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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or th	e 2011 calendar year, or tax year beginning and end	ling		
	Вс	heck if	C Name of organization		D Employer identifi	cation number
		Addr	DOWNTOWN BOISE ASSOCIATION, INC.			
	一	Nami			82-0	417200
	F	Initial	No. 1 and 1	m/suite	E Telephone numbe	
		Term	720 W IDAHO STREET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•)472-5250
		Amer return	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>817,256.</u>
		Appli	DOIDE, 1D 03702		H(a) is this a group re	
		pend	F Name and address of principal officer. KAREN SANDER		for affiliates?	Yes X No
			720 W IDAHO STREET, BOISE, ID 83702		H(b) Are all affiliates inc	cluded? Yes No
	_		empt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
			te: ► WWW.DOWNTOWNBOISE.ORG		H(c) Group exemptio	
				L Year o	of formation: 1987 N	A State of legal domicile: ID
	Pa	rt I	Summary			
2012	Governance	1	Briefly describe the organization's mission or most significant activities: PROMOTE DOWNTOWN BUSINESS DISTRICT	E AN.	D MAINTAIN	THE
	rus	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets.
ෙ	ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	33
		4	Number of independent voting members of the governing body (Part VI, line 1b)		4	32
NOS	es ?	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	<u>15</u>
=	Vİ.	6	Total number of volunteers (estimate if necessary)		6	0
\Box	Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
岁		b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
SCANNED					Prior Year	Current Year
S	o l	8	Contributions and grants (Part VIII, line 1h)		32,927.	53,848.
Ø	E I	9	Program service revenue (Part VIII, line 2g)		639,105.	674,465.
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		704.	464.
	"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		86,332.	88,479.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		759,068.	817,256.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	٦	0.	0.
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A) [lines/5-10])	. \	190,842.	196,360.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	IRS-USC	0.	<u> </u>
	X		Total fundraising expenses (Part IX, column (D), line 25)	٣/ ١٩		
	۳		Other expenses (Part IX, column (A), lines 11a-11d, 11 24e) A A 1 0 2012	છ	590,045.	590,491.
				= -	780,887.	786,851.
	_ w	19	Revenue less expenses Subtract line 18 from line 12 OCDEN, UT		-21,819.	30,405.
	Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
	Bala		Total assets (Part X, line 16)		259,116.	286,663.
			Total liabilities (Part X, line 26)	<u> </u>	40,956.	29,354.
1		<u>22</u> rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		218,160.	257,309.
ı			Ities of perjury, I declare that I have examined this return, including accompanying schedules and	Letatomo	nto and to the heet of my	knowledge and helief it is
			it, and complete. Declaration of preparer (other than officer) is based on all information of which pi			Kilowicuge allu bellei, it is
	100,	COITEC	t, and complete. Decid attor or preparer (other than officer) is based on all information of which pr	reparer	5.14 /2	2
	Sign		Signature of officer		Date	S
	Here		KAREN SANDER, EXECUTIVE DIRECTOR/			
			Type or print name and title	,		· · · · · · · · ·
-			Print/Type preparer's name Preparer's signature	Da	ite 5/ Check	PTIN
I	aid		KELLY D. SONNICHSEN, CPA / Cliff Sonni	ce M	self-employer	P00482643
١	repa		Firm's name TRAVIS JEFFRIES, P.A.		Firm's EIN	82-0358530
ı	Jse C	nly	Firm's address 590 W WASHINGTON ST			
-			BOISE, ID 83702-5953		Phone no. (2	208)345-5383
ī	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
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? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 243,836. including grants of \$) (Revenue \$) THE ASSOCIATION'S PRIMARY PROGRAM SERVICE IS TO PROMOTE THE DOWNTOWN
	AREA DESIGNATED AS THE BUSINESS IMPROVEMENT DISTRICT.
	Middle Did Line Dobling Line Country Did Line Did Line Dobling Did Line Did Line Dobling Did Line Did
4b	(Code) (Expenses \$ 287,737. including grants of \$) (Revenue \$)
	THE ASSOCIATION'S SECONDARY PROGRAM SERVICE IS TO ASSIST ON VARIOUS
	IMPROVEMENTS AND MAINTENANCE PROJECTS FOR THE BUSINESS IMPROVEMENT
	DISTRICT.
4c	(Code) (Expenses \$) (Revenue \$)
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 531,573.

Form **990** (2011)

			1	1
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ŀ		
	If "Yes," complete Schedule A	_1_	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			
	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			
	Schedule D, Part III	8		X
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		Х
С	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	11c		X
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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	j	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

Form 990 (2011) DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 Page 4
Part IV Checklist of Required Schedules (continued)

	1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	<u> </u>	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	<u> </u>	X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			4.5
	Schedule K. If "No", go to line 25	24a		X
b		24b		
С	•			
	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	05-		
	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	OEL		
	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		X
^ 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		21
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </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> </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> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		Ì	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </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 Form	X I	2011
		COLLI S	J JU (2	(I I U

Statements Regarding Other IRS Filings and Tax Compliance Part V , Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 15 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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)? X 4a **b** If "Yes," enter the name of the foreign country. See instructions for 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 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 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14h

Form 990 (2011) DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		,	,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3.	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ļ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l		
	more members of the governing body?	7a		Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			!
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	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 Revenue Code)			
40	Did the consequence have been been been as officiated.		Yes	No.
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 la		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125		
Ů	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joınt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabi	е	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request		_	
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	t finan	cial	
	statements available to the public during the tax year			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion. 📂		
	<u>KAREN SANDER - (208)472-5250</u> 720 W IDAHO STREET, BOISE, ID 83702			
	720 W IDAHO STREET, BOISE, ID 83702			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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.
- 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, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 hours per week	(do	Position (do not check more the box, unless person is officer and a directory				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	ا ا≅ا یہ		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) CHARLIE SCHMOEGER										
IMMEDIATE PAST PRESIDENT		X		X		ļ		0.	0.	0.
(2) JOHN BERRYHILL		, ,				ļ			•	•
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) KAREN SANDER	40 00	v.		х				71 106	٠ .	•
EXECUTIVE DIRECTOR	40.00	X		Λ				74,486.	0.	0.
(4) DAN WATTS		х		x				0.	0.	0.
TREASURER		^		^				0.	0.	<u>U•</u>
(5) KEN HOWELL		x						0.	0.	0.
LEGAL COUNSEL (6) LIL KUREK	•	Δ			\neg			0.	<u></u>	
DIRECTOR AND EXECUTIVE COMMITTEE MEM		х						0.	0.	0.
(7) ROCCI JOHNSON								Ŭ.		
DIRECTOR AND EXECUTIVE COMMITTEE MEM		x						0.	0.	0.
(8) SCOTT SCHOENHERR										
PRESIDENT-ELECT		x	Ì	İ				0.	0.	0.
(9) GARY BENOIT										
DIRECTOR		X		- 1				0.	0.	0.
(10) JEREMY MALONE					ĺ					
DIRECTOR		X						0.	0.	0.
(11) VIC CONRAD										
DIRECTOR		X						0.	0.	0.
(12) BILL CONNORS			- 1	-						
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(13) DAVID WALI					Ī					
DIRECTOR		X		_				0.	0.	0.
(14) OFFICER JIM SCHIFFLER			İ	ł	ľ					
ADVISOR MEMBER		X	_	_				0.	0.	0.
(15) JOHN FRANDEN			ı		l	ľ				
ADVISOR MEMBER		X	_		-			0.	0.	0.
(16) CECE GASSNER				-		J	ŀ	_		^
ADVISOR MEMBER		X		\dashv	\dashv	\dashv		0.	0.	0.
(17) PATRICK RICE			- 1				ļ		_	^
EX-OFFICIO DIRECTOR	1	X						0.1	0.	0.

Section'A. Officers, Directors, Tru	ustees, Key E	mple	oyee	es, <u>a</u>	ınd	High	nest	Compensated Employ	ees (continuea)			
· (A)	(B) Average							(D) Reportable	(E) Reportable		Ect	(F) imated
Name and title	hours per		not c	heck	more	than		1	compensation			
	week		cer ar					from	from related			other
	(describe	trustee or director			l			the	organization			ensation
	related	9 6	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om the Inization
	organizations	trust	al fa		a A	ompe		(** 2, 7555 *********************************			•	related
	in Schedule O)	Individual t	institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızations
(18) KIM THOMAS				Ĭ	_		-					
EX-OFFICIO DIRECTOR		X			_	-	├	0.		0.		0.
(19) BRUCE MACMAHON		.						0.		_		^
DIRECTOR		X	H	-	-	├	<u> </u>	0.		0.		0.
(20) JENNIFER GRAVES DIRECTOR		X						0.		0.		0.
(21) PAULA FORNEY					-							
DIRECTOR		x						0.		0.		0.
(22) KELLEE SHARPLES												
DIRECTOR		X				<u> </u>	<u> </u>	0.		0.		0.
(23) ALLEN IRELAND					l			_				
DIRECTOR		X						0.		0.		0.
(24) KEVIN SETTLES												^
DIRECTOR		X	-		-	 	-	0.		0.		0.
(25) JOEY PERRY		X						0.		0.		0.
DIRECTOR (26) RICH TONEY		_						0.				0.
DIRECTOR		x						0.		0.		0.
1b Sub-total	<u> </u>							74,486.		0.		0.
c Total from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.		0.		0.
d Total (add lines 1b and 1c)						▶		74,486.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wt	no re	eceived more than \$100,	,000 of reportable	₽		_
compensation from the organization	·····											0
O Did the appearance let any female office.					1-		1	h.ahaat aaaa-tad a		Γ		Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		ISTEE	e, Ke	y en	прю	yee,	Or I	nignest compensated er	nployee on		3	x
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	ition	and	d oth	ner compensation from t	he organization	ŀ		<u>^</u>
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a									dual for services	Ī		
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ich į	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con										pensa	ition fro	om
the organization Report compensation for t (A)	ne calendar ye	ear e	Hair	ig w	itti C	Jr WI	T	(B)	ear		(C)	
Name and business	address	NC	NE	:				Description of se	ervices	Co	mpen	
							T					
								· · · · · · · · · · · · · · · · · · ·				
							+					.
							+					
												
2 Total number of independent contractors (in		ot lin	nited	l to 1	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation >				0	<u></u>						

Part VII Section'A. Officers, Directors,	Trustees, Key E								rees (continued)	
` (A)	(B)	Γ			C)			(D)	(E)	(F)
Name and title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of other
	per week					g g		from the	from related organizations	compensation
	Week	횽				og e		organization	(W-2/1099-MISC)	from the
		die				ted en	İ	(W-2/1099-MISC)	, i	organization
	1	ste	rustee			Suad	ļ			and related
		na par	onal t		ploye	L COM				organizations
		Individual trustee or director	Institutional trustee	ОЩСЕТ	Key employee	Highest compensated employee	Богшея			
		=	=	-	×	=	۳.			<u> </u>
(27) MARC JOHNSON DIRECTOR	1	x					1	0.	0.	0.
(28) CELESTE KELLER	1									
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(29) LAREEN QUICK										
DIRECTOR	Ì	X				İ		0.	0.	0.
(30) PHIL KUSHLAN										
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(31) MARGARET JOHNSON										
ADVISOR MEMBER		X		L.			<u></u>	0.	0.	0.
(32) MARYANNE JORDON									_	_
ADVISOR MEMBER		X	L					0.	0.	0.
(33) LAREEN QUICK	:									
DIRECTOR		X	-				_	0.	0.	0.
(34) JOHN CUNNINGHAM										_
DIRECTOR		X		_	-			0.	0.	0.
	<u> </u>	 	-	-						
		+								
		†	-							
								-		
						,				
		<u> </u>								
 		-								<u> </u>
			_		-	-				
		 			\vdash					
			li							
							\Box			
Total to Part VII, Section A, line 1c		_					_			

Pa	rt VII	II Statement of Rever	nue		·			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					1
O. El	c	Fundraising events	1c		1			
ar /	d	Related organizations	1d]			
B, G	e	On an annual control of the control						
Si2	f	All other contributions, gifts, gran	, 					
돌림	•	similar amounts not included abo	l l	53,848.				İ
	g							[
SE	-	Total. Add lines 1a-1f			53,848.			
	·	, ocali - la		Business Code				
a	2 a	EVENT INCOME		900099	342,284.	342,284.		
Ş	ъ.	MEMBER CHIEF DIE	3	900099	318,306.	318,306.		
Sel	c	DDOODAN INCOME		900999	13,875.	13,875.		
E 3	d				-			
Program Service Revenue	e							
Pr	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			674,465.			
	3	Investment income (including	dividends, intere	est, and				
ŀ		other similar amounts)		•	464.	464.		
ľ	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		.				
- 1		·	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
l	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ľ		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
- 1	C	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)						
힐	8 a	Gross income from fundraisin	ig events (not					
Other Revenue		including \$	of	i				
ا ۾		contributions reported on line	1c) See					
힐		Part IV, line 18	а					
₹		Less: direct expenses	ь					
		Net income or (loss) from fund	=	<u> </u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
ŀ		Less direct expenses	b	L				
- 1		, , -						
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b					
+	C	Net income or (loss) from sale		D	 			
}		Miscellaneous Revenu		Business Code	46,224.	46,224.		
		CLEAN TEAM INCO		900099	11,350.	11,350.		
	b	MAP AND DIRECTO ANNUAL MEETING	NY I	900099	10,150.	10,150.		
	C L	ANNUAL MEETING All other revenue		900099	20,755.	20,755.		
	9	Total, Add lines 11a-11d			88,479.	20,733.		
	12	Total revenue See instructions.			817,256.	763,408.	0.	0.
				F				

Part IX Statement of Functional Expenses

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)

<u> </u>	Check if Schedule O contains a response	(A)	(Β)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to governments and				
(organizations in the United States. See Part IV, line 21				
2 (Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
_	Compensation of current officers, directors,	74 406		74 406	
	trustees, and key employees	74,486.		74,486.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 112		02 112	
	Other salaries and wages	83,112.		83,112.	
_	Pension plan accruals and contributions (include	6 300		6 300	
	section 401(k) and section 403(b) employer contributions)	6,300.		6,300. 17,625.	
	Other employee benefits	17,625.		14,837.	
	Payroll taxes	14,837.		14,837.	
	Fees for services (non-employees).				
	Management	1,836.		1,836.	
	_egal	15,750.		15,750.	
	Accounting	15,750.		15,750.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	nvestment management fees	-			
-	Advertising and promotion				
	Office expenses	8,535.		8,535.	· · ·
	nformation technology	4,748.		4,748.	
	Royalties	4,740.		4,740.	
	Decupancy	12,000.		12,000.	
	ravel	4,685.		4,685.	-
	Payments of travel or entertainment expenses			170031	
	or any federal, state, or local public officials	į			
	Conferences, conventions, and meetings	1,748.		1,748.	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,225.		4,225.	
	nsurance	5,391.		5,391.	
24 0	Other expenses. Itemize expenses not covered			•	··
a	bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A)		Ì		
a	mount, list line 24e expenses on Schedule 0.)				
	EVENT EXPENSES	259,419.	259,419.		
ь	CORE SERVICE EXPENSES	243,836.	243,836.		
c <u>G</u>	FRANT EXPENSE	26,874.	26,874.		
d <u>N</u>	MISCELLANEOUS EXPENSES	1,444.	1,444.		
	di other expenses				
25 T	otal functional expenses Add lines 1 through 24e	786,851.	531,573.	255,278.	0.
26 J	oint costs Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
С	heck here if following SOP 98-2 (ASC 958-720)				

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			116,047.	2	134,716.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			129,368.	4	138,298.
	5	Receivables from current and former officers, di	rectors, tr	ustees, key			
		employees, and highest compensated employee	es. Compl	lete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined u	nder section			
	ŀ	4958(f)(1)), persons described in section 4958(c)(3)(B), an	d contributing		1	İ
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
	İ	employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net	ŕ			7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges		Ī	2,537.	9	4,347.
	10a		1				
		basis. Complete Part VI of Schedule D	10a	150,442.			
	ь	Less: accumulated depreciation	10b	141,140.	11,164.	10c	9,302.
	11	Investments - publicly traded securities				11	2,0020
	12	Investments - other securities See Part IV, line 1	<u> </u>		12		
	13	Investments - program-related See Part IV, line	ļ		13		
	14	Intangible assets	Ì		14		
	15	Other assets See Part IV, line 11	ŀ		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34\	T	259,116.	16	286,663.
	17	Accounts payable and accrued expenses	40,956.	17	29,354.		
	18	Grants payable		20,000.	18		
	19	Deferred revenue		··	19		
	20	Tax-exempt bond liabilities		F		20	
(D	21	Escrow or custodial account liability Complete F	Part IV of 9	Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
ΙĢ		highest compensated employees, and disqualifie		· · · · · · · · · · · · · · · · · · ·			
Ë	•	of Schedule L	ca person	3 Complete Fait II		22	
	23	Secured mortgages and notes payable to unrela	ited third i	narties		23	
	24	Unsecured notes and loans payable to unrelated	-	-		24	
	25	Other liabilities (including federal income tax, pay					
	2	parties, and other liabilities not included on lines					1
		Schedule D	, 0	omploto / alt / c		25	
	26	Total liabilities. Add lines 17 through 25		-	40,956.	26	29,354.
		Organizations that follow SFAS 117, check he	re 🕨	X and complete	20,200		
G		lines 27 through 29, and lines 33 and 34.					
Ce	27	Unrestricted net assets			218,160.	27	248,293.
Fund Balances	28	Temporarily restricted net assets		<u> </u>	210/1001	28	9,016.
18	29	Permanently restricted net assets		<u> </u>		29	
Š		Organizations that do not follow SFAS 117, ch	eck here	▶ ☐ and			
r F		complete lines 30 through 34.	reak nere				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	unment fi	und		31	
Net Assets or		Retained earnings, endowment, accumulated inc				32	
Z	32	Total net assets or fund balances	Joine, Or C	- Turius	218,160.	33	257,309.
	33			 -	259,116.		286,663.
	34	Total liabilities and net assets/fund balances			433,110.	34	200,003.

Form **990** (2011)

orn	990 (2011) DOWNTOWN BOISE ASSOCIATION, INC.	82-041	7200	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
-							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>56.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>51.</u>		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>05.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>60.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>44.</u>		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<u>25'</u>	<u>7,3</u>	<u>09.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1 1				
	separate basis, consolidated basis, or both.		1 1	ļ			
	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 Sir	igle Audit					
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	990 (2011)		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete If the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DOWNTOWN BOISE ASSOCIATION.

Employer identification number 82-0417200

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, line	e 6			
			(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 advised fu	nds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring		
	impermissible private benefit?		Yes No		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	⁷ , line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area		
	Protection of natural habitat	Preservation of a certified h	nistoric structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation 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	and the first of the day (a)	2b		
C	Number of conservation easements on a certified historic str	• •	2c		
d	Number of conservation easements included in (c) acquired a	arter 8/17/06, and not on a historic structure			
•	listed in the National Register	leased extinguished or terminated by the orga	2d		
3	Number of conservation easements modified, transferred, relyear >	eased, extinguished, or terminated by the organ	rization during the tax		
4	Number of states where property subject to conservation eas	sement is located			
5	es the organization have a written policy regarding the periodic monitoring, inspection, handling of				
•	violations, and enforcement of the conservation easements if		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,		 ::: :::		
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?	•	Yes No		
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense state	ment, and balance sheet, and		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the or	ganization's accounting for		
	conservation easements				
Pai	t III Organizations Maintaining Collections of		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 (AS				
	historical treasures, or other similar assets held for public exh		public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of public se	rvice, 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 trea	_	provide		
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	•		
a	Revenues included in Form 990, Part VIII, line 1		*		

		N BOISE AS				Oth -			17200	
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, ched	ck any of the	following that	at are a si	gnificant	use of its	collection	items
	(check all that apply).				_					
а	Public exhibition	C	' -		change progr	ams				
b	Scholarly research	e	نــا ﴿	Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co							ose in Pai	t XIV	
5	During the year, did the organization solicit of					ier similar	assets	_	٦	<u>г</u>
<u> </u>	to be sold to raise funds rather than to be m								Yes	No_
Pai	rt IV Escrow and Custodial Arran	•	ete if th	e organizatio	on answered	"Yes" to I	-orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not i	included		٦.,	
	on Form 990, Part X?							<u></u>	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table			[
							-		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
ę	Distributions during the year						1e			
f	Ending balance	000 5 4 7 4	040				1f		1	
	Did the organization include an amount on Fo		217						」Yes	∟ No
_	rt V Endowment Funds. Complete in		cworod	L"Voc" to Fo	rm 000 Port	IV line 10	·		· ·	
Fai	Elidowinent Fullus. Complete							raare back	(a) Four	voore back
٠.	Decimal of ward balance	(a) Current year	(a)	Prior year	(c) Two year	IS DACK (a) Three y	ears back	(e) Four	years back
1a	Beginning of year balance					-				
D	Contributions				ļ					
C	Net investment earnings, gains, and losses				 					
а	Grants or scholarships				 -					
е	Other expenditures for facilities									
	and programs									
T	Administrative expenses									
g	End of year balance	ent veer and balance	o (lino 1	la solumn (all hold on					
2	Provide the estimated percentage of the curr	ent year end baland	% %	rg, coluitiin (a	a)) Helu as.					
a	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	_70							
b		% %								
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should be a s									
2-	Are there endowment funds not in the posse		ation th	at are held a	nd administe	red for the	e organiz	ration		
Sa		SSION OF THE Organiza	auon un	at ale lielu a	ina administe	ied for the	o organiz	alion	Г	res No
	(i) unrelated organizations								3a(i)	<u>es 140</u>
	(ii) unrelated organizations (iii) related organizations								3a(ii)	$\overline{}$
. ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schei	dule R?		•			3b	
4	Describe in Part XIV the intended uses of the								00	
Par		~~				-	·			
	Description of property	(a) Cost or o		1	or other	(c) Acc	cumulate	d	(d) Book	value
	2030 ilption of property	basis (investr		, , ,	(other)	• • •	reciation	_	(4) 5000	
	Land		-		· /	 				
b	Buildings								····	
	Leasehold improvements									
d	Equipment	150,	442.			1	41,14	40.	9	,302.
	Other	-507								<u> </u>
-	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	0(c))				9	,302.

Schedule D (Form 990) 2011

DOWNTOWN BOISE ASSOCIATION, INC.

Schedule D (Form 990) 2011

82-0417200 Page 3

	dule D (Form 990) 2011 DOWNTOWN BOISE ASSOCIATION,	INC.	oiol S		0417200	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financ		tatement		25.0
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>. 256.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			851.
3	Excess or (deficit) for the year Subtract line 2 from line 1	ļ	3		30	<u>.405.</u>
4	Net unrealized gains (losses) on investments	i	4			
5	Donated services and use of facilities	-	5			
6	Investment expenses		6			
7	Prior period adjustments	ļ	7			544
8	Other (Describe in Part XIV)		_8_			744.
9	Total adjustments (net) Add lines 4 through 8	_	9			744.
10 Par	Excess or (deficit) for the year per audited financial statements Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemen	9 Its With Reven	10 ue p	er Return		149.
1	Total revenue, gains, and other support per audited financial statements			1		256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u> </u>	
	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
_	Recoveries of prior year grants	2c				
	Other (Describe in Part XIV)	2d				
	Add lines 2a through 2d	20		2e		0.
_	Subtract line 2e from line 1			3	817	256.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>	250.
	Investment expenses not included on Form 990, Part VIII, line 7b	امما				
		4a 4b		_		
	Other (Describe in Part XIV)	40		A=		Λ
_	Add lines 4a and 4b	•		4c 5	817,	256.
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Exper	nses			<u> </u>
	Total expenses and losses per audited financial statements			1		851.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.				,	
	Donated services and use of facilities	2a				
_	Prior year adjustments	2b				
	Other losses	2c		<u> </u>		
_	Other (Describe in Part XIV.)	2d				
	Add lines 2a through 2d	20				0.
-	Subtract line 2e from line 1			3	786,	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b			4c		0.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	786	851.
	t XIV Supplemental Information				700,	031.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1a and 4 Par	t IV Jun	es 1h and 2	b Part V line	1 Part
•	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple					7, 1 air
	T X, LINE 2: THE ASSOCIATION IS A NONPROFIT					

AND	IS EXEMPT FROM INCOME TAX UNDER THE U.S.	INTERNAL F	REVE	ENUE CO	DE SECT	'ION
<u>501</u>	(C)(6). THE ASSOCIATION IS NOT A PRIVATE I	FOUNDATION	1.			
<u>IN</u>	ACCORDANCE WITH FASB ASC 740, THE ASSOCIATE	ION HAS EV	/ALU	JATED I	HEIR	
OPE	RATIONS AS OF DECEMBER 31, 2011 AS COMPAREI	D TO THEIR	OF	IGINAL	<u>!</u>	
APP	LICATION FOR TAX-EXEMPT NOT-FOR-PROFIT STAT	rus. The	EVA	LUATIC	N ALSO	
CON	SIDERED THE POSSIBILITY OF TRANSACTIONS THA	AT MAY BE	SUE	JECT T	O INCOM	<u>E</u>
TAX	ON UNRELATED BUSINESS INCOME. TAX POSITIO	ONS CONSIL	ERE		NOT	0) 2011

Schedule D (Form 990) 2011 DOWNTOWN BOISE ASSOCIATION, INC. 82-0417200 Page 5 Part XIV Supplemental Information (continued)
•
LIMITED TO INCLUDED: A)THE ASSOCIATION'S CHARACTERIZATION OF ITS
ACTIVITIES AS RELATED OR UNRELATED TO ITS EXEMPT PURPOSE, AND B) THE
ASSOCIATION'S ALLOCATION OF REVENUE AND EXPENSES BETWEEN ACTIVITIES THAT
RELATE TO ITS EXEMPT PURPOSE AND THOSE THAT COULD BE CONSIDERED UNRELATED
BUSINESS INCOME. UPON EVALUTAION, THE ASSOCIATION DOES NOT BELIEVE THEY
HAVE ANY BUSINESS ACTIVITIES IN PLACE THAT WOULD CAUSE THEIR TAX-EXEMPT
NOT-FOR-PROFIT STATUS TO NOT BE SUSTAINED UPON AUDIT, OR ACTIVITIES THAT
WOULD BE SUBJECT TO UNRELATED BUSINESS INCOME TAX.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
PRIOR PERIOD ADJUSTMENT 8,744.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

2011
Open to Public Inspection

Cepartment of the Teasury Inspection

Name of the organization

DOWNTOWN BOISE ASSOCIATION, INC.

Employer identification number 82-0417200

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO OTHER COMMITTEES WITH 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.

THE PROCESS OF OVERSEEING AND APPROVING THE AUDIT OF THE FINANICAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEARS.