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Form **990**

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

B Chest Procession Comparison Compariso	Α	For the	e 2009 calendar year, or tax year beginning	and ending									
Second Part	В	Check if applicable	Please use IRS C Name of organization		D Employer identifi	cation number							
Second Part	Г	Addre	label or DOWNTOWN BOISE ASSOCIATION, INC.										
Secretary Property Propert		□Name	type	82-0	417200								
Section Part Section STREET Section Street Section Street Section Street Section Street Section Se		Initial return	h See Number and Street (of P.O. Dox II mail is not delivered to street addres	s) Room/sui	te E Telephone numbe	mber							
Comparison Com		ated	Instruction 1/20 W IDAHO STREET		(208)472-5250							
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Figure and address of principal chincer ALARKEN SANDER 720 W IDAHO STREET, BOISE, ID 83702 High real stitutistes included?		tion	DOIDE, ID 63/02										
Tacesement status		pendi											
J Website: ▶ W/WW J DOWN*POWNBOISE. ORG Form of organization. X Corporation													
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DOWNTOWN BUSINESS DISTRICT Check this box	P			2160000									
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Signature of officer Signature of officer Date			Under penalties of perjury, I declare that I have examined this return, including accompanying schedule			ge and belief, it is true, correct,							
Signature of officer KAREN SANDER, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature			and complete Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledo	ре								
Signature of officer KAREN SANDER, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature	Sia	n			15/12	1/2010							
RAREN SANDER, EXECUTIVE DIRECTOR Type or print name and title Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's identifying number (see instructions) Preparer's Preparer's identifying number (see instructions) Preparer's Preparer's identifying number (see instructions)			Signature of officer		Date								
Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 BOISE, ID 83702-5953 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self-employed self-employed properties identifying number (see instructions) EIN Phone no. > (208)345-5383	5		NAMEN SANDER. EXECUTIVE DIRECTOR										
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Use Only Firm's name (or yours if self-employed), address, and ZIP+4 BOISE, ID 83702-5953 Phone no. (208)345-5383 May the IRS discuss this return with the preparer shown above? (see instructions)	Paid suparture Self-												
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	-	,		separate in	structions.								

	n 990 (2009) DOWNTOWN BOISE ASSOCIATION, INC.	82-0417200 Page 2
1	Briefly describe the organization's mission: PROMOTE AND MAINTAIN THE DOWNTOWN BUSINESS DISTRICT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$ 255,393. including grants of \$)(Right of the ASSOCIATION'S PRIMARY PROGRAM SERVICE IS TO PROMOTE AREA DESIGNATED AS THE BUSINESS IMPROVEMENT DISTRICT.	evenue \$) THE DOWNTOWN
4b	(Code) (Expenses \$ 252,414. including grants of \$) (Rother ASSOCIATION'S SECONDARY PROGRAM SERVICE IS TO ASSISTING IMPROVEMENTS AND MAINTENANCE PROJECTS FOR THE BUSINESS DISTRICT.	
4c	(Code) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 507,807.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		v
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	11	x	
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		<u> </u>	
Ī	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		İ	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	İ		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX		i	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		ļ	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Í	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		-	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		ĺ	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ľ	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ļ	v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46	1	Х
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form !	990 (2	nnaı

Form 990 (2009) DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			•
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).		Ī	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1	- 1	
	Schedule N, Part II	32	.	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form (990 (2	nna)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter 0 if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		İ .	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ŀ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6</u> a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g 7h		
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	<i>'</i> '''		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь Ю	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ĺ		
1	Section 501(c)(12) organizations. Enter	ĺ		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009) DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u>Sec</u>	tion A. Governing Body and Management					
		1 1		_	Yes	No
1a	Enter the number of voting members of the governing body	_1a	32			
b	Enter the number of voting members that are independent	1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?		<u> </u>	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		i		
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u> X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo			1		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	_	5		X
6	Does the organization have members or stockholders?		<u> </u>	3		<u>X</u>
7a		embers of the			1	
	governing body?	_		a		<u> X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per		-7	b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	- 1			
	by the following					
а	The governing body?			a	X	 -
þ	Each committee with authority to act on behalf of the governing body?		8	b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at the				••
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)		-	1	
			<u> </u>		Yes	No
	Does the organization have local chapters, branches, or affiliates?		10)a		<u>X</u>
b	if "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,		.	ļ	
	and branches to ensure their operations are consistent with those of the organization?	lus a Ab a fa usa O	<u> </u>)b	Ţ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	-	1	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ا	_ [~ l	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	4.4	12	2a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	lia give rise		.	ļ	v
	to conflicts?	11.V 11	12	2D	-	_ <u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res, describe			İ	v
40	In Schedule O how this is done		12	3		<u>X</u>
13	Does the organization have a written whistleblower policy?		<u> </u>	4		X
14	Does the organization have a written document retention and destruction policy?	al by independent	<u> </u>	+		
15	Did the process for determining compensation of the following persons include a review and approve	ar by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15	.	1	Х
	The organization's CEO, Executive Director, or top management official		15	\neg		X
D	Other officers or key employees of the organization		15	+		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			į	
ioa	taxable entity during the year?	Hent With a	16		İ	Х
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	huate its narticination		-	$\neg \uparrow$	
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.		' l	-		
	exempt status with respect to such arrangements?	arnzation 3	16	,	l	
Sec	tion C. Disclosure			, <u>, , , , , , , , , , , , , , , , , , ,</u>		
	List the states with which a copy of this Form 990 is required to be filed NONE					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501(c)(3)s only) ava	ulable for			
.0	public inspection. Indicate how you make these available. Check all that apply	(23.(0)(0)0 0) 410				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest not	icv. and f	ัเกลก	cial	
כו	statements available to the public	Sof St. Witerest per				
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the ord	ianization			
	KAREN SANDER - (208) 472-5250		,	_		
	720 W IDAHO STREET, BOISE, ID 83702		-			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KIM KINNEY DIRECTOR		x						0.	0.	0.
QUENTIN KNIPE								<u> </u>		
DIRECTOR		$ \mathbf{x} $						0.	0.	0.
PAULA FORNEY		-								
DIRECTOR		x						0.	0.	0.
JIM TOMLINSON		==								
IMMEDIATE PAST PRESIDENT		$ \mathbf{x} $		х			Ì	0.	0.	0.
LEANN SANNES										
PRESIDENT		x		X				0.	0.	0.
KAREN SANDER										
EXECUTIVE DIRECTOR	40.00	x		Х				70,974.	0.	7,280.
KEVIN SETTLES										
DIRECTOR		Х						0.	0.	0.
MARGARET JOHNSON										
DIRECTOR		X						0.	0.	0.
JEREMY MALONE			ł							
DIRECTOR		X						0.	0.	0.
CHARLIE SCHMOEGER										
PRESIDENT ELECT		X		X				0.	0.	0.
LIL KUREK			ł							
DIRECTOR		X	_					0.	0.	0.
JOHN BERRYHILL			l							
DIRECTOR		X						0.	0.	0.
JOHN CUNNINGHAM								_	_	_
DIRECTOR		X						0.	0.	0.
ROCCI JOHNSON								_		_
DIRECTOR		X			_			0.	0.	0.
DEAN HANSON										•
DIRECTOR		X	1	-	-	_		0.	0.	0.
GLEN SCHUMACHER, CPA			- 1						2	0
TREASURER		X		Х				0.	0.	0.
MARYANNE JORDAN		<u>.</u>	- 1						_	•
EX-OFFICIO		Х	1					0.	0.	0. Earm 990 (2009)

Part VII Section A. Officers, Directors, True	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
(A) Name and title	(A) (B)			() Pos	C) itior			(D) Reportable compensation	(E) Reportable compensation		1	(F) stimat	
•	per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com f org an	othernpension the community of the commu	r ation ne ition ited
VIC CONRAD DIRECTOR		х						0.		0.			0.
PHIL KUSHLAN DIRECTOR		х						0.		0.			0.
PAT RICE EX-OFFICIO		x						0.		0.			0.
JAN MILLER EX-OFFICIO		х						0.		0.		_	0.
BILL CONNORS EX-OFFICIO	•	X						0.		0.			0.
DAN WATTS DIRECTOR		X						0.		0.			0.
KEN HOWELL LEGAL COUNSEL		X						0.		0.			0.
GREGG MIZUTA DIRECTOR		X						0.		0.		•	0.
DAVID BAUM DIRECTOR		х						0.		0.			0.
SCOTT SCHOENHERR DIRECTOR		х						0.		0.			0.
1b Total						>		70,974.		0.		7,2	80.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 in reportable				0
3 Did the organization list any former officer,	director or trus	stee	, key	em e	ploy	/ee,	or h	iighest compensated en	nployee on	ſ		Yes	No
Ine 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the sui	m of reportabl								the organization	-	3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a									ces rendered to	<u> </u>	4		X
the organization? If "Yes," complete Schedu Section B. Independent Contractors	le J for such p	oers(on								5		Х
Complete this table for your five highest corthe organization. NONE	npensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than	\$100,000 of comp	ensa	ation f	rom	
(A) Name and business a	address							(B) Description of se	ervices	— С	(C omper		n
				-	_			······································					
		_				·							
												-	
2 Total number of independent contractors (in	-	ot lin	nited	i to t	hos		ted	above) who received me	ore than				-

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function tax under sections 512, 513, or 514 business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d <u>39,122.</u> e Government grants (contributions) 1e f All other contributions, gifts, grants, and 37,445. similar amounts not included above 1f 1,445. g Noncash contributions included in lines 1a-1f \$ 76,567 h Total. Add lines 1a-1f Business Code 349,653. 2 a EVENT INCOME 900099 349,653 Program Service Revenue 326,655. 900099 326,655 MEMBERSHIP DUES 14,138. 900099 14,138. c MAPS & DIRECTORIES f All other program service revenue 690,446. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) 956. 956. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CLEAN TEAM INCOME 900099 46,224. 46,224. 11,630. **b ANNUAL MEETING** 900099 11,630. 6,839. 6,839. c GIFT CERTIFICATES 900099 900099 4,315. 4,315 d All other revenue 69,008. Total. Add lines 11a-11d 759,454 836,977. 956. Total revenue See instructions. 12

DOWNTOWN BOISE ASSOCIATION,

82-0417200

Form **990** (2009)

Form 990 (2009)

Form 990 (2009)

Part IX | Statement of Functional Expenses

'n

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 78,254. 78,254. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 88,806. 88,806. Other salaries and wages Pension plan contributions (include section 401(k) 3,208. 3,208. and section 403(b) employer contributions) 10,759. 10,759. Other employee benefits 13,847. 13,847. 10 Payroll taxes Fees for services (non-employees) a Management 991. 991. Legal 14,610. 14,610. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f g 12 Advertising and promotion 8,628. 8.628. Office expenses 13 2.157. 2,157. 14 Information technology Royalties 15 10,800. 10,800. Occupancy 16 210. 210. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,197. 2,197. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 6,056. 22 5,027. Insurance 5,027. 23 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) EVENT EXPENSES 255,393. 255,393. 252,414. CORE SERVICE EXPENSES 252,414. 53,205. 53,205. GRANT EXPENSE d MISCELLANEOUS EXPENSES 1,713. 1,713. All other expenses f 808,275. 507,807. 294,412. 0. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			120,722.	2	129,813.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		_	108,191.	4	126,434.
	5	Receivables from current and former officers, d	rectors	, trustees, key			
		employees, and highest compensated employe	es Co	nplete Part II			
		of Schedule L		ļ		5	<u></u>
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 49	58(c)(3	(B) Complete			
		Part II of Schedule L		<u>_</u>		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges		8,878.	9	1,327.	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	148,079.			
	ь	Less: accumulated depreciation	10b	131,130.	21,668.	10c	16,949.
	11	Investments - publicly traded securities			11	<u>.</u>	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	34)	259,459.	16	274,523.	
	17	Accounts payable and accrued expenses	46,684.	17	28,441.		
	18	Grants payable		18			
	19	Deferred revenue			1,498.	19	6,103.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
abi		highest compensated employees, and disqualif	ed per	sons Complete Part II			
=	ļ	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		Ł		25	
	26	Total liabilities. Add lines 17 through 25			48,182.	26	34,544.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.					
Š	27	Unrestricted net assets			211,277.	27	234,062.
ala	28	Temporarily restricted net assets		L		28	<u>5,917.</u>
P	29	Permanently restricted net assets	[29	···	
풀		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
\ss	31	Paid-in or capital surplus, or land, building, or ed	uıpme	nt fund		31	·····
et /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
ž	33	Total net assets or fund balances		211,277.	33	239,979.	
	34	Total liabilities and net assets/fund balances			259,459.	34	274,523.

274,523. Form **990** (2009)

orn	1 990 (2009) DOWNTOWN BOISE ASSOCIATION, INC. 82-041	<u> / / / / / / / / / / / / / / / / / / /</u>	Pa	ge 14
Pa	rt XI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990. Cash X Accrual Other			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were	e the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1 1		
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both			
	X	Separate basis Consolidated basis Both consolidated and separate basis	-		
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMP Circular A.1332	32		x

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizat 	tions. Complete Part III									
Name of organization			Emp	loyer identification number						
DOWNTOW	N BOISE ASSOCIAT	ION, INC.		82-0417200						
Part I-A Complete if the org	janization is exempt und	er section 501(c	or is a section 527 o	rganization.						
1 Provide a description of the organiz	ation's direct and indirect politication	al campaign activities	ın Part IV							
2 Political expenditures			▶ \$	<u> </u>						
3 Volunteer hours										
Part I-B Complete if the org	anization is exempt und	er section 501(c								
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶ \$	·						
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶ \$	·						
3 If the organization incurred a section		Yes No								
4a Was a correction made?				Yes No						
b If "Yes," describe in Part IV			avent postion 501/	(-)(2)						
	anization is exempt und			· · · · · · · · · · · · · · · · · · ·						
1 Enter the amount directly expended		•								
2 Enter the amount of the filing organi	zation's funds contributed to oth	ner organizations for s	. .							
exempt function activities **S **Example 1.1.** **Example 1.1.** **Example 2.1.** **Examp										
3 Total exempt function expenditures	Add lines 1 and 2 Enter here at	nd on Form 1120-POL								
line 17b	4400 DOL for this upper		•	Yes No						
4 Did the filing organization file Form	· ·	N of all coation EQ7 o	alitical arganizations to which							
5 Enter the names, addresses and em For each organization listed, enter the	•		=							
that were promptly and directly deli-		•	·							
(PAC) If additional space is needed	, , ,			- F						
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political						
(a) Name	(b) Address	(C) Lii4	filing organization's	contributions received and						
			funds If none, enter -0-	promptly and directly						
				delivered to a separate political organization						
				If none, enter -0-						
		,								
		<u> </u>								
				1						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

LHA

Sche Pa	edule C (Form 990 or 990-EZ) 2009 rt II-A Complete if the org	DOWN	TOWN I	BOISE ASSOCI	ATION, INC.	82-(0417200 Page 2
· a	(election under sec			mpi under sectio		ed Fulli 5706	
\ C	heck I if the filing organiza		 	ikated group			
	=======================================		_	mated group nd "limited control" pr	ovisions annly		
<u>, , , , , , , , , , , , , , , , , , , </u>	Limi	ts on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence pub	lic opinion	(grass roots lobbying)			
b	Total lobbying expenditures to influ	uence a le	gislative bo	dy (direct lobbying)			
С	Total lobbying expenditures (add li	nes 1a an	d 1b)				
d	Other exempt purpose expenditure	es					
е	Total exempt purpose expenditure	s (add line	s 1c and 1	d)			
f	Lobbying nontaxable amount Enter	er the amo	unt from th	e following table in bo	th columns		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000		
	Over \$1,000,000 but not over \$1,5	00,000		00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ess over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000			
_	Grassroots nontaxable amount (en			 			
	Subtract line 1g from line 1a If zero			 			
	Subtract line 1f from line 1c If zero	-t tla Farm 4700					
J	If there is an amount other than zer		erline in or	line 11, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this		4 Voor Au	eraging Period Under	Cootion E01/h)		YesNo
		ations tha	it made a s	ection 501(h) electio	n do not have to comp es 2a through 2f on pa		
		Lobb	ying Expe	ndıtures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount						
þ	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
C	Total lobbying expenditures						
	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						1
	(10070 Of mie 20, Column (e))		 				
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

82-0417200 Page 3 Schedule C (Form 990 or 990-EZ) 2009 DOWNTOWN BOISE ASSOCIATION, INC. Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes Nο Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV i Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Nο Х 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Х Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a **b** Carryover from last year 2b c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Employer identification number

Name of the organization

Attach to Form 990. See separate instructions

	' DOWNTOWN BOISE ASS	82-0417200											
Pa	t I Organizations Maintaining Donor Advisor	or Accounts. Complete if the											
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6											
		(a) Donor advised funds	(b) Funds and other accounts										
1	Total number at end of year												
2	Aggregate contributions to (during year)												
3	Aggregate grants from (during year)												
4	Aggregate value at end of year												
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds										
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No										
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only										
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring												
	Impermissible private benefit?												
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7										
1	Purpose(s) of conservation easements held by the organizat												
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	torically important land area										
	Protection of natural habitat	Preservation of a cert	ified historic structure										
	Preservation of open space												
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last										
	day of the tax year												
	•		Held at the End of the Tax Year										
а	Total number of conservation easements		2a										
b	Total acreage restricted by conservation easements		2b										
С	Number of conservation easements on a certified historic st	2c											
đ	Number of conservation easements included in (c) acquired	2d											
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax										
	year ▶												
4	Number of states where property subject to conservation ea	asement is located >											
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of											
	violations, and enforcement of the conservation easements	ıt holds?	Yes No										
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	uring the year 🕨										
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$										
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(ı)										
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No										
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and										
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for										
	conservation easements												
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.										
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8											
1a	If the organization elected, as permitted under SFAS 116, no	•											
	treasures, or other similar assets held for public exhibition, e		olic service, provide, in Part XIV, the text of										
	the footnote to its financial statements that describes these												
b	If the organization elected, as permitted under SFAS 116, to												
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to										
	these items												
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$										
	(ii) Assets included in Form 990, Part X												
2	If the organization received or held works of art, historical tre		I gain, provide										
	the following amounts required to be reported under SFAS 1	16 relating to these items:											
а	Revenues included in Form 990, Part VIII, line 1		> \$										
b	Assets included in Form 990, Part X		▶ \$										

		N BOISE AS							<u>17200</u>					
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (continu	ied)				
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at are a sig	gnificant	use of its	collection i	tems				
	(check all that apply).													
а	Public exhibition	C	; <u> </u>	Loan or exc	hange prog	rams								
b	Scholarly research	€	• 🗀	Other										
С	Preservation for future generations													
4	Provide a description of the organization's co	ollections and explai	in how th	hey further t	he organizat	ion's exer	npt purpo	ose in Par	t XIV.					
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımılar	assets		_					
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_				
Pai	t IV Escrow and Custodial Arran		ete if org	ganization ai	nswered "Ye	s" to Forn	n 990, Pa	rt IV, line	9, or					
	reported an amount on Form 990, Part X, line 21.													
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not i	ıncluded	,						
	on Form 990, Part X?							<u> </u>	_ Yes	L No				
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						.				
									Amount					
С	Beginning balance						1c							
d	Additions during the year						1d							
е	Distributions during the year						1e							
f	Ending balance						1f							
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	∟ No				
b	If "Yes," explain the arrangement in Part XIV	<u></u>												
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Par	t IV, line 10)		,					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back				
1a	Beginning of year balance													
b	Contributions													
С	Net investment earnings, gains, and losses		L											
d	Grants or scholarships													
е	Other expenditures for facilities													
	and programs													
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage of the year	r end balance held a	as:											
а	Board designated or quasi-endowment		_%											
b	Permanent endowment	%												
С	Term endowment ▶	%												
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administ	ered for th	e organız	ation	_					
	by.								Y	es No				
	(i) unrelated organizations								3a(i)					
	(ii) related organizations								3a(ıi)					
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b					
4	Describe in Part XIV the intended uses of the													
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10								
	Description of investment	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	l • ′.	cumulate reciation	d	(d) Book v	alue				
1a	Land													
Ь	Buildings													
	Leasehold improvements													
	Equipment			14	8,079.	1	31,13	30.	16,	949.				
	Other													
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0(c))				16	949.				

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

>

	dule D (Form 990) 2009 DOWNTOWN BOISE ASSOCIATION,	<u>IN</u>	IC.				<u>417200</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fina	ancial S	State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			836,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2			<u>808,</u>	
3	Excess or (deficit) for the year Subtract line 2 from line 1			_3_			28,	702.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5	ļ			
6	Investment expenses			6	<u> </u>			
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8	ļ			
9	Total adjustments (net) Add lines 4 through 8			10				0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement	er R	eturn	28,	702.			
1	Total revenue, gains, and other support per audited financial statements					1	836,	977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	2a						
ь	Donated services and use of facilities	2b				.		
С	Recoveries of prior year grants	2c				.		
	Other (Describe in Part XIV)	2d				. 1		
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	836,	977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1					
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b					4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	836,	977.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	Vith Exp	penses	per	Return		
1	Total expenses and losses per audited financial statements					1	808,	<u> 275.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					- 1		
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d	<u> </u>					
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	808,	<u>275.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				1		
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b				Į	4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	808,	<u>275.</u>
Par	t XIV Supplemental Information							
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part iii, a 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple							, Part
						-		
	<u> </u>	-						
							· · · · · ·	
					<u>.</u>			

SCHEDULE J-2

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the Organization

DOWNTOWN BOISE ASSOCIATION, INC.

Employer Identification number 82-0417200

DOWNTOWN	BUISE .	AS:	500	Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
		rusi	ee:			EII	ъ							
(A)	(B)				C)			(D)	(E)	(F)				
Name and title	Average	_{/-} ,	Position (check all that apply)					Reportable	Reportable	Estimated				
	hours	(C	neci	ali that apply)			iy)	compensation from	compensation from related	amount of other				
	per week					8	İ	the	organizations	compensation				
	1.00.	喜				Highest compensated employee		organization	(W 2/1099-MISC)	from the				
		a a a				E e		(W-2/1099-MISC)	(** -* ********************************	organization				
		stee o	Institutional trustee			en Sa				and related				
		Individual trustee or director	nal tr		Key employee	E 00				organizations				
		Jage 1	strut	Officer	y em	phest	Former							
		Ē	Ë	8	1 2	=	ਣ							
DAVID WALI								_	_	_				
DIRECTOR		X		<u> </u>	L	<u> </u>	_	0.	0.	0.				
KIERSTEN COOPER	ļ													
DIRECTOR		X			<u> </u>		<u> </u>	0.	0.	0.				
OFFICER SCOTT MCMIKLE							ŀ							
ADVISOR MEMBER		X	<u> </u>	<u> </u>				0.	0.	0.				
JOHN FRANDEN	i			ŀ]		!						
ADVISOR MEMBER		X	<u></u>	L		L		0.	0.	0.				
CECE GASSNER			} ;											
DIRECTOR		X						0.	0.	0.				
KIM THOMAS														
DIRECTOR		X						0.	0.	0.				
	_													
										· · · · · · · · · · · · · · · · · · ·				
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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 SECTION A, LINE 8B: THERE ARE NO OTHER COMMITTEES WITH FORM 990, AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 TAX RETURN WAS REVIEWED BY THE BOARD OF DIRECTORS AND APPROVED FOR FILING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

FOOTNOTES	STATEMENT 1
EVENT'INCOME (PART VIII, LINE 2B)	
ALIVE AFTER FIVE	246,040.
CHRISTMAS TREE LIGHTING	8,043.
BRONCO SHUTTLE	11,911.
CHRISTMAS IN THE CITY	8,400.
FALL FOR BOISE	6,315.
TWILIGHT CRITERIUM	58,052.
OTHER SERVICES	9,869.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) ➤ See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 FORM 990 PAGE 10 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 5,922. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property in service 3-year property 19a 1,338 \mathtt{SL} 134. HY 5-year property b 7-year property С 10-year property ď 15-year property е 20-year property 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property ММ 27 5 yrs. S/L MM S/L 39 yrs i Nonresidential real property MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12-year 12 yrs 40 yrs MM 40-year 1 S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 6,056. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 456	62 (2009)	DOW	NTOWN	BOIS	E ASS	SOCIA	AOITA	1, I	NC.			82-	-0417	200	Page
Part V				certain o	ther vehi	cles, cel	lular tele	phone	s, certain	compu	ters, and	proper	ty used f	or entert	ainmer
	recreation, or a Note: For any through (c) of S	vehicle for wi	hich vou are	using the	e standai	rd mileag	ge rate o	r dedu	cting leasi	e expen	se, com	pleteon	y 24a, 24	4b, colur	nns (a)
		- Depreciati						ınstruc	tions for l	ımıts foi	rpasser	ger auto	mobiles)	١	
24a Do v	ou have evidence to s					$\overline{}$	es [24b lf "Y					Yes	
E-TEI DO)		(b)	(c)	110111 430 1		 '-	(e)		(f)		(g)				No (i)
Typ (list	(a) e of property vehicles first)	Date placed in service	Busines Investme use percen	nt ,	(d) Cost or other basi	l /hi	sis for depr isiness/invi use onl	estment	Recovery period	M	ethod/ ethod/ evention	Depr	(h) eciation fuction	secti	ected on 179 ost
25 Spec	al depreciation all	owance for a	<u> </u>		tv placed	ın servi	ce durin	a the ta	ax vear an	d	_	 		<u>°</u>	-
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26 Prope	erty used more tha	n 50% ın a q	ualified bus	iness use	•										
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27 Prope	erty used 50% or le	ess in a quali	fied busines	s use									•		
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28 Add a	mounts in column	(h), lines 25	through 27	Enter he	re and o	n line 21	, page 1				28		-	1	
29 Add a	amounts in column	(i), line 26 E	nter here an	id on line	7, page	1							29		
				Section	B - Info	rmation	on Use	of Veh	icles						
	this section for ve vided vehicles to y licles.												ing this s	section f	or
				T	(a)	Ι΄,	h)	ļ	(c)		(d)	T .	'a\	1	n .
30 Total h	Total business/investment miles driven during the			- 1	hicle	1	(b) (c) Vehicle Vehicle							(f) Vehicle	
	year (do not include commuting miles)		' `	7111010	1	11010	Vernote		Vernoic			Verneig		Vernote	
- '	commuting miles	• .	the vear			1									
	other personal (no	-	•	ļ		 									
driver	,		,									ŀ			
	miles driven during	the year.				 						1			
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	the vehicle available		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	g off-duty hours?			1	1	1	1	1	1		1	1	1	100	
	the vehicle used pr	ımarıly by a ı	more			<u> </u>						1	†		
	5% owner or relate														
	ther vehicle availa	•	nal										† · · · · ·		
use?						Ì	}		1		l				
		Section C	- Questions	for Emr	lovers V	Vho Pro	vide Vet	ucles f	or Use h	Their	Employ	000		<u> </u>	
Answer th	ese questions to d												re not m	ore than	5%
	related persons.	,								,					
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	u maintain a writte	n policy state	ement that r	prohibits	personal	use of v	ehicles.	except	commuti	na. by v	vour			-	
•	yees? See the ins		•		•			•		J	, 04.				
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	u meet the require					monstra	tion use	2						<u> </u>	
-	If your answer to 3								overed ve	hicles					
Part VI		. , 55, 55, 46	, 2						2.0.00 +0.				-	1	<u> </u>
	(a) Description of	costs	Oa	(b) te amortization		(C) Amortizab	le		(d) Code		(e) Amortiza	ition			
2 Amort	zation of costs that	at hearne dur	יייי אטריג אטרי	begins 19 tax ve	<u> </u>	amount		_L	section		period or pe	rcentage	10	this year	
A AMOIL	Landi Oi COSIS III	r nedius ani	ing your 200	oo tax ye	<u> </u>			1		 		· · · ·			
															

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43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f) See the instructions for where to report