

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
DOWNTOWN BUSINESS ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
612 W WILLOUGHBY AVENUE

City or town, state or province, country, and ZIP or foreign postal code
JUNEAU, AK 99801

D Employer identification number
92-0099524

E Telephone number

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.DOWNTOWNJUNEAU.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 194,188

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	133,710			18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	25,168			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)
3	Membership dues and assessments	3	35,310			20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4				21	Net assets or fund balances at end of year. Combine lines 18 through 20
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						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$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	194,188				
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	129,211				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe in Schedule O)	16	48,489				
17	Total expenses. Add lines 10 through 16 ▶	17	177,700				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,488				
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	4,251				
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	20,739				

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	15,527	22	11,826
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,149	24	1,500
25 Total assets	23,676	25	13,326
26 Total liabilities (describe in Schedule O).	19,425	26	500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,251	27	12,826

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 DOWNTOWN BUSINESS ASSOCIATION PARTICIPATES IN A MARKETING CAMPAIGN PROMOTING THE DOWNTOWN JUNEAU BUSINESS DISTRICT. A SUCCESSFUL DOWNTOWN GALLERY WALK HAS BEEN INSTITUTED IN WHICH AN ESTIMATED 5000 JUNEAU RESIDENTS PARTICIPATED. AS A DIRECT RESULT THE JUNEAU DOWNTOWN BUSINESS DISTRICT SALES WERE INCREASED.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28
 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JILL RAMIEL PRESIDENT	000.00	0		
MIDGI MOORE VICE PRESIDE	000.00	0		
TOBY HARBANUK DIRECTOR	000.00	0		
SEAN BOILY DIRECTOR	000.00	0		
JASON KATASSE TREASURER	000.00	0		
NATHANIEL DYE DIRECTOR	000.00	0		
DANA GUNDERSON SECRETARY	000.00	0		
KENNY SOLOMON-GROSS DIRECTOR	000.00	0		
LISA PARADY DIRECTOR	000.00	0		

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

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of MARGARET O'NEAL Telephone no. (907) 523-2326 Located at 612 W WILLOUGHBY AVE JUNEAU, AK ZIP + 4 99801

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	Yes	No
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.	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations 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

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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 ***** JILL RAMIEL PRESIDENT Type or print name and title	2020-07-06 Date
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Paid Preparer Use Only	Print/Type preparer's name JAMES L HESSON	Preparer's signature	Date 2020-07-06	Check <input type="checkbox"/> if self-employed	PTIN P01212714
	Firm's name ▶ HESSON & DEAKINS INC			Firm's EIN ▶ 92-0128390	
	Firm's address ▶ 601 W WILLOUGHBY AVE JUNEAU, AK 99801			Phone no. (907) 463-5577	

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

Additional Data

Software ID:
Software Version:
EIN: 92-0099524
Name: DOWNTOWN BUSINESS ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 DOWNTOWN BUSINESS ASSOCIATION OPERATES A DOWNTOWN TOURIST INFORMATION OFFICE WHICH PROVIDES MAPS TO LOCAL CONVENTION AND TOURIST ACTIVITIES AND ATTRACTIONS. THE DOWNTOWN BUSINESS ASSOCIATION ALSO PROVIDES A SECURITY PATROL IN THE DOWNTOWN BUSINESS DISTRICT.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

DOWNTOWN BUSINESS ASSOCIATION

Employer identification number

92-0099524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING & PROMOTION 30,469 TRAVEL & TRAINING 670 INSURANCE 1,615 BANK FEES 738 EVENT COSTS 7,633 OFFICE & GAMING SUPPLIES 2,471 SALES/GAMING TAX PAID 2,139 PERMITS & LI CENSES 338 POSTAGE 1,340 CONTRIBUTIONS & SPONSOR 250 MISCELLANEOUS 25 DUES 801 TOTAL 48,489

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 8,149 1,500 UNDEPOSITED FUNDS 0 0 TOTAL 8,149 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 17,712 0 SALES TAX PAYABLE 1,463 0 UNEARNED REVENUES 250 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	DOWNTOWN BUSINESS ASSOCIATION PARTICIPATES IN A MARKETING CAMPAIGN PROMOTING THE DOWNTOWN JUNEAU BUSINESS DISTRICT. A SUCCESSFUL DOWNTOWN GALLERY WALK HAS BEEN INSTITUTED IN WHICH AN ESTIMATED 5000 JUNEAU RESIDENTS PARTICIPATED. AS A DIRECT RESULT THE JUNEAU DOWNTOWN BUSINESS DISTRICT SALES WERE INCREASED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	DOWNTOWN BUSINESS ASSOCIATION OPERATES A DOWNTOWN TOURIST INFORMATION OFFICE WHICH PROVIDES MAPS TO LOCAL CONVENTION AND TOURIST ACTIVITIES AND ATTRACTIONS. THE DOWNTOWN BUSINESS ASSOCIATION ALSO PROVIDES A SECURITY PATROL IN THE DOWNTOWN BUSINESS DISTRICT.