

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)

OMB No 1545 1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____

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

C **Downtown Bloomington Association**
 106 W. Monroe Street
 Bloomington, IL 61701

D Employer identification number
 37-1391395

E Telephone number
 (309) 829-9599

F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: ▶ downtownbloomington.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

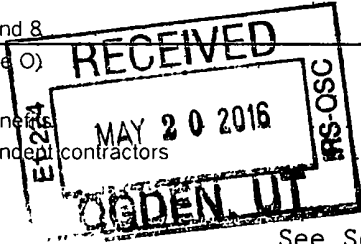
K Form of organization Corporation Trust Association Other _____

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. ▶ \$ **120,888.**

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

1 Contributions, gifts, grants, and similar amounts received	1	102,444.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5 a	
b Less cost or other basis and sales expenses	5 b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
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)	6 b	
c Less direct expenses from gaming and fundraising events	6 c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
7a Gross sales of inventory, less returns and allowances	7 a	
b Less cost of goods sold	7 b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
8 Other revenue (describe in Schedule O) See Schedule O	8	18,444.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,888.
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	59,409.
13 Professional fees and other payments to independent contractors	13	3,289.
14 Occupancy, rent, utilities, and maintenance	14	9,262.
15 Printing, publications, postage, and shipping	15	2,137.
16 Other expenses (describe in Schedule O) See Schedule O	16	59,880.
17 Total expenses. Add lines 10 through 16	17	133,977.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,089.
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	26,435.
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	13,346.

SCANNED JUN 30 2015



BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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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

	(A) Beginning of year		(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	27,917.	25	16,347.
26 Total liabilities (describe in Schedule O) See Schedule O	1,482.	26	3,001.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,435.	27	13,346.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 <u>Promote the central business district and surrounding areas of Bloomington, IL.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	133,977.
29 -----		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 -----		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	133,977.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Schedule O -----		0.		0.

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

Table with columns for question numbers (33-41), Yes/No boxes, and input fields. Questions cover topics like significant activity, unrelated business income, political expenditures, borrowing, and prohibited tax shelter transactions.

42 a The organization's books are in care of Patricia Stiller Telephone no (309) 829-9599 Located at 106 W. Monroe Street Bloomington IL ZIP + 4 61701

Table for questions 42 b and 42 c regarding foreign financial accounts and offices. Includes Yes/No columns and input fields for foreign country names.

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

Table for questions 44 a through 45 b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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

	Yes	No
46		X

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

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

49 b		
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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

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: *Fabiana Stille* Date: 5/16/16
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only
 Print/Type preparer's name: Joel M. White Preparer's signature: *JM White* Date: 5/13/16
 Check if self-employed PTIN: P00318693
 Firm's name: Striegel Knobloch & Company, LLC, CPA's Firm's EIN: 37-1122831
 Firm's address: 115 W Jefferson Suite 200 Phone no: (309) 829-4303
Bloomington, IL 61701-3946

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

Employer identification number

Downtown Bloomington Association

37-1391395

Form 990-EZ, Part I, Line 8
Other Revenue

Events	\$ 9,865.
Corporate Sponsorships	5,000.
Ad Sales	2,675.
Miscellaneous	904.
Total	\$ 18,444.

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 18,572.
Conferences, Conventions, and Meetings	1,787.
Event Expenses	15,121.
Insurance	10,816.
Office Expenses	1,381.
Repairs & Maintenance	10,703.
Sponsorships	1,500.
Total	\$ 59,880.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 1,482.	\$ 3,001.
Total	\$ 1,482.	\$ 3,001.

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

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
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
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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- ution 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.