•	on of churches, or a				ection 170(	(b)(1)(A)(i).	ı	
2	<u> </u>			in <b>section 170(b)(1</b>			•				
3	<u> </u>			perative hospital se							
4	ı			n organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>se</b>	ection 170(b)	(1)(A)(iii). I	Enter the
5	_	hospita An ora	al's name, ci	ty, and state erated for the benefi	t of a college	or universi	ty owned or o	nerated by	a dovernme	ntal unit des	rihed in
,	,	_	•	A)(iv). (Complete P	_	or universit	ty owned or o	peraced by	a governine	iitai uiiit uest	Lilbed III
6	г			local government or	•	tal unit desc	rihed in <b>secti</b>	on 170(h)(	1)(A)(v)		
7	, _			at normally receives	_					from the gen	eral public
	,			on 170(b)(1)(A)(vi).			support nom	a governiii	circar arme or	nom the gen	crar pasiic
8	Γ	A com	munity trust	described in <b>section</b>	170(b)(1)(	<b>A)(vi)</b> (Con	nplete Part II	.)			
9	<b>▽</b>	An org	anızatıon tha	at normally receives	(1) more th	an 331/3% o	fits support	from contri	butions, mer	mbership fees	s, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no m	ore than 331	/3% of
		•		oss investment inco				•		L tax) from bu	ısınesses
	_			janızatıon after June							
10		_		ganized and operated	•		•		. , . ,		
11	ļ	_		ganized and operated					,	•	
				ly supported organız bes the type of supp						See <b>section</b> :	509(a)(3). Check
				b Type II c						Non-function	ally integrated
e	Γ	By che	cking this b	ox, I certify that the	organızatıon	ıs not contr	olled directly	or indirec	tly by one or	more disqua	lified persons
				on managers and ot	her than one	or more pub	licly support	ed organiza	atıons descri	bed in sectio	n 509(a)(1) or
f			1509(a)(2)	received a written de	atarmination	from the IP	C that it is a	Typo I Ty	ao II or Tyn	o III cupport	ing organization
•			this box	received a writter di	eceriiiiacion	nom the 1K	S that it is a	i ype i, i y	se II, or Typ	e III support	
g		Since A	August 17, 2	2006, has the organi	zation accep	oted any gift	or contributi	on from any	y of the		·
			ng persons?							`	
				rectly or indirectly o	•		•	persons a	escribed in (i	· —	Yes No
		•		governing body of th er of a person descri	• •	•	17				y(i)  (ii)
			•	lled entity of a perso			ahovo?				(iii)
h				ng information about						119	()
		TTOVICE	circ ionown	ig illiorillation about	the support	ca organizac	1011(3)				
	(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
	suppor	rted		organization	organizati		the organiz		organiza		monetary
0	rganiza	ation		(described on	col (i) list		ın col (i) o		col (i) or	_	support
				lines 1-9 above or IRC section	your gove docume		suppor	τ,	in the l	J S /	
				(see	assame						
				instructions))	Yes	No	Yes	No	Yes	No	1
						<del> </del>	† · · · · ·	···•	+	+	+
											1
rot s						<del> </del>					

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-and-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do	739,933	820,763	617,217	855,495		659,328	3,692,736
	not include any "unusual grants ")	735,533	620,703	017,217	633,493		039,320	3,092,730
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	833,105	765,639	898,240	979,849		891,005	4,367,838
_	purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,573,038	1,586,402	1,515,457	1,835,344	1	.,550,333	8,060,574
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
	amount on line 13 for the year							0
8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from line 6)							8,060,574
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	012	(f) Total
9	in) ► A mounts from line 6	1,573,038	1,586,402	1,515,457	1,835,344	1	,550,333	8,060,574
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,088	110,641	109,624	110,911		118,746	561,010
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	111,088	110,641	109,624	110,911		118,746	561,010
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	1,684,126	1,697,043	1,625,081	1,946,255		,669,079	8,621,584
14	First five years. If the Form 990 is f check this box and stop here			third, fourth, or f	ifth tax year as a	501(c)(	3) organı	zation, ►
	ection C. Computation of Publ			10 (0)		1 .	Ι	
15	Public support percentage for 2012			13, column (f))		15		93 490 %
16	Public support percentage from 201					16		92 840 %
	ction D. Computation of Inve				n (f))	T	I	
17	Investment income percentage for 2	•			II (f))	17		6 510 %
18	Investment income percentage from					18	-0/ - !!	7 160 %
19a	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a							ine 17 is not <b>►</b> ✓

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493080007094

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

lame of the organization	•	Emp	loyer identification number					
enver Metro Chamber Leadership Foundation		74-2489854						
Organizations Maintaining Donor Acordanization answered "Yes" to Form 99								
organization answered Tes to Form 33	(a) Donor advised funds		(b) Funds and other accounts					
Total number at end of year	(a, z ener aurizea ranae		(c), and and conc. account					
Aggregate contributions to (during year)								
Aggregate grants from (during year)								
Aggregate value at end of year								
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed <b>Yes No</b>					
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit?								
rt III Conservation Easements. Complete	if the organization answered "Yes"	to Forn	n 990, Part IV, line 7.					
Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of a Preservation of a	certifie	ically important land area d historic structure n of a conservation					
easement on the last day of the tax year								
Total number of community or community			Held at the End of the Year					
Total number of conservation easements		2a						
Total acreage restricted by conservation easements	toria atriiatura inaliidad in (a)	2b						
Number of conservation easements on a certified his	, <i>,</i>	2c						
Number of conservation easements included in (c) achistoric structure listed in the National Register		2d						
Number of conservation easements modified, transfe	rred, released, extinguished, or terminat	ed by th	ne organization during					
the tax year ▶								
Number of states where property subject to conserva	ition easement is located ►							
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	ndling of	violations, and Yes No					
Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation ease	ments o	during the year					
Amount of expenses incurred in monitoring, inspectines \$	ng, and enforcing conservation easemen	ts durin	g the year					
Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ι)					
In Part XIII, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia nents	al stater	ments that describes					
rt III Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar Assets.					
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education	, or rese	arch in furtherance of public					
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	116 (ASC 958), to report in its revenue ets held for public exhibition, education	statem	ent and balance sheet					
(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$					
(ii) Assets included in Form 990, Part X			<b>▶</b> \$					
If the organization received or held works of art, histofollowing amounts required to be reported under SFAS								
Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$					
Assets included in Form 990, Part X		<b>▶-</b> \$						

Par	t III Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	easur	es, or C	<u>the</u>	<u>r Similar A</u>	ssets	(cor	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of th	ne follov	wing that	are a	significant u	se of its	5	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's control Part XIII	ollections and expla	ın hov	v the	y further	the or	ganızatıor	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit								ıılar	_		_
	assets to be sold to raise funds rather than									Г Ye	s	│ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	forc	ontribut	ions or	other ass	ets r	not	Γ <b>Y</b> e	:s	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able		г					
_								_		mount		
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	<b>1</b> f				_
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Γ Ye	es	□ No
ь	If "Yes," explain the arrangement in Part XII											ı
Pa	rt V Endowment Funds. Complete											
1.	Beginning of year balance	(a)Current year 2,650,067	(b)	Prior y	ear <b>b</b> 558,347	<b>(c)</b> Iwo	2,349,333		Three years back 2,211,81			ars back 2,538,281
1a b	Contributions	100,498			97,635		91,720	+	92,16	_		89,896
C	Net investment earnings, gains, and losses	100,130			37,033		31,72	1	32,10	1		03,030
	wet investment earnings, gams, and losses	292,138			106,085		225,788	+-	150,35	+		-308,866
d	Grants or scholarships	107,500			112,000		108,500	1	105,00	0		107,500
е	Other expenditures for facilities and programs											
f	Administrative expenses							<u> </u>				
g	End of year balance	2,935,203		2,	650,067		2,558,347	<u>'</u>	2,349,33	3	- 2	2,211,811
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1 g	, column	ı (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨 100 000 %											
С	Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are held	and ad	mınıstere	d for	the	_		
	organization by								Гэ		es /	No_
	(i) unrelated organizations			•				•		a(i) Y a(ii)	es	No
ь	(ii) related organizations			ched	· · · dule R?			• •		3b		
4	Describe in Part XIII the intended uses of the	•										
Pa	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	ırt X	, line 10	0.						
	Description of property				<b>a)</b> Cost or asis (inves		(b)Cost or basis (ot		(c) Accumul depreciati		( <b>d)</b> Bo	ook value
1a	Land			$\top$								
b	Buildings											
c	Leasehold improvements											
d	Equipment											
	Other	<u> </u>	•									
Tota	<b>al.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	mn (	B), line 1	!0(c).)			🛌			0
									Schedule	D (For	m 99	00) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) Investments held by CU Fdn	2,935,203	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	, ,	
Part VIII Investments—Program Related. See  (a) Description of investment type	e Form 990, Part X, line :  (b) Book value	13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the tex	rt of the feetness to the organ	nization's financial statements that reports the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,988,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	319,172
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,669,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b 42,325		
c	Add lines <b>4a</b> and <b>4b</b>	4c	42,325
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	1,711,404
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,394,485
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII).............. <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	141,650
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,252,835
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	42,325
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	1,295,160

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The Foundation's permanently restricted net assets consist of one donor restricted endowment fund, the FirstBank Colorado Scholars Endowment Fund, the purpose of which is to provide undergraduate scholarships to students enrolled at the University of Colorado and other Colorado colleges
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	Management is required to evaluate tax positions taken and to recognize a tax liability (or asset) has been taken that likely would not be sustained upon examination by the applicable taxing authority. Management has analyzed the tax positions taken or expected to be taken and believes there are no uncertain tax positions that are significant to the financial statements. Management believes the organization is no longer subject to tax examination for years prior to August 31, 2010.
Part XI, Line 4b - Other Adjustments		Program scholarships 42,325
Part XII, Line 4b - Other Adjustments		Program scholarships 42,325

Denver Metro Chamber Leadership Foundation

DLN: 93493080007094

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

**SCHEDULE G** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

**Supplemental Information Regarding** 

Open to Public Inspection

**Employer identification number** 

						74-2489854	
Pa	rt I Fundraising Act	<b>ivities.</b> Complete	e if the oi	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ  Mail solicitations  Internet and email soli  Phone solicitations  In-person solicitations  Did the organization have a or key employees listed in  If "Yes," list the ten highes to be compensated at least	citations a written or oral agre Form 990, Part VII) t paid individuals or	ement witl ) or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	rs, directors, trustees	<b>F Yes F No</b> ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
	-						
	-						
Tot	al						
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribution			
			(a) Event #1 Celebrating Civic	(b) Event #2 CLA Event &	(c) O ther events	(d) Total events (add col (a) through col (c))
			Leadership Lunch (event type)	Leadership Alumni Event	(total number)	
ф				(event type)		
Ě	1	Gross receipts	127,410	41,160		168,570
Revenue	2	Less Contributions	85,333	2,467		87,800
	3	Gross income (line 1 minus line 2)	42,077	38,693		80,770
	4	Cash prizes				
ω.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
쯊	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	42,077	38,693		80,770
	10	(80,770)				
	11	Net income summary Combine li	ine 3, column (d), and line	10	•	C
Par	t II			'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) other guilling	col (a) through col
Šek	1	Gross revenue				(c))
ses	2	Cash prizes				
pens	3	Non-cash prizes				
Direct Expen	4	Rent/facility costs				
ĞĞ	5	Other direct expenses				
		·	┌ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	┌ No	□ No	□ No	_
	7	Direct expense summary Add line	es 2 through 5 in column (d	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)		
_						
9 a		ter the state(s) in which the organization the organization licensed to operate				
b		'No," explain				. , 165 / 116
10a	We	re any of the organization's gaming				
		'Yes," explain				- i tes i no

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493080007094

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

lame of the organization						Employer identificati	on number
Denver Metro Chamber Leadership Fo	74-2489854						
Part I General Information	n on Grants and	l Assistance				•	
<ol> <li>Does the organization maintain rethe selection criteria used to aw</li> <li>Describe in Part IV the organiza</li> <li>Part II Grants and Other As Form 990, Part IV, line</li> </ol>	ard the grants or as tion's procedures fo ssistance to Go	sistance?	f grant funds in the Uniterganizations in the	ed States United States. Com	nplete if the orga	nızatıon answered "Y	✓ Yes │ No
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other organ</li></ul>	nizations listed in th	e line 1 table				<b>►</b> _	
or Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 3
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) Merit-based scholarships for students at the University of Northern Colorado and the University of Colorado (Boulder, Colorado Springs, and Denver)	41	107,500			
(2) Scholarships given for the Foundation's various programs	42	42,325			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Foundation works with the program directors at various universities to determine what the scholarship needs are Scholarships are generally given to supplement a core scholarship given by the school. Once the funding is determined and the Foundation has confirmation that each student will be accepting the scholarship, the funds are awarded to the specific school. The program director from each university ensures that scholarships go to the selected students. The funds are distributed by the University of Colorado Foundation, which administers the endowment funds from which scholarships are made. The CU Foundation confirms the distribution of grant funds.

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DLN: 93493080007094

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

5	Employer identification number		
Denver Metro Chamber Leadership Foundation			
	74-2489854		
Part I Ouestions Regarding Compensation			

				Yes	NO
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any				
	First-class or charter travel Housi	ng allowance or residence for personal use			
	Travel for companions Payme	ents for business use of personal residence			
	Tax idemnification and gross-up payments  Health	or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Person	nal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follo reimbursement or provision of all of the expenses described above?		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				
3	Indicate which, if any, of the following the filing organization used to organization's CEO/Executive Director Check all that apply Do no used by a related organization to establish compensation of the CE	ot check any boxes for methods			
	▼ Compensation committee	n employment contract			
		ensation survey or study			
	Form 990 of other organizations	val by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	on A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualifie	d retırement plan?	4b		No
С		•	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	- · · · · · · · · · · · · · · · · · · ·			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lin	es 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	e organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	e organization pay or accrue any			
а	The organization?		6a	Yes	
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured subject to the initial contract exception described in Regulations so in Part III				
			8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presection 53 $4958-6(c)$ ?	sumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	0 220,468	0 150,000	0	0 10,000	0 8,982	0 389,450	0	

Schedule J (Form 990) 2012

#### Part IIII Supplemental Information

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

Identifier	Return Reference	Explanation
	l '	All Foundation employees are eligible to receive a year-end bonus. The bonus is based on the performance of all
		affiliates in reaching the organization's overall goals, the net earnings of the Foundation, personal performance and
		is dependent upon the Foundation achieving the board recommended level of reserves

Schedule J (Form 990) 2012

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DLN: 93493080007094

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## 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-EZ.

OMB No 1545-0047

2012

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Name of the organization Denver Metro Chamber Leadership Foundation	Employer identifi	cation number
'	74-2489854	

ldentifier	Return Reference	Explanation							
	VI, Section B,	The Form 990 is initially reviewed by the Director of Finance and Chief Operating Officer of the Denver Metro Chamber of Commerce, as well as the Senior Operations Manager and the Executive Director of the Foundation The 990 is then distributed electronically to the Foundation Finance and Audit Committee for pre-read and then reviewed at a Finance and Audit Committee meeting. At the meeting, representatives from the audit firm present the 990 to the Committee. When the Committee is comfortable with the 990, the Committee will then recommend that it be presented to the Foundatin Board of Directors for acceptance. A representative from the Finance and Audit Committee, typically the Chair, will present the 990 to the Board with assistance from representatives from the audit firm as necessary. If the Board votes to accept the 990, it is officially filed.							

Identifier	Return Reference	Explanation
VI, Section B, Inne 12c		Each Conflict of Interest questionnaire is reviewed internally and summarized by the Foundation's Senior Operations Manager This summary, along with any disclosures, is reviewed by the Chamber's Chief Operating Officer to determine if there are concerns or if additional information is needed. The summary, along with any areas of concern, is then presented to the Finance and Audit Committee to determine if there are any conflicts. The Finance and Audit Committee presents a summary of their findings to the Foundation Board.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 15	The organization reviews the total compensation of the Executive Director position using three sources - Mountain States Employers Council Salary Survey (MSEC), American Chamber of Commerce Executives Salary Survey, and Watson Wyatt Salary Survey or other comparable data sources to evaluate all salaries in addition to utilizing these three independent sources, the organization also has a compensation committee consisting of three uncompensated Board members - the Chair of the Board, the Past Chair of the Board, and the Chair-Elect of the Board. The committee approves top management total compensation

Identifier	Return Reference	Explanation
	VI, Section C, line 19	The Foundation has a written policy detailing how documents are made accessible to the public, which was reviewed and approved by the Finance and Audit Committee. The governing documents, conflict of interest policy, and financial statements are all available upon written or in-person request at Foundation headquarters, or upon email request to dmclf-info@denverleadership org

ldentifier	Return Reference	Explanation
	Form 990, Part XII, Line 2c	The finance and audit committee is responsible for selecting the independent auditors and reviewing the results of the audit. The finance and audit committee meets annually with the independent auditors to receive the audit report and internal control recommendations, if any. There were no changes to this process in the current year.

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DLN: 93493080007094

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization

Denver Metro Chamber Leadership Foundation

(Form 990)

► Attach to Form 990. ► See separate instructions.

				74-24898	354			
Part I Identification of Disregarded Entities (Comple	ete if the organization	n answered "Yes" to	o Form 990, Pa	art IV, line 33.)				
<b>(a)</b> Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	D	(f) Direct controlling entity		
	+							
	_							
Part II Identification of Related Tax-Exempt Organize or more related tax-exempt organizations during the	zations (Complete if ne tax year.)	the organization a	nswered "Yes'	' to Form 990, F	Part IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction (e) Public charity (if section 50)	status (c)(3))	(f) Direct controlling entity	Section (13) co	( <b>g)</b> n 512(b ontrolle ntity?
(1) Denver Metro Chamber of Commerce	Chamber of Commerce	CO	501(c)(6)				Yes	No No
1445 Market Street								
Denver, CO 80202 84-0186760								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Forn	n 990) 2	2012

(a) Name, address, and EIN o related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	re of   Dispro of-year   alloca		nate Code V—UBI amount in boo 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)	Legal domicile (state or foreign		(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

N	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?					
a R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
<b>b</b> G	ıft, grant, or capıtal contribution to related organization(s)				1b		No	
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e L	oans or loan guarantees by related organization(s)				1e		No	
					1.5		NI-	
	ividends from related organization(s)				1f		No	
	ale of assets to related organization(s)				1g		No	
	urchase of assets from related organization(s)				1h		No	
	change of assets with related organization(s)				1i		No	
j Le	ease of facilities, equipment, or other assets to related organization(s)				1j		No	
<b>b</b> 1.	ease of facilities, equipment, or other assets from related organization(s)				1k		No	
					11		No	
The final manage of services of membership of fandraising solicitations for related organization(s)								
The communities of services of membership of fundaturing softened of gameration (3)								
	raring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o	Yes		
<b>o</b> 5	haring of paid employees with related organization(s)				10	165		
n R	eimbursement paid to related organization(s) for expenses				1p	Yes		
-	eimbursement paid by related organization(s) for expenses				1q		No	
<b>4</b> 1	embursement paid by related organization(s) for expenses				-			
r 0	ther transfer of cash or property to related organization(s)				1r		No	
<b>s</b> 0	ther transfer of cash or property from related organization(s)				1s		No	
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including so	avarad ralationships	and transaction throsholds				
2 11	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount II	nvolved		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 74-2489854

Name: Denver Metro Chamber Leadership Foundation

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
	Identifier	Return Reference	Explanation						
	•								