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**Short Form
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)

2009

Department of the Treasury
Internal Revenue Service

► 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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C DOWNTOWN PARTNERS, INC 610 N. 4TH, SUITE 200 BURLINGTON, IA 52601	D Employer identification number 42-1449669
			E Telephone number (319) 208-0044
			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: ► N/A

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

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

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 ► \$ 167,327.

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	107,627.
	2	Program service revenue including government fees and contracts	2	59,150.
	3	Membership dues and assessments	3	
	4	Investment income	4	550.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	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	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5a, 6c, 7c, and 8	9	167,327.
	EXPENSES	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	77,317.
13		Professional fees and other payments to independent contractors	13	3,220.
14		Occupancy, rent, utilities, and maintenance	14	14,312.
15		Printing, publications, postage, and shipping	15	681.
16		Other expenses (describe ► SEE STATEMENT 1)	16	69,637.
17		Total expenses. Add lines 10 through 16	17	165,167.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,160.
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	96,659.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	98,819.

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	54,472.	44,401.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 2)	56,382.	62,312.
25 Total assets	110,854.	106,713.
26 Total liabilities (describe ► SEE STATEMENT 3)	14,195.	7,894.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,659.	98,819.

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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		
35a	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?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
37b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> N/A		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> N/A		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="N/A"/> , section 4912 <input type="text" value="N/A"/> , section 4955 <input type="text" value="N/A"/>		
40b	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		
40c	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 <input type="text" value="40c"/> 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="40d"/> 0.		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text" value="41"/> NONE		

42a The organization's books are in care of Telephone no.
 Located at ZIP + 4

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country. <input type="text"/>		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <input type="text"/>		X

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 N/A N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b 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 and deferred compensation	(e) Expense account and other allowances

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 ▶

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: *D Hinkle* Date: 1/8/10
 Type or print name and title: DENNIS HINKLE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Ann Menke* Date: 1/3/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: ANN M MENKE CPA PC
PO BOX 135
WEST POINT, IA 52656-0135
 Preparer's Identifying Number (See instructions): P01058142
 EIN: 42-1363298
 Phone no: (319) 837-6042

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

CLIENT D1449669

DOWNTOWN PARTNERS, INC

42-1449669

7/07/10

03 39PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	1,493.
COMPUTER & SOFTWARE EXP		152.
CONFERENCES, CONVENTIONS, AND MEETINGS		4,216.
DEPRECIATION		285.
DOWNTOWN DEVELOPMENT		7,576.
DUES AND SUBSCRIPTIONS		425.
INSURANCE		450.
OFFICE EXPENSES		2,860.
SPECIAL FUNDS & COMMITTEES		50,287.
TELEPHONE		1,893.
TOTAL	\$	<u>69,637.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 40,639.	\$ 37,350.
FURNITURE AND FIXTURES	925.	640.
NOTES AND LOANS RECEIVABLE	5,712.	6,609.
NOTES RECEIVABLE LONG TERM	9,000.	17,000.
PREPAID EXPENSES AND DEFERRED CHARGES	106.	713.
TOTAL	\$ <u>56,382.</u>	\$ <u>62,312.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 14,195.	\$ 7,294.
DEFERRED REVENUE	0.	600.
TOTAL	\$ <u>14,195.</u>	\$ <u>7,894.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE INTERESTS OF DOWNTOWN BURLINGTON, IOWA.

CLIENT D1449669

DOWNTOWN PARTNERS, INC

42-1449669

7/07/10

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STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAIME HOWARD BURLINGTON, IA 52601	STAFF 0	\$ 0.	\$ 0.	\$ 0.
CYNTHIA SCHUYLER BURLINGTON, IA 52061	PAST CHAIR 0	0.	0.	0.
DENNIS IMLER BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
DANA JOHNSTON BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
LINDA CALE BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
STEVE DELANEY BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
PAT JACKSON BURLINGTON, IA 52601	CHAIRPERSON 0	0.	0.	0.
KAREN MARINO BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
JOHN RILEY BURLINGTON, IA 52601	CHAIR ELECT 0	0.	0.	0.
KATHI MILLER BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
CYNDI PARKS BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
MAC COFFIN BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.

CLIENT D1449669

DOWNTOWN PARTNERS, INC

42-1449669

7/07/10

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STATEMENT 5 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOHN MERCER WEST BURLINGTON, IA 52655	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JERRY BAUM BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
STEVE PREADER BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
DENNIS HINKLE BURLINGTON, IA 52601	EXEC. DIRECTOR 0	0.	0.	0.
BETH NICKEL BURLINGTON, IA 52601	DIRECTOR 0	0.	0.	0.
STEVE FREVERT BURLINGTON, IA 52601	STAFF 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.