Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

► 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. 2015

OMB No 1545 1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,						
B	Check if applicable Address change		D Employer	Employer identification number		
┝	Name change	37-13	37-1391395			
<u> </u>	Initial return	E Telephone	Telephone number			
<u> </u>	Final return/terminated	(309)	(309) 829-9599			
-	Amended return	, ,	Group Exemption			
	Application pendin	Number	xemption •			
G	Accounting Me	thod Cash X Accrual Other (specify) ► H Check	× X if the	organization is not		
ı	Website: ►			Schedule B		
<u>J</u>	Tax-exempt statu	S (check only one) =	990, 990-E	Z, or 990-PF)		
K	Form of organ		 			
L	Add lines 5b, 6 assets (Part II	cc, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	total ►\$	120,888.		
:Pi	art I Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	for Part I)		
32		the organization used Schedule O to respond to any question in this Part I		<u> </u>		
€	1 Contribu	tions, gifts, grants, and similar amounts received	1	102,444.		
10		service revenue including government fees and contracts	2			
** XAA	3 Member	ship dues and assessments	3	=		
	4 Investme	ent income	4			
De in	5 a Gross ar	nount from sale of assets other than inventory 5 a				
	b Less co	st or other basis and sales expenses				
3	1	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	1	and fundraising events				
RE>ESU		come from gaming (attach Schedule G if greater than \$15,000)				
Ě	1	come from fundraising events (not including \$ of contributions				
U E		draising events reported on line 1) (attach Schedule G if the sum gross income and contributions exceeds \$15,000)				
	c Less dir	ect expenses from gaming and fundraising events 6 c	'			
		me or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)	 6 d			
	7 a Gross sa	iles of inventory, less returns and allowances 7 a				
		st of goods sold 7 b				
	c Gross pr	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с			
	8 Other re	venue (describe in Schedule O) See Schedule O	8	18,444.		
	9 Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	120,888.		
		nd similar amounts paid (list in Schedule O)	10	·		
		nd similar amounts paid (list in Scheduld O) paid to or for members other compensation, and employee benefits may 2 0 2016 panal fees and other payments to independent contractors	11			
E X	12 Salaries	other compensation, and employee benefits MAY 2 0 2016	12	59,409.		
P	13 Professi	onal fees and other payments to independent contractors	13	3,289.		
E N S E S	14 Occupar	cy, rent, utilities, and maintenance	14	9,262.		
Ĕ	15 Printing,	publications, postage, and shipping	15	2,137.		
3		penses (describe in Schedule O) See Schedule O	16	59,880.		
		penses. Add lines 10 through 16	▶ 17	133,977.		
٨	18 Excess of	or (deficit) for the year (Subtract line 17 from line 9)	18	-13,089.		
NS EE T	19 Net asse	ts or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y				
ΕĔ	figure re	ported on prior year's return)	19	26,435.		
Ś	20 Other ch	anges in net assets or fund balances (explain in Schedule O)	20			
		ts or fund balances at end of year Combine lines 18 through 20	► 21	13,346.		
BA	A For Paperwo	ork Reduction Act Notice, see the separate instructions.	\bigcap	Form 990-EZ (2015)		

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Pa	Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II							
	Check if the organization used Sche	dule o to respond to any que		A) Beginning of year	ar	(B) End of year		
22	Cash, savings, and investments			27,917	. [22]	16,347.		
23	Land and buildings				23			
24	Other assets (describe in Schedule O)				24			
25	Total assets	See Schedule	,	27,917	. 25	16,347.		
26	Total liabilities (describe in Schedule O)			1,482	. 26	3,001.		
27			<u> </u>	26,435	. 27	13,346. Expenses		
Pai	rt III Statement of Program Service Acco Check if the organization used Sch			X	(D	•		
What	is the organization's primary exempt purpose? See		acodorn in this i dit in			uired for section 501 and 501(c)(4)		
Desc	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	orgar	nizations, optional hers)					
bene	efited, and other relevant information for ea	ach program title	es provided, the hambe	or persons				
28	Promote the central busin							
	Bloomington, IL.							
	(Grants \$) If the	is amount includes foreign gr	ants, check here		28 a	133,977.		
29								
	(Grants \$) If the	is amount includes foreign gr	ants about boro		20.5			
30	(Grants \$) It till	is amount includes loreign gr	ants, check here		29 a			
30								
	(Grants \$) If the	is amount includes foreign gr	ants, check here	F	30 a			
31		edule O)						
		is amount includes foreign gr	ants, check here	▶ 🗌	31 a			
	Total program service expenses (add line			•	32	133,977.		
Pai	rt IV List of Officers, Directors, Tr			en if not compensated —	see th	e instructions for Part IV)		
	Check if the organization used Sch		T	(d) Health baseful	_ 1			
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to empl benefit plans, and def	oyee	(e) Estimated amount of other compensation		
		position	(if not paid, enter -0-)	compensation	Circa			
See	Schedule_O							
			0.		0.	0.		
		<u> </u>		 				
								
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	TV 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			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
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).	34		Х
35 :	a change to the organizations halve unrelated business gross income of \$1,000 or more during the year from business activities	34	<u> </u>	<u> </u>
33.	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ŀ	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	: 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	35 c		Х
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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		- X
1	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A			
39	Section 501(c)(7) organizations Enter		ŀ	
á	Initiation fees and capital contributions included on line 9		l	1
ŀ	Gross receipts, included on line 9, for public use of club facilities 39 b N/A			'
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A		1	'
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A		l	
ł	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	40 ь		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization.	40.0		<u> </u>
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958			'
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O.			1
•	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	40 e		X
41	the same and the s			
42 ;	The organization's books are in care of Patricia Stiller Located at 106 W. Monroe Street Bloomington IL Telephone no (309) ZIP + 4 61701	829		
ı	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	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.?	42 c		x
•	If 'Yes,' enter the name of the foreign country	72.0		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	N/A
			Yes	
44 :	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	-	- x
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
(I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d]

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

X

45 a

45 b

Form 990-	EZ (2015) Downtown Bloomingto	on Association			37-139	1395	Р	age 4
46 Did t	he organization engage, directly or indire-	ctly, in political campaig	n activities o	on behalf of	or in opposition to	46	Yes	No X
Part VI	Section 501(c)(3) organization All section 501(c)(3) organizati for lines 50 and 51 Check if the organization used Schedul	s only ons must answer o	•		nd 52, and complet		les	_
	Check if the organization used Schedul	e O to respond to any t	luestion in ti	IIS 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 'Y complete Schedule C, Part II							163_	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization?								
50 Com	es,' was the related organization a section plete this table for the organization's five loyees) who each received more than \$10	highest compensated e						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W 2/	compensation 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amoun pensatio	it of
				,				
		-						
51 Com	I number of other employees paid over \$1 plete this table for the organization's five pensation from the organization. If there is	highest compensated in	idependent o	contractors v	who each received more	than \$100	000 of	f
	(a) Name and business address of each independent	contractor		(b) Type (of service	(c) Comp	ensation	1
						_		
d Total	number of other independent contractors	s each receiving over \$1	100 000					
52 Did to	he organization complete Schedule A? N o pleted Schedule A	ote: All section 501(c)(3) organizatio			► Yes		No
Under penalties true, correct, a	s of perjury. I declare that I have examined this return, incl and complete exclaration of preparer (other than office	uding accompanying schedules at er) is based on all information	nd statements, ar of which prepare	nd to the best of er has any know	my knowledge and belief, it is vledge			
6 '	Signature of officer	e/			Date 5/16/10	0		
Sign Here	Type or print name and title	Ø					···	
Paid	Print/Type preparer's name Joel M. White	Preparer's signature		Date 5/13/1	Check 🗀 if	TIN 10031869	3	
Preparer Use Only	Firm's name ► Striegel Knobl Firm's address ► 115 W Jefferson		LLC, CP	A's	Firm's EIN ►	37-1122		
		61701-3946			Phone no (30	1 1000		
May the IR	RS discuss this return with the preparer sh	lown above? See instru	ctions			► X Yes		No

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

ne of the organization	Employer identification number
owntown Bloomington Association	37-1391395
Form 990-EZ, Part I, Line 8 Other Revenue	
Events Corporate Sponsorships Ad Sales	\$ 9,865 5,000 2,675
Miscellaneous	904 Total <u>\$ 18,444</u>
Form 990-EZ, Part I, Line 16 Other Expenses	
Advertising and Promotion Conferences, Conventions, and Meetings Event Expenses Insurance Office Expenses Repairs & Maintenance	\$ 18,572 1,787 15,121 10,816 1,381 10,703
Sponsorships	1,500 Total \$ 59,880
Form 990-EZ, Part II, Line 26 Total Liabilities	
	Beginning Ending
Accounts Payable and Accrued Expenses	\$ 1,482. \$ 3,000 Total \$ 1,482. \$ 3,000

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To promote downtown Bloomington.

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

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Martha Burk Director	0	\$ 0.	\$ 0.	\$ 0.
Nancy Ammerman Treasurer	0	0.	0.	0.
Bob Floyd Director	0	0.	0.	0.
Russel Francois Director	0	0.	0.	0.

Name of the organization

Downtown Bloomington Association

Employer identification number 37-1391395

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

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Gemma Billings Director	0	\$ 0.	. \$ 0.	\$ 0.
Joe Haney Director	0	0 .	. 0.	0.
Karen Schmidt Director	0	0 .	. 0.	0.
Carlo Robustelli Director	0	0	. 0.	0.
Bobby Castillo Director	0	0	. 0.	0.
Dave Park Director	0	0	. 0.	0.
Steve Parker Director	0	0	. 0.	0.
Jeff Woodard Director	0	0 .	. 0.	0.
Tim Tilton Director	0	0 .	. 0.	0.
Ruth Haney President	0	0	0.	0.
Jamie Mathy Director	0	0	. 0.	0.
Carl Teichman Director	0	0	. 0.	0.
Jan Lancaster Vice President	0	0	. 0.	0.
Bobby Vericella Director	0	0	. 0.	0.
Nora Dukowitz Secretary	0	0	. 0.	0.
	Total	\$ 0	\$ 0.	\$ 0.