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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

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

C Name of organization
LOVELAND DEVELOPMENT FUND

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1712 TOPAZ DRIVE

City or town, state or province, country, and ZIP or foreign postal code
LOVELAND, CO 80537

D Employer identification number
46-2257572

E Telephone number
(970) 203-6100

F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify)

I Website:
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 110,185

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I ☒									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	110,185
	4	Investment income						4	
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c			
	6	Gaming and fundraising events						6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
c	Less direct expenses from gaming and fundraising events				6c				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d		
Expenses	7a	Gross sales of inventory, less returns and allowances				7a		7c	
	b	Less cost of goods sold				7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c			
	8	Other revenue (describe in Schedule O)						8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	110,185
	10	Grants and similar amounts paid (list in Schedule O)						10	6,500
	11	Benefits paid to or for members						11	
Net Assets	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe in Schedule O)						16	148,701
	17	Total expenses. Add lines 10 through 16						17	155,201
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-45,016
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	97,832
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	52,816

Part V

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		No
41	List the states with which a copy of this return is filed ▶ CO		
42a	The organization's books are in care of ▶ BLAINE RAPPE Telephone no ▶ (970) 667-7000 Located at ▶ 1712 TOPAZ DRIVE LOVELAND, CO ZIP + 4 ▶ 80537		
b	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)? 42b	Yes	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? 42c		No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		No
c	Did the organization receive any payments for indoor tanning services during the year? 44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		No

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

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f Total number of other employees paid over \$100,000 ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000. ►		

52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2017-01-09 Date		
	BLAINE RAPPE BOARD TREASURER Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name ROBERT E FABRY CPA	Preparer's signature	Date 2017-01-09	Check ☐ if self-employed	PTIN P00757821
	Firm's name ► BAUERLE AND COMPANY PC			Firm's EIN ► 84-0817888	
	Firm's address ► 7887 E BELLEVIEW AVE STE 700 DENVER, CO 801116021			Phone no (303) 759-0089	

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

Software ID:
Software Version:
EIN: 46-2257572
Name: LOVELAND DEVELOPMENT FUND

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)

28

ECONOMIC DEVELOPMENT INCENTIVES TO BUSINESS THE ORGANIZATION WILL PROVIDE SHORT TERM SUBSIDIES, FEE WAIVERS, MOVING COSTS, IN KIND PRODUCTS AND SERVICES, AND OTHER FUNDS TO ASSIST BUSINESS IN THEIR EARLY STAGE GROWTH AND/OR RELOCATION TO LOCATIONS WITHIN LOVELAND, INCLUDING THE ROCKY MOUNTAIN CENTER FOR TECHNOLOGY AND INNOVATION, THE DOWNTOWN LOVELAND AREA AS WELL AS OTHER AREAS OF THE CITY OF LOVELAND

(Grants \$)

If this amount includes foreign grants, check here . . . ► ☐

28a

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUGLAS RUTLEDGE BOARD CHAIRM	2 00	0		
DANIEL MILLS BOARD PRESID	2 00	0		
DEBBIE DOYEL BOARD SECRET	2 00	0		
BLAINE RAPPE BOARD TREASU	2 00	0		
JAY DOKTER BOARD MEMBER	1 00	0		
DOUG DONAHUE BOARD MEMBER	1 00	0		
CHAD BRENT BOARD MEMBER	1 00	0		
ROCKY TURNER BOARD MEMBER	1 00	0		
RON SCHNEIDER BOARD MEMBER	1 00	0		
STEPHANIE FANCHER BOARD MEMBER	1 00	0		
DOUG ERION BOARD MEMBER	1 00	0		
DON MAROSTICA BOARD MEMBER	1 00	0		
JACK CANTLEY BOARD MEMBER	1 00	0		

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
LOVELAND DEVELOPMENT FUND**Employer identification number**

46-2257572

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INSURANCE 1,765 FUND RAISING EXPENSES 710 ECONOMIC SUPPORT 146,226 TOTAL 148,701
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 15,000 2,500 TOTAL 15,000 2,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 77,225
FORM 990-EZ, PART III	THE LOVELAND DEVELOPMENT FUND (LDF) IS AN ORGANIZATION COMPRISED OF BUSINESSES IN THE CITY OF LOVELAND COLORADO INTERESTED IN PROMOTING AND SUPPORTING BUSINESS GROWTH AND OPPORTUNITY WITHIN THE CITY OF LOVELAND THAT WILL PROVIDE HIGH QUALITY EMPLOYMENT OPPORTUNITIES FOR CURRENT AND FUTURE CITIZENS THE ACTIVITIES OF THE LDF ARE ATTRACTION OF NEW BUSINESSES TO LOVELAND, RETENTION OF EXISTING BUSINESS IN LOVELAND, SUPPORT OF A BUSINESS ACCELERATOR IN THE CITY OF LOVELAND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	ECONOMIC DEVELOPMENT INCENTIVES TO BUSINESS THE ORGANIZATION WILL PROVIDE SHORT TERM SUBSIDIES, FEE WAIVERS, MOVING COSTS, IN KIND PRODUCTS AND SERVICES, AND OTHER FUNDS TO ASSIST BUSINESS IN THEIR EARLY STAGE GROWTH AND/OR RELOCATION TO LOCATIONS WITHIN LOVELAND, INCLUDING THE ROCKY MOUNTAIN CENTER FOR TECHNOLOGY AND INNOVATION, THE DOWNTOWN LOVELAND AREA AS WELL AS OTHER AREAS OF THE CITY OF LOVELAND