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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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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

2010

**Open to Public  
Inspection**

**A For the 2010 calendar year, or tax year beginning**

, 2010, and ending

, 20

**B Check if applicable**

Address change

Name change

Initial return

Terminated

Amended return

Application pending

**C Name of organization**

Downtown Auburn Business Association, Inc.

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

**D Employer identification number**

27-1929664

108 E 7th Street

**E Telephone number**

(260) 925-1998

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

Auburn IN 46706

**F Group Exemption  
Number . . . . .****G Accounting Method:**
 Cash    Accrual   Other (specify) ► \_\_\_\_\_
**I Website:** ► N/A**H Check ►  if 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ► \$ 21,450

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

REVENUE	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 385
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 21,065
	4 Investment income . . . . .	4
	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 Gaming and fundraising events	6
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	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 in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 21,450
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16 21,181
	17 Total expenses. Add lines 10 through 16 . . . . .	17 21,181
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 269
	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
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 269

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?  35b X

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

37a 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

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 tax year 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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►  40b X

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40c

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  40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e X

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  40f

41 List the states with which a copy of this return is filed. ► NONE42a The organization's books are in care of ► See attachment #4 Telephone no. ►   
Located at ►  ZIP + 4 ► 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 XIf "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 ►  4344a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X  
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  
c Did the organization receive any payments for indoor tanning services during the year?  44c X  
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? .....  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions) .....  
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....  
 45  Yes  No  
 45a  Yes  No  
 46  Yes  No

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? 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? .....  
 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

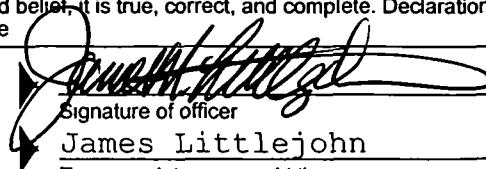
f Total number of other employees paid over \$100,000. . . ►  
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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. . . ►  
 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A .....  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

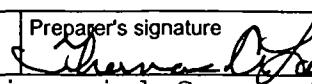
Sign  
Here

  
Signature of officer  
James Littlejohn

10-11-11  
Date

President

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Thomas Lavin		02-26-11		100 113295
	Firm's name ► Lavin Financial Group, Inc.				Firm's EIN ► 35-2009076
	Firm's address ► 1328 S GRANDSTAFF DR AUBURN IN 46706				Phone no. 260-925-1998

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

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
Downtown Auburn Business Association, Inc.	27-1929664	

### Primary Purpose

Organization's primary purpose is to promote the downtown business district in Auburn, IN.

## 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

&lt;div[](https://www.westga.edu/990-ez/990-ez-forms/990-ez-2018/990-ez-2018-attachment-2.pdf) Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____			Employer Identification Number 27-1929664
Name of Organization Downtown Auburn Business Association, Inc.				
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
James M Littlejohn 3607 County Road 40A Auburn, IN 46706 See Comp. Expl. #1	2.00	0	0	0

**990 COMPENSATION EXPLANATION**

Attachment 3: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2010, or tax year period beginning and ending
Name of Organization Downtown Auburn Business Association, Inc.	Employer Identification Number 27-1929664
Name Officer Comp. Expln. #1 James M Littlejohn	Explanation Time is donated.

# 990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization Downtown Auburn Business Association, Inc.		Employer Identification Number 27-1929664

Part V - Line 42a

Individual Name .....  
or

Business Name:

Lavin Financial Group, Inc

Street Address ..... 1328 South Grandstaff Drive

U.S. Address:

Zip code 46706

City Auburn

State IN

or

Foreign Address

City .....  
or

Province or State .....  
or

Country .....  
or

Postal code .....  
or

Phone Number ..... (260) 925-1998

Fax Number .....  
or

## 2010 DETAIL STATEMENTS

Downtown Auburn Business Assoc  
27-1929664

Page 1

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

Advertising.....	21,181
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	21,181