

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 instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 ▶
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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. ▶ \$ 177,831

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	136,381
	2	Program service revenue including government fees and contracts	2	22,180
	3	Membership dues and assessments	3	19,270
	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		
	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	177,831	

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	94,305
	14	Occupancy, rent, utilities, and maintenance	14	138
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	22,655
17	Total expenses. Add lines 10 through 16 ▶	17	117,098	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	60,733
	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	12,826
	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	73,559

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	11,826	22 62,078
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,500	24 26,237
25 Total assets	13,326	25 88,315
26 Total liabilities (describe in Schedule O).	500	26 14,756
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,826	27 73,559

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 <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	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
MIDGI MOORE	000 00	0		
PRESIDENT				
KENNY SOLOMON-GROSS	000 00	0		
VICE PRESIDE				
TOBY HARBANUK	000 00	0		
DIRECTOR				
SEAN BOILY	000 00	0		
DIRECTOR				
LISA PARADY	000 00	0		
TREASURER				
JILL RAMIEL	000 00	0		
DIRECTOR				
DANA GUNDERSON	000 00	0		
SECRETARY				
BEAU SYLTE	000 00	0		
DIRECTOR				
BRETT HURCHINSON	000 00	0		
DIRECTOR				

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 ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

41 List the states with which a copy of this return is filed AK
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 ID, Question Text, Yes, No. Rows include 42b, 42c.

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 ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

Table with 2 columns: Yes, No. Row 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

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
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?

Table with 2 columns: Yes, No. Rows 47, 48, 49a, 49b: All empty

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 "

Table with 5 columns: (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. All rows empty.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

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 Date 2020-08-07 MIDGI MOORE PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JAMES L HESSON Preparer's signature Date 2020-08-13 Check 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 (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

OMB No 1545-0047

2019

Open to Public Inspection

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.

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 5,923 TRAVEL & TRAINING 436 INSURANCE 412 BANK FEES 392 EVENT COSTS 6,826 OFFICE & GAMING SUPPLIES 5,142 SALES/GAMING TAX PAID 3,144 PERMITS & LICENSES 59 POSTAGE 1 CONTRIBUTIONS & SPONSOR 175 MISCELLANEOUS 50 DUES 95 TOTAL 22,655

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,500 26,237 UNDEPOSITED FUNDS 0 0 TOTAL 1,500 26,237

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	SALES TAX PAYABLE 0 17 UNEARNED REVENUES 500 11,110 AMBASSADOR PROGRAM 0 3,629

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