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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.

C Name of organization

BLOOMINGTON URBAN ENTERPRISE ASSOC.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 100

City or town, state or country, and ZIP + 4

BLOOMINGTON, IN 47402-0100

D Employer identification number

35-1858425

E Telephone number

(812) 349-3420

F Group Exemption

Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 185,332

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	169,136
	2	Program service revenue including government fees and contracts	2	2,663
	3	Membership dues and assessments	3	
	4	Investment income	4	5,196
	5a	Gross amount from sale of assets other than inventory	5a	
	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	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
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 ▶ STM141)	8	8,337	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	185,332	
Expenses	10	Grants and similar amounts paid (attach schedule) STM122	10	64,589
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	37,460
	14	Occupancy, rent, utilities, and maintenance	14	68
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ STM130)	16	18,134
17	Total expenses. Add lines 10 through 16	17	120,251	
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	65,081
	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	740,024
	20	Other changes in net assets or fund balances (attach explanation) STM104	20	(8,337)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	796,768

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

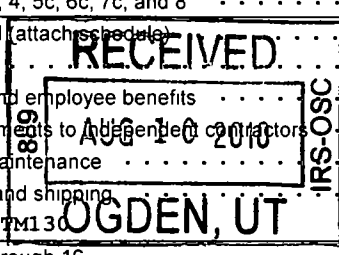
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	540,825	22 581,112
23 Land and buildings		23
24 Other assets (describe ▶ STM131)	199,199	24 215,655
25 Total assets	740,024	25 796,767
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	740,024	27 796,767

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

SCANNED AUG 24 2010



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Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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
37 a 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?	37b	X
38 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 period covered by this return?	38a	X
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		
40 a 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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	X
41 List the states with which a copy of this return is filed ▶ IN		
42 a The organization's books are in care of ▶ DORIS SIMS Telephone no ▶ 812-349-3805		
Located at ▶ PO BOX 100 Bloomington, IN ZIP + 4 ▶ 47402		
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	X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b

and complete the tables for lines 50 and 51

	Yes	No
46 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	☐	☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
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?	☐	☒
b If "Yes," was the related organization a section 527 organization?	☐	☒

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 "

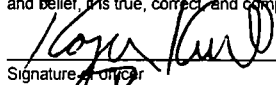
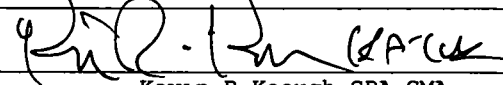
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

Sign Here	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.			
	 Signature of officer		Date 8/4/10	
	Type or print name and title Roger Kent, President			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☒	Preparer's Identifying No. (See inst.)
		07-25-2010		P01011609
	Firm's name (or yours if self-employed), address, and ZIP + 4	Kevin R Keough CPA CMA 223 West Dodds Suite 124 Bloomington, IN 47403		
	EIN	Phone no 812-334-7610		

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

Schedule A (Form 990 or 990-EZ) 2009

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

Activity	Amount	Relationship
COMMUNITY DEVELOPMENT	21,000	ZONE SCHOOLS
Grantee		
MONROE CO COMMUNITY SCHOOL CORP		
Address		
Bloomington IN 47401		
Activity		
COMMUNITY DEVELOPMENT	10,269	NEIGHBORHOODS
Grantee		
CITY OF BLOOMINGTON - HAND -		
Address		
Bloomington IN 47401		
Activity		
SCHOLARSHIPS	2,394	ZONE RESIDENTS
Grantee		
IVY TECH STATE COLLEGE		
Address		
Bloomington IN 47401		
Activity		
SMALL BUSINEES FACADES AND DEVELOPM	30,926	ZONE BUSINESSES
Grantee		
ZONE BUSINESSES		
Address		
Bloomington IN 47401		
Total	64,589	

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
Dues and subscriptions	500
Loss on uncollectible zn prog loan	17,634
Total	18,134

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ZONE PROGRAM LOANS NET OF CURR	49,199	65,655
ZONE PROGRAM-MIDDLE WAY LOAN	100,000	100,000
SEED CORP REVOLVING LOAN	50,000	50,000
Total	199,199	215,655

Form 990EZ, Part I, Line 8
Other Revenues Schedule 2

<u>Description</u>	<u>Amount</u>
SATISFACTION OF PROGRAM RESTRICTION	8,337
Total	8,337

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

<u>Description</u>	<u>Amount</u>
NET ASSETS RELEASED FROM RESTRICITO	(8,337)
Total	(8,337)

Overflow Statement

Name(s) as shown on return

FEIN

BLOOMINGTON URBAN ENTERPRISE ASSOC.

35-1858425

Program service revenue

Description	Amount
Interest income from program loans	\$ 2,663
Total:	<u>\$ 2,663</u>

Income from savings and investments

Description	Amount
Short term investment interest income	\$ 5,196
Total:	<u>\$ 5,196</u>

Cash and savings - at December 31 2008

Description	Amount
prior year statements	\$ 536,515
prior period adjustment to correct error	4,310
Total:	<u>\$ 540,825</u>

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization BLOOMINGTON URBAN ENTERPRISE ASSOC.	Employer identification number 35-1858425
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BLOOMINGTON, IN 47402-0100	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ **Doris J Sims PO Box 100 Bloomington, IN 47402**

Telephone No ▶ **812-349-3510**FAX No ▶ **812-349-3582**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 **09** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions