

BOARD OF DIRECTORS' MEETING

➡ AGENDA

DECEMBER 15, 2025, 11:30 AM



- I. Welcome
- II. Approval of Minutes
 - A. *November Board Meeting p. 3
- III. *Results from FY 24-25 Audit p. 5
- IV. *Financial Report p. 57
- V. Committee Reports
 - A. *Development Committee p. 67
- VI. Staff Report p. 79
- VII. Old Business
- VIII. New Business
- IX. Public Forum
- X. Adjournment

* Denotes action items

Upcoming Meetings:

January 26, 11:30 – January Board Meeting

February 16, 11:30 – February Board Meeting

This meeting, and all communications between Board Members, are subject to the provisions of the Tennessee Open Meetings Act.

BOARD OF DIRECTORS' MEETING

➡ MINUTES

NOVEMBER 17, 2025, 11:30 AM

The Board of Directors of Downtown Knoxville Alliance met on Monday, October 20, 2025, at 11:30 am at 100 S. Gay Street #109, Knoxville, TN.

Board members present included board chair, Mary Katherine Wormsley, Chip Barry, Ilana Brodt, Natalea Cummings, Gay Lyons, Bobby McCarter, and Blaine Wedekind. DKA and Knoxville Chamber staff in attendance included: Callie Blackburn, Michele Hummel, Angela Lunsford and Karen Kakanis,

I. Welcome

Mary Katherine Wormsley chaired the meeting and called the meeting to order.

II. Approval of Minutes

Mary Katherine Wormsley called for approval of the minutes from the October Board Meeting. Gay Lyons made a motion to approve the minutes. Natalea Cummings seconded the motion, which was unanimously approved by the board.

III. Financials

Mary Katherine Wormsley called for approval of the financial report ending October 31, 2025. Bobby McCarter made a motion to approve the financial report, and Blaine Wedekind seconded the motion, which was unanimously approved by the board.

IV. Committee Reports

A. Marketing Report

The marketing committee met on November 12, 2025 and reviewed five sponsorships. The committee made a recommendation in the form of a motion to the board to support the following events at these dollar levels:

East TN History Center/2026 Programming	\$10,000
Nief-Norf/Unsilent Night	\$500
Visit Knoxville & Bike Walk/Tour de Lights	\$5,000
Knoxville Museum of Art/2026 Programming	\$10,000
City of Knoxville Special Events/Holidays on Ice	\$5,000

Ilana Brodt seconded the motion. Gay Lyons recused herself from the East TN History Center grant request and Chip Barry recused himself from the Holidays on Ice grant. The motions were approved.

B. Quality of Life

The Quality of Life Committee met on November 7, 2025 and reviewed two grant requests. Knoxville History Project for continuation of the downtown art wraps program on utility boxes. This request will provide three new art wraps.

The committee made a recommendation in the form of a motion to the board to fund this request from Knoxville History Project for \$5,000. Chip Barry seconded the motion was unanimously approved by the board.

The second request the committee reviewed was from ReLAUNCH for development of a day program for the unhoused population. The board discussed this proposal at length. The original proposal was for \$125,000. The committee made a recommendation in the form of a motion to the board to fund ReLAUNCH for \$15,000 now and evaluate again in March or April. Chip Barry seconded the motion with the condition that the board receive updates on this project that ReLAUNCH are required to provide to the Office of Housing and Stability. This motion was approved by a vote of 7-1.

V. Staff Report

Staff presented their report, which provided an update on activities from the previous month. The full reports were included in the agenda packet.

VI. Old Business

There was no Old Business.

VII. New Business

A. Design Review Board Candidate

Matthew DeBardelaben is currently the DKA representative for the Design Review Board and is on the ballot for City Council. If elected, DKA needs to find a new representative on the board. Several suggestions were made and staff will follow up with the suggestions and forward to the City.

VIII. Public Forum

There was no public forum.

IX. Adjournment

With no other business, the meeting was adjourned.

Secretary

CLIENT'S COPY

DRAFT

NOVEMBER 18, 2025

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE
17 MARKET SQUARE 201
KNOXVILLE, TN 37902

KNOXVILLE CBID MANAGEMENT CORPORATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE
FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

HOLLY LEITNER

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

Filing Instructions

Prepared for:

KNOXVILLE CBID MANAGEMENT CORPORATIO
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE
17 MARKET SQUARE 201
KNOXVILLE, TN 37902

Prepared by:

BIBLE HARRIS SMITH PC
507 W. CLINCH AVENUE
KNOXVILLE, TN 37902

2024 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-TE AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

DRAFT

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCEEIN or SSN
62-1556225Name and title of officer or person subject to tax ANGELA LUNSFORD
VP/CONTROLLER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,363,859.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN _____
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62524237902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. KNOXVILLE CBID MANAGEMENT CORPORATION D.B.A. DOWNTOWN KNOXVILLE ALLIANCE	Taxpayer identification number (TIN) 62-1556225
	Number, street, and room or suite no. If a P.O. box, see instructions. 17 MARKET SQUARE, 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37902	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANGELA LUNSFORD**
17 MARKET SQUARE #201 - KNOXVILLE, TN 37902

Telephone No. **(865) 637-4550**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Form **990**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 private foundations)

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE**Doing business as **DOWNTOWN KNOXVILLE ALLIANCE**

Number and street (or P.O. box if mail is not delivered to street address)

17 MARKET SQUARE

Room/suite

201

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

KNOXVILLE, TN 37902**F** Name and address of principal officer: **ANGELA LUNSFORD****SAME AS C ABOVE****D** Employer identification number**62-1556225****E** Telephone number**(865) 637-4550****G** Gross receipts \$**1,363,859.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.DOWNTOWNKNOXVILLE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1993** **M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DEVELOPMENT OF THE DOWNTOWN AREA OF KNOXVILLE
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,183,135.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,574.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,197,709.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 805,000.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 743,031.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,548,031.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -350,322.
	20	Total assets (Part X, line 16) 1,678,918.
	21	Total liabilities (Part X, line 26) 1,043,980.
	22	Net assets or fund balances. Subtract line 21 from line 20 634,938.

Part II Signature Block

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	
	ANGELA LUNSFORD, VP/CONTROLLER			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P03257625
	HOLLY LEITNER			
Preparer Use Only	Firm's name	Firm's EIN		
	BIBLE HARRIS SMITH PC	62-1333840		
Preparer Use Only	Firm's address	Phone no.		
	507 W. CLINCH AVENUE KNOXVILLE, TN 37902	865-546-2300		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:
DEVELOPMENT OF THE DOWNTOWN AREA OF KNOXVILLE.

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 ☒ 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 ☒ 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 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 \$ **877,709.** including grants of \$ **80,130.**) (Revenue \$)
THE ORGANIZATION ASSISTS IN DEVELOPING, PROMOTING, AND BEAUTIFYING THE DOWNTOWN AREA OF KNOXVILLE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **877,709.**

**KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE**

Form 990 (2024)

62-1556225 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Form 990 (2024)

62-1556225 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
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	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	
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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Form 990 (2024)

62-1556225 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
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		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2024)

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section 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 9		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 9		
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		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 more members of the governing body?	7a	X	
b 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:			
a The governing body?	8a	X	
b 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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **TN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANGELA LUNSFORD - (865) 637-4550

17 MARKET SQUARE #201, KNOXVILLE, TN 37902

Check if Schedule O contains a response or note to any line in this Part VII

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

Form **990** (2024)

Form 990 (2024)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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1b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
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KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Form 990 (2024)

62-1556225 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,283,891.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,283,891.			
Program Service Revenue				Business Code			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			79,968.		79,968.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real	(ii) Personal			
	6a	Gross rents					
	6b	Less: rental expenses ...					
	6c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	7b	Less: cost or other basis and sales expenses					
7c	Gain or (loss)						
d	Net gain or (loss)						
8 a							
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a							
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a							
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11 a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			1,363,859.	0.	0.	79,968.

KNOXVILLE CBID MANAGEMENT CORPORATION

D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

62-1556225 Page 10

Form 990 (2024)

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	80,130.	80,130.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	244,175.	190,711.	53,464.	
b Legal				
c Accounting	20,226.		20,226.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	49,810.	49,810.		
13 Office expenses	19,768.		19,768.	
14 Information technology	14,291.	13,400.	891.	
15 Royalties				
16 Occupancy				
17 Travel	6,168.		6,168.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,064.		1,064.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MARKETING AND SPONSORSH	165,333.	165,333.		
b SECURITY	141,666.	141,666.		
c QUALITY OF LIFE	129,882.	129,882.		
d BUSINESS SUPPORT	49,502.	49,502.		
e All other expenses	66,691.	57,275.	9,416.	
25 Total functional expenses. Add lines 1 through 24e	988,706.	877,709.	110,997.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Form 990 (2024)

62-1556225 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	881,731.	1	1,266,514.
	2 Savings and temporary cash investments	796,514.	2	804,163.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	448.	4	6,399.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	225.	9	2,433.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,641.		
	b Less: accumulated depreciation	0.	10c	55,641.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	2,130.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,678,918.	16	2,137,280.	
Liabilities	17 Accounts payable and accrued expenses	43,980.	17	54,708.
	18 Grants payable	1,000,000.	18	1,072,485.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,043,980.	26	1,127,193.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	634,938.	27	1,010,087.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	634,938.	32	1,010,087.
	33 Total liabilities and net assets/fund balances	1,678,918.	33	2,137,280.

Form **990** (2024)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,363,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	988,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	375,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	634,938.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,010,087.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	KNOXVILLE CBID MANAGEMENT CORPORATION D.B.A. DOWNTOWN KNOXVILLE ALLIANCE
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Employer identification number	62-1556225
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Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	777,204.	994,379.	1144715.	1183135.	1283891.	5383324.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	777,204.	994,379.	1144715.	1183135.	1283891.	5383324.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5383324.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	777,204.	994,379.	1144715.	1183135.	1283891.	5383324.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	946.	405.	3,774.	14,574.	79,968.	99,667.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	725.					725.
11 Total support. Add lines 7 through 10						5483716.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.17	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.55	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2024

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

DRAFT

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Employer identification number

62-1556225

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Employer identification number

62-1556225

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF KNOXVILLE 1135 MAGNOLIA AVENUE KNOXVILLE, TN 37917-7768	\$ 1,283,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

62-1556225

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization	Employer identification number
KNOXVILLE CBID MANAGEMENT CORPORATION D.B.A. DOWNTOWN KNOXVILLE ALLIANCE	62-1556225

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE**

Employer identification number
62-1556225

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

KNOXVILLE CBID MANAGEMENT CORPORATION

Schedule D (Form 990) (Rev. 12-2024) D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

62-1556225 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? _____

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? _____

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? _____

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII _____

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,928.		14,928.
d Equipment		40,713.		40,713.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				55,641.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) (Rev. 12-2024)

KNOXVILLE CBID MANAGEMENT CORPORATION

Schedule D (Form 990) (Rev. 12-2024) D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

62-1556225 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,363,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,363,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,363,859.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	988,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	988,706.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	988,706.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EFFECTIVE WITH THE FISCAL YEAR BEGINNING JULY 1, 2009, AUTHORITATIVE GUIDANCE FOR THE UNCERTAINTY IN INCOME TAXES BECAME EFFECTIVE UNDER THE PROVISIONS OF FASB ASC 740. THE STANDARD PRESCRIBES A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2025 THE STATUTE OF LIMITATIONS FOR TAX YEARS 2021 THROUGH 2023 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF JUNE 30, 2025, THE ORGANIZATION HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES.

Part XIII Supplemental Information *(continued)*

DRAFT

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization KNOXVILLE CBID MANAGEMENT CORPORATION

D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Employer identification number
62-1556225

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN FESTIVAL 100 S GAY ST. STE 112 KNOXVILLE, TN 37902	62-1809060		10,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE
NOURISH KNOXVILLE PO BOX 2422 KNOXVILLE, TN 37901	46-2030131		15,000.	0.			MARKET SQUARE FARMER'S MARKET
DOGWOOD ARTS 123 W. JACKSON AVENUE KNOXVILLE, TN 37902	62-6074113		9,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE
OLD CITY MARKET 114 W. JACKSON AVENUE KNOXVILLE, TN 37902	82-3901216		10,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE
BIG EARS 900 S GAY ST E STE 1601 KNOXVILLE, TN 37902	81-0862420		10,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE
EAST TN HISTORICAL SOCIETY PO BOX 1629 KNOXVILLE, TN 37901	32-0320825		10,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

KNOXVILLE CBID MANAGEMENT CORPORATION

D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

62-1556225

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIOLINS OF HOPE			10,000.	0.			PUBLIC EXHIBIT TO BOOST MORALE IN DOWNTOWN KNOXVILLE
KNOX PRIDE FEST 4028 CHAPMAN HWY KNOXVILLE, TN 37920			6,000.	0.			ECONOMIC DEVELOPMENT TO BENEFIT DOWNTOWN KNOXVILLE
.	-	-	-	-	-	-	-
.	-	-	-	-	-	-	-
.	-	-	-	-	-	-	-

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

KNOXVILLE CBID MANAGEMENT CORPORATION
D.B.A. DOWNTOWN KNOXVILLE ALLIANCE

Employer identification number
62-1556225

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS LIMITED TO INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS WHO OWN
PROPERTY WITHIN THE CENTRAL BUSINESS IMPROVEMENT DISTRICT.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS MAY ELECT MEMBERS OF THE GOVERNING BODY DURING THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD OF DIRECTORS IS THE ONLY COMMITTEE WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE GOVERNING BODY REVIEWS A COPY OF THE FORM 990 PRIOR TO FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

IN THE CURRENT YEAR, A BOARD ORIENTATION WAS CONDUCTED BY THE KNOXVILLE
CITY LAW DIRECTOR THAT INCLUDED A DISCUSSION ON CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

- 4 .

PART XII LINE 2

PROCESSES FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT AUDITOR HAVE
REMAINED THE SAME SINCE LAST YEAR.

DOWNTOWN KNOXVILLE ALLIANCE

FINANCIAL STATEMENTS

JUNE 30, 2025

DRAFT

DOWNTOWN KNOXVILLE ALLIANCE

YEAR ENDED

JUNE 30, 2025

CONTENTS

	Page
Independent Auditor's Report	1 – 2
Financial Statements:	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7 – 10

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Downtown Knoxville Alliance
Knoxville, Tennessee

Opinion

We have audited the accompanying financial statements of Downtown Knoxville Alliance (a nonprofit organization), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Downtown Knoxville Alliance, as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Downtown Knoxville Alliance and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Downtown Knoxville Alliance's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Downtown Knoxville Alliance's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Downtown Knoxville Alliance's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Bible Harris Smith, P.C.
Knoxville, Tennessee

2025

DOWNTOWN KNOXVILLE ALLIANCE

STATEMENT OF FINANCIAL POSITION
JUNE 30, 2025

ASSETS

ASSETS

Cash and Cash Equivalents	\$ 2,070,682
Accounts Receivable	6,399
Prepaid Expenses	2,433
Total Current Assets	<u>2,079,514</u>

PROPERTY AND EQUIPMENT, NET	<u>55,641</u>
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OTHER NONCURRENT ASSETS

Security Deposit	<u>2,130</u>
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TOTAL ASSETS	<u><u>\$ 2,137,285</u></u>
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LIABILITIES AND NET ASSETS

LIABILITIES

Accounts Payable and Accrued Liabilities	\$ 54,708
Grants Payable	<u>1,072,485</u>
Total Current Liabilities	<u>1,127,193</u>

NET ASSETS

Without Donor Restriction	<u>1,010,092</u>
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TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 2,137,285</u></u>
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DOWNTOWN KNOXVILLE ALLIANCE

STATEMENT OF ACTIVITIES JUNE 30, 2025

REVENUES AND OTHER SUPPORT

City of Knoxville Assessments	\$ 1,283,891
Interest Income	<u>79,968</u>

TOTAL REVENUES AND OTHER SUPPORT

1,363,859

EXPENSES

Program:

Business Support	102,471
Beautification	51,859
Development	35,437
Marketing	354,830
Quality of Life	<u>333,112</u>

Total Program	877,709
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General and Administrative Expense	<u>110,995</u>
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TOTAL EXPENSES

988,704

CHANGE IN NET ASSETS

375,155

NET ASSETS - WITHOUT DONOR RESTRICTION - BEGINNING OF YEAR

634,937

NET ASSETS - WITHOUT DONOR RESTRICTION - END OF YEAR

\$ 1,010,092

DOWNTOWN KNOXVILLE ALLIANCE

STATEMENT OF FUNCTIONAL EXPENSES JUNE 30, 2025

	Business Support	Beautification	Development	Marketing	Quality Of Life	Total Program	General and Administrative	Grand Total
Allocation of Service Contract	\$ 52,969	\$ 9,584	\$ 20,437	\$ 46,157	\$ 61,564	\$ 190,711	\$ 53,464	\$ 244,175
Advertising	-	-	-	49,810	-	49,810	-	49,810
Ambassador Program	-	-	-	-	129,882	129,882	-	129,882
Bank Fees	-	-	-	-	-	-	170	170
Beautification	-	32,275	-	-	-	32,275	-	32,275
Bike Patrol	-	-	-	-	141,666	141,666	-	141,666
Open Street Activation	-	10,000	-	-	-	10,000	-	10,000
Downtown Scavenger Hunt	-	-	-	21,373	-	21,373	-	21,373
Insurance	-	-	-	-	-	-	1,064	1,064
Office Lease Expenses	-	-	-	-	-	-	9,359	9,359
Meals/Lodging/Travel	-	-	-	-	-	-	6,168	6,168
Merchant Support	49,502	-	-	-	-	49,502	-	49,502
Miscellaneous Printing	-	-	-	58,757	-	58,757	-	58,757
Office Expenses	-	-	-	-	-	-	10,407	10,407
Path to Prosperity	-	-	15,000	-	-	15,000	-	15,000
Postage	-	-	-	-	-	-	1,486	1,486
Prior Year Sponsorship Reserve	-	-	-	40,833	-	40,833	-	40,833
Professional Development	-	-	-	-	-	-	7,760	7,760
Professional Fees	-	-	-	-	-	-	20,226	20,226
Software	-	-	-	-	-	-	891	891
Sponsorship - Events	-	-	-	124,500	-	124,500	-	124,500
Website	-	-	-	13,400	-	13,400	-	13,400
Total Expenses	<u>\$ 102,471</u>	<u>\$ 51,859</u>	<u>\$ 35,437</u>	<u>\$ 354,830</u>	<u>\$ 333,112</u>	<u>\$ 877,709</u>	<u>\$ 110,995</u>	<u>\$ 988,704</u>

DOWNTOWN KNOXVILLE ALLIANCE

STATEMENT OF CASH FLOWS
JUNE 30, 2025

CASH FLOWS FROM OPERATING ACTIVITIES

Change in Net Assets	\$ 375,155
Adjustments to Reconcile Change in Net Assets to Net Cash Provided By (Used In) Operating Activities:	
(Increase) Decrease in Assets:	
Property Plant and Equipment	(55,641)
Accounts Receivable	(5,951)
Prepaid Expenses	(2,208)
Increase (Decrease) in Liabilities:	
Accounts Payable and Accrued Liabilities	10,728
Grants Payable	<u>72,485</u>
Net Cash Provided By (Used In) Operating Activities	<u>392,438</u>
NET INCREASE (DECREASE) IN CASH	392,438
CASH & CASH EQUIVALENTS - BEGINNING OF YEAR	<u>1,678,244</u>
CASH & CASH EQUIVALENTS - END OF YEAR	<u>\$2,070,682</u>

DOWNTOWN KNOXVILLE ALLIANCE

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025

Note 1 - Summary of Significant Accounting Policies

The Organization - Downtown Knoxville Alliance (Organization), formerly known as Knoxville Central Business Improvement District Management Corporation, is a nonprofit organization established on April 5, 1993, to assist in developing and beautifying the downtown area of Knoxville, Tennessee.

Substantially all revenues are derived from assessments on downtown property owners collected by the City of Knoxville. Activities include making renovation/development grants for projects within the defined area of the Central Business Improvement District and support of downtown activities and events.

General - The Organization's policy is to prepare its financial statements on the accrual basis. Under this method, revenues are recognized when earned and expenses are recognized when incurred.

Tax-Exempt Status - The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code; therefore, no provision has been recognized for income taxes in the accompanying financial statements.

Effective with the fiscal year beginning July 1, 2009, authoritative guidance for the uncertainty in income taxes became effective under the provisions of FASB ASC 740. The standard prescribes a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Organization determined that there were no matters that would require recognition in the financial statements or which may have any effect on its tax-exempt status. As of June 30, 2025 the statute of limitations for tax years 2021 through 2023 remains open with the U.S. federal jurisdiction or the various states and local jurisdictions in which the Organization files tax returns. It is the Organization's policy to recognize interest and/or penalties related to uncertain tax positions, if any, in income tax expense. As of June 30, 2025, the Organization had no accruals for interest and/or penalties.

Basis of Presentation - Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) in its Statement of Financial Accounting Standards Update ASU 2016-14. The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations.

Note 1 - Summary of Significant Accounting Policies (Continued)

Net assets with donor restrictions are subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, such as those that the donor stipulates that resources be maintained in perpetuity.

Revenue Recognition - Contributions are recorded on the date on which they are pledged. Currently, substantially all Organization revenues are derived from City of Knoxville tax assessments. Assessments are recorded when collected by the City of Knoxville as reported by the City to the Organization. Past due assessments, interest and penalties are not recorded until collected by the City as reported by the City to the Organization. The assessments contain a single delivery element at a single point in time when ownership, risks, and rewards transfer from the City to the Organization.

Expense Allocation – Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. Directly identifiable expenses are charged to programs and supporting services. General and administrative expenses include those expenses that are not directly identifiable with any other specific function, but to provide for the overall support and direction of the Organization. Contract service agreement costs are allocated based on estimated time incurred for each functional category.

Cash Equivalents - The Organization generally considers all certificates of deposit and highly liquid instruments purchased with a maturity of three months or less to be cash equivalents.

Receivables - Receivables are stated at the amount management expects to collect from balances outstanding at year-end. No allowance for doubtful accounts is considered necessary. At June 30, 2025, substantially all accounts receivable are from the City of Knoxville.

Property and Equipment - It is the Organization's policy that property and equipment that are purchased are recorded at cost. Expenditures greater than \$5,000 for repairs, maintenance and betterments that materially prolong the useful lives of assets are capitalized. Property and equipment is depreciated over the estimated useful lives of the assets. Maintenance, repairs, and minor renewals are charged to expense; betterments or major renewals and improvements that materially prolong the life of the assets are capitalized. At June 30, 2025, property and equipment was purchased but had not yet been placed into service, therefore, depreciation expense is \$0 for the year ended June 30, 2025.

Grants Payable – Grants payable represent all unconditional grants that have been authorized prior to year-end, but remain unpaid as of the statement of financial position date. Conditional grants are expensed and considered payable in the period the conditions are substantially satisfied.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, including the liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Note 1 - Summary of Significant Accounting Policies (Continued)

Agency Transactions - The Organization's policy, if it acts as an intermediary or agent, is to record the receipt and disbursement of financial assets specified for a beneficiary as assets and liabilities of the Organization. Accordingly, there is no effect on the statement of activities.

Advertising - Advertising costs are expensed as incurred and totaled \$49,810 for the year.

In-Kind Contributions - Contributions of donated non-cash assets are recorded at their fair values in the period received.

Subsequent Events- Management has evaluated subsequent events through, 2025, the date the financial statements were available to be issued and has determined that there are no subsequent events that require disclosure.

Note 2 – Information Regarding Availability and Liquidity

Financial assets in excess of daily cash requirements can be invested in certificates of deposit and money market funds.

The following table reflects the Organization's financial assets as of June 30, 2025, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of contractual restrictions or internal board designations.

Financial Assets at Year End:	
Cash and Cash Equivalents	\$ 2,070,682
Accounts Receivable	6,399
Total Financial Assets	<u>2,077,081</u>
Less amounts not available to be used within one year:	
Contingent grants and grants payable expected to be paid	<u>1,072,485</u>
	<u>1,072,485</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 1,004,596</u>

Note 3 – Contract Services

Another nonprofit organization provides certain services to the Organization. These services include operations administration, marketing services, accounting and financial oversight, professional services, insurance, recommendations for improvements and capital expenditures, contract negotiating, services to ensure compliance with applicable laws and to maintain licenses and permits, and other management services. This amount has been allocated among the Organization's various functional areas. On July 1, 2020 the Organization renewed the contract services agreement for a five-year period. The current agreement is cancelable by either party with 90 days' notice. The total paid for these services during the year ended June 30, 2025 was \$244,175.

Note 4 – Grants Payable and Abatements

Because of their ownership and development of properties, either as individuals or as owners of companies within the Central Business Improvement District, current Board Members may have received grants from the Organization while not serving on the Board. If they, or a company they are involved in, requests funding for any project while a Board Member of the Organization, that Board Member will recuse themselves from voting on any project they have involvement with and will disclose this activity to the Board for consideration. There were no such grants payable at June 30, 2025.

The Board approved grants to be paid totaling \$1,072,485. This amount is recorded as Grants Payable at June 30, 2025.

In July 2019 the Board agreed to a 10-year abatement of incremental tax assessments related to the State Supreme Court project. The abatement is effective during the construction period and for 10 years following construction. During the construction and abatement period, the Organization will receive assessments based on the project's acquisition cost, which total approximately \$3,300 per year.

Note 5 - Concentrations of Risk

The Organization maintains cash accounts with local financial institutions. The accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2025, cash deposits exceeded federally insured limits by \$14,246.

Downtown Knoxville Alliance
Statement of Cash Flows
Fiscal YTD November 30, 2025

	<u>Jul '25 - Jun '26</u>
OPERATING ACTIVITIES	
Net Income	111,305
Adjustments to reconcile Net Income to net cash provided by operations:	
1110 · Other Receivable	294,644
1350 - Prepaid Expenses	14,538
1750 - Accumulated Depr - Leaseholds	219
1760 - Accumulated Depr - Furniture	485
2020 · Accounts Payable	(46,474)
2600 · Accrued Payables	249
Net cash provided by Operating Activities	374,965
INVESTING ACTIVITIES	-
1650 · Leashold Improvements	-
Net cash provided by Financing Activities	-
Net cash increase/(decrease) for period	374,965
Cash at beginning of period	1,728,132
Cash at end of period	<u>2,103,097</u>
 Current Liabilities	 (35,013)
Accrued Payables	(1,036,927)
 Accounts receivable and Other	 225,283
Prepaid Expenses	16,284
Fixed Assets	56,668
Subtotal	(773,705)
 Projected Remaining Budgeted Income (Expenses)	
Revenue	458,608
Development	(100,000)
Quality of Life	(339,957)
Business Support	(13,386)
Marketing/Sponsorships	(159,960)
Administration	(167,432)
Subtotal	(322,127)
 Projected Cash - Before Minimum Reserve	 <u>1,007,265</u>
Minimum Cash Balance - Reserve	(150,000)
Projected Cash Availability	<u>857,265</u>

Downtown Knoxville Alliance
Statement of Cash Flows
Fiscal YTD November 30, 2025

Project	Grants	Permit Date	Comp Date	Accrued	YE 6/30/2026	Total
314 Union Ave (COK)	250,000		9/30/2022		0	0
YWCA Keys of Hope	250,000		6/30/2024		0	0
Tennessee Theatre	300,000		6/30/2024		0	0
Art & Cultural Alliance	200,000		6/30/2024		0	0
	<u>1,000,000</u>				<u>0</u>	<u>0</u>

* City approval required

Note: Farragut Building/Hyatt Place, 530 S. Gay Street

In 2015, DKA Board agreed to receive \$4,578 and abate the increased incremental assessments during the project's 25-year PILOT term which ends 3/17/41.

Note: Marble Alley/formerly Knox County property, 300 State Street

In 2013, Knox County Commission and Knox County IDB approved a 10-year PILOT for Marble Alley Lofts. Knox County previously held this property and was tax-exempt; therefore they did not pay property taxes or DKA assessments. PILOT term ends 12/31/25

Note: Church + Henley formerly State Supreme Court, 700 Henley Street

In 2019, DKA approved a 10-year abatement of the incremental assessment for the State Supreme Court project starting 48 months after developers close on the two parcels to allow for construction and project stabilization. DKA will continue to receive assessments for both properties based on the acquisition cost. DKA's assessment is expected to be approx. \$3,208 during the abatement time. The City's 25 year PILOT term ends 3/4/48. The property closed on 9/30/19. DKA's abatement ends 9/30/2033.

Downtown Knoxville Alliance
Budget Variance Report
For the 5 Periods Ended November 30, 2025

	July 2025 - November 2025			July 2025 - June 2026		
	Actual	Budget	Variance	Budget	Remaining	58% Remaining
Income						
4020 CBID Assessment	753,384	500,000	(253,384)	1,200,000	446,616	37%
4100 Interest on Cash Reserves	18,008	12,500	(5,508)	30,000	11,992	40%
Total Income	\$ 771,392	\$ 512,500	\$ (258,892)	\$ 1,230,000	\$ 458,608	37%
Gross Profit	\$ 771,392	\$ 512,500	\$ (258,892)	\$ 1,230,000	\$ 458,608	37%
Expenses						
5100 Business Support						
5150 Merchant Support	36,614	20,833	(15,781)	50,000	13,386	27%
Total 5100 Business Support	\$ 36,614	\$ 20,833	\$ (15,781)	\$ 50,000	\$ 13,386	27%
5200 Development						
5205 Special Projects	-	41,667	41,667	100,000	100,000	100%
5225 Path to Prosperity	15,000	6,250	(8,750)	15,000	-	0%
Total 5200 Development	\$ 15,000.00	\$ 47,916.67	\$ 32,916.67	\$ 115,000.00	\$ 100,000.00	87%
5300 Marketing Expenses						
5305 Advertising	45,431	25,000	(20,431)	60,000	14,569	24%
5306 Print & Content Dev.	38,001	25,000	(13,001)	60,000	21,999	37%
5360 Sponsorships - Events	45,500	52,083	6,583	125,000	79,500	64%
5364 Downtown Scavenger Hunt	3,550	8,333	4,783	20,000	16,450	82%
5375 Website	12,558	12,500	(58)	30,000	17,442	58%
5376 Brand Refinement	-	4,167	4,167	10,000	10,000	100%
Total 5300 Marketing Expenses	\$ 145,040	\$ 127,083	\$ (17,956)	\$ 305,000	\$ 159,960	52%
5400 Administration						
5415 Office Lease Expenses	7,207	9,167	1,960	22,000	14,793	67%
5420 Meals/Lodging/Travel	3,090	2,500	(590)	6,000	2,910	48%
5430 Office Expenses	4,278	3,333	(945)	8,000	3,722	47%
5435 Bank Fees	-	83	83	200	200	100%
5440 Postage	76	1,042	966	2,500	2,424	97%
5450 Professional Svc	7,349	5,000	(2,349)	12,000	4,651	39%
5460 Services Contract	91,681	92,521	840	222,050	130,369	59%
5465 Professional Dev.	6,257	5,417	(840)	13,000	6,743	52%
5480 Software	427	625	198	1,500	1,073	72%
5490 Insurance D&O	354	375	21	900	546	61%
Total 5400 Administration	\$ 120,719	\$ 120,063	\$ (656)	\$ 288,150	\$ 167,431	58%
5650 Quality of Life						
5655 Security	29,650	50,000	20,350	120,000	90,350	75%
5657 Ambassador Program	71,325	71,325	-	171,180	99,855	58%
5659 Beautification	15,247	18,750	3,503	45,000	29,753	66%
5663 Open Street Activation	-	4,167	4,167	10,000	10,000	100%
5664 Initiatives from Survey	15,000	52,083	37,083	125,000	110,000	88%
Total 5650 Quality of Life	\$ 131,223	\$ 196,325	\$ 65,102	\$ 471,180	\$ 339,957	72%
6000 Depreciation Expense	3,494.28	-	(3,494.28)			
Total Expenses	\$ 452,089	\$ 512,221	\$ 60,131	\$ 1,229,330	\$ 780,735	64%
Net Income	\$ 319,303	\$ 279	\$ (319,024)	\$ 670	\$ (322,127)	

Downtown Knoxville Alliance

Statement of Cash Flows

November 2025

	TOTAL
OPERATING ACTIVITIES	
Net Income	111,304.63
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1110 Other Receivable	294,644.42
1350 Prepaid Expenses	14,537.67
1750 Accumulated Depreciation:Accumulated Depr - Leaseholds	218.75
1760 Accumulated Depreciation:Accumulated Depr - Furniture	484.67
2020 Acc. Payable:Accounts Payable	(46,473.72)
2600 Accrued Payables	248.84
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	263,660.63
Net cash provided by operating activities	\$374,965.26
NET CASH INCREASE FOR PERIOD	\$374,965.26
Cash at beginning of period	1,728,131.80
CASH AT END OF PERIOD	\$2,103,097.06

Downtown Knoxville Alliance
Balance Sheet
As of November 30, 2025

	As of Nov 30, 2025	As of Nov 30, 2024 (PY)	Change	% Change
ASSETS				
Current Assets - Bank Accounts				
1000 Cash & Cash Equiv.				
1012 First Bank Checking	(40,226.43)	(4,217.48)	(36,008.95)	-853.80%
1014 First Bank ICS	1,384,077.19	1,161,047.86	223,029.33	19.21%
1020 Investments - Cert Dep and MM				
1022 FirstBank CD 0680	-	96,075.51	(96,075.51)	-100.00%
1036 Home Federal CD 2895	256,141.99	245,791.89	10,350.10	4.21%
1037 First Century CD 0328	245,000.00	256,981.97	(11,981.97)	-4.66%
1038 Truist CD 6084	258,104.31	249,307.25	8,797.06	3.53%
Total 1020 Investments - Cert Dep and MM	\$ 759,246.30	\$ 848,156.62	\$ (88,910.32)	-10.48%
Total 1000 Cash & Cash Equiv.	\$ 2,103,097.06	\$ 2,004,987.00	\$ 98,110.06	4.89%
Total Bank Accounts	\$ 2,103,097.06	\$ 2,004,987.00	\$ 98,110.06	4.89%
Accounts Receivable				
1110 Other Receivable	223,152.61	183,176.00	39,976.61	21.82%
Total Accounts Receivable	\$ 223,152.61	\$ 183,176.00	\$ 39,976.61	21.82%
Other Current Assets				
1350 Prepaid Expenses	16,284.24	10,331.16	5,953.08	57.62%
Total Other Current Assets	\$ 16,284.24	\$ 10,331.16	\$ 5,953.08	57.62%
Total Current Assets	\$ 2,342,533.91	\$ 2,198,494.16	\$ 144,039.75	6.55%
Fixed Assets				
1650 Leasehold Improvements	15,750.00	-	15,750.00	
1660 Furniture & Equipment	44,412.62	-	44,412.62	
1700 Accumulated Depreciation				
1750 Accumulated Depr - Leaseholds	(1,070.93)	-	(1,070.93)	
1760 Accumulated Depr - Furniture	(2,423.35)	-	(2,423.35)	
Total 1700 Accumulated Depreciation	\$ (3,494.28)	\$ -	\$ (3,494.28)	
Total Fixed Assets	\$ 56,668.34	\$ -	\$ 56,668.34	
Other Assets				
1925 Security Deposit	2,130.48	-	2,130.48	
Total Other Assets	\$ 2,130.48	\$ -	\$ 2,130.48	
TOTAL ASSETS	\$ 2,401,332.73	\$ 2,198,494.16	\$ 202,838.57	9.23%
LIABILITIES AND EQUITY				
Current Liabilities - Accounts Payable				
2020 Accounts Payable	35,013.15	40,576.77	(5,563.62)	-13.71%
Total 2000 Acc. Payable	\$ 35,013.15	\$ 40,576.77	\$ (5,563.62)	-13.71%
Total Accounts Payable	\$ 35,013.15	\$ 40,576.77	\$ (5,563.62)	-13.71%
Other Current Liabilities				
2600 Accrued Payables	1,036,927.11	1,038,693.99	(1,766.88)	-0.17%
Total Other Current Liabilities	\$ 1,036,927.11	\$ 1,038,693.99	\$ (1,766.88)	-0.17%
Total Current Liabilities	\$ 1,071,940.26	\$ 1,079,270.76	\$ (7,330.50)	-0.68%
Total Liabilities	\$ 1,071,940.26	\$ 1,079,270.76	\$ (7,330.50)	-0.68%
Equity				
3900 Change in NA - unrestricted	1,010,089.64	634,936.90	375,152.74	59.09%
Net Income	319,302.83	484,286.50	(164,983.67)	-34.07%
Total Equity	\$ 1,329,392.47	\$ 1,119,223.40	\$ 210,169.07	18.78%
TOTAL LIABILITIES AND EQUITY	\$ 2,401,332.73	\$ 2,198,494.16	\$ 202,838.57	9.23%

Downtown Knoxville Alliance

Profit and Loss

November 2025

	Nov 2025	Nov 2024 (PY)	Change	% Change
Income				
4020 CBID Assessment	223,152.61	183,176.00	39,976.61	21.82%
4100 Interest on Cash Reserves	3,232.17	3,053.73	178.44	5.84%
Total Income	\$ 226,384.78	\$ 186,229.73	\$ 40,155.05	21.56%
Gross Profit	\$ 226,384.78	\$ 186,229.73	\$ 40,155.05	21.56%
Expenses				
5100 Business Support				
5150 Merchant Support	(2,706.30)	8,648.25	(11,354.55)	-131.29%
Total 5100 Business Support	\$ (2,706.30)	\$ 8,648.25	\$ (11,354.55)	-131.29%
5300 Marketing Expenses				
5305 Advertising	10,811.14	6,732.80	4,078.34	60.57%
5306 Print and Content Development	(1,666.05)	1,699.93	(3,365.98)	-198.01%
5364 Downtown Scavenger Hunt	30,500.00	-	30,500.00	
5375 Website	5,331.25	-	5,331.25	
Total 5300 Marketing Expenses	\$ 44,976.34	\$ 8,432.73	\$ 36,543.61	433.35%
5400 Administration				
5415 Office Lease Expenses	4,168.98	-	4,168.98	
5420 Meals/Lodging/Travel	1,068.16	499.15	569.01	114.00%
5430 Office Expenses	2,692.21	506.06	2,186.15	431.99%
5440 Postage	13.32	20.01	(6.69)	-33.43%
5450 Professional Svc	7,348.72	4,870.00	2,478.72	50.90%
5460 Services Contract	16,892.55	20,348.00	(3,455.45)	-16.98%
5465 Professional Development	155.46	-	155.46	
5480 Software	87.95	75.38	12.57	16.68%
5490 Insurance D&O	70.84	70.84	-	0.00%
Total 5400 Administration	\$ 32,498.19	\$ 26,389.44	\$ 6,108.75	23.15%
5650 Quality of Life				
5655 Security	5,186.50	2,213.75	2,972.75	134.29%
5657 Ambassador Program	14,265.00	9,676.34	4,588.66	47.42%
5659 Beautification	5,157.00	103.00	5,054.00	4906.80%
5664 Initiatives from Survey	15,000.00	-	15,000.00	
Total 5650 Quality of Life	\$ 39,608.50	\$ 11,993.09	\$ 27,615.41	230.26%
6000 Depreciation Expense	703.42	-	703.42	
Total Expenses	\$ 115,080.15	\$ 55,463.51	\$ 59,616.64	107.49%
Net Operating Income	\$ 111,304.63	\$ 130,766.22	\$ (19,461.59)	-14.88%
Net Income	\$ 111,304.63	\$ 130,766.22	\$ (19,461.59)	-14.88%

Accrued Payables at 11.30.25

City of Knoxville (314 Union Ave) accrued 9/30/22	FY23	\$250,000.00
Market Square Power Wash (total of 2)	FY24	\$3,200.00
Marketing/branding/activation requests COK street closures	FY24	\$3,937.52
YWCA Keys of Hope Grant	FY24	\$250,000.00
Art & Cultural Alliance - Emporium Project	FY24	\$200,000.00
Tennessee Theatre - \$300k total; \$100k current year Dev Grants	FY24	\$300,000.00
Old City Market & First Friday Block Party	FY25	\$5,000.00
Office Relocation	FY25	\$65.36
Sustainable Solutions - Cigarette Litter Prevention & Recycling	FY26	\$9,690.48
East TN History Center - For 2026 Programming	FY26	\$5,000.00
Visit Knoxville & Bike Walk Knoxville for Tour de Lights	FY26	\$2,500.00
Knoxville Museum of Art for 2026 Programming	FY26	\$5,000.00
City of Knoxville Special Events for 2025 Holidays on Ice	FY26	\$2,500.00
		<hr/>
		\$1,036,893.36

Downtown Knoxville Alliance
A/P Aging Detail
As of November 30, 2025

	Date	Type	Num	Vendor	Due Date	Past Due	Amount	Open Balance
Current	11/30/2025	Bill	INV14708	Knoxville Chamber	11/30/2025	10	16,892.55	16,892.55
	11/30/2025	Bill	INV014704	Knoxville Chamber	11/30/2025	10	285.27	285.27
	11/30/2025	Bill	12524	MoxCar.	12/02/2025	8	2,925.00	2,925.00
	11/03/2025	Bill	110325	Thomas, Robin	12/03/2025	7	950.00	950.00
	11/13/2025	Bill	5587	Gregory's Greenhouse Production, LLC	12/13/2025	-3	75.00	75.00
	11/30/2025	Bill	120125	Southern Bloom Social	12/15/2025	-5	1,440.00	1,440.00
	11/30/2025	Bill	11302025	Callie Blackburn	12/15/2025	-5	173.30	173.30
	11/21/2025	Bill	112125	KUB	12/21/2025	-11	82.00	82.00
	11/26/2025	Bill	INV282366	Off Duty Management, Inc.	12/26/2025	-16	1,278.75	1,278.75
	11/30/2025	Bill	11302025	Card Services Center - Mastercard	12/30/2025	-20	7,769.55	7,769.55
	11/30/2025	Bill	7419289	Knoxville News Sentinel	12/31/2025	-21	1,722.73	1,722.73
	11/30/2025	Bill	INV284681	Off Duty Management, Inc.	01/03/2026	-24	1,419.00	1,419.00
							\$ 35,013.15	\$ 35,013.15
Total for Current							\$ 35,013.15	\$ 35,013.15
TOTAL							\$ 35,013.15	\$ 35,013.15

Downtown Knoxville Alliance

A/R Aging Detail

As of November 30, 2025

DATE	TRANSACTION TYPE	NUM	CUSTOMER	DUE DATE	AMOUNT	OPEN BALANCE
Current						
11/30/2025	Invoice	07312029	City of Knoxville.	12/31/2025	223,152.61	223,152.61
Total for Current					\$223,152.61	\$223,152.61
TOTAL					\$223,152.61	\$223,152.61

Downtown Knoxville Alliance
Uncleared Checks Report
as of November 30, 2025

Date	Transaction Type	Num	Name	Amount
10/03/2025	Bill Payment (Check)	2786	Annoor Academy of Knoxville	(2,500.00)
11/14/2025	Bill Payment (Check)	2822	Southern Bloom Social	(1,440.00)
11/21/2025	Bill Payment (Check)	2826	Knoxville History Project	(5,000.00)
11/21/2025	Bill Payment (Check)	2827	Knoxville Museum of Art	(5,000.00)
11/21/2025	Bill Payment (Check)	2828	City of Knoxville Office of Special Events	(2,500.00)
11/21/2025	Bill Payment (Check)	2829	Graphic Creations	(1,136.46)
11/21/2025	Bill Payment (Check)	2830	Poynter Photo Co.	(500.00)
11/21/2025	Bill Payment (Check)	2831	Bible Harris Smith, P. C.	(7,348.72)
11/21/2025	Bill Payment (Check)	2832	Nief-Norf	(500.00)
11/21/2025	Bill Payment (Check)	2834	East Tennessee Historical Society	(10,000.00)
11/21/2025	Bill Payment (Check)	2838	Off Duty Management, Inc.	(1,801.25)
11/21/2025	Bill Payment (Check)	2839	Visit Knoxville	(2,500.00)
				(40,226.43)

DEVELOPMENT COMMITTEE

➡ MINUTES

DECEMBER 9, 2025

Committee members present included: Mary Katherine Wormsley, chair, Chip Barry, Melinda Grimac, Natalea Cummings. Staff/Others: Michele Hummel.

Tennessee Theatre

The Theatre is continuing to raise funds for their expansion and adding the top floor for 612 S. Gay Street added significant costs (acquisition, design, and construction) to the overall project budget. They have a line of credit for \$5 million but have not needed to access it yet. They would like to defer using the LOC as long as possible and eventually use as little of the LOC as possible. The more funds we have on hand, the longer we can defer.

DKA's grant of \$300,000 will offset costs specifically associated with the exterior masonry work of the building. The original scope of the masonry was \$465,625. Two change orders, encompassing added work on the north and east facades due to unforeseen conditions, have increased the total masonry scope to \$548,042. Of this total amount, the only remaining expense yet to be paid is \$32,005 for repair work on the south facade which had to wait until the removal of the fire escape, to accommodate other critical path items on the schedule.

Given that the project's completion is imminent, and the Tennessee Theatre has already paid over \$300,000 for exterior masonry work, and to facilitate deferring the need to access the line of credit, the theatre is requesting DKA disburse the grant in full to the Tennessee Theatre prior to December 31, 2025.

Recommendation: A motion was made, seconded and approved to disburse the \$300,000 grant as requested.

The Maker's Exchange/Maker Space Scholarship Program

Request: \$30,000 (\$15,000 for two years)

After a survey, the Maker's Exchange found that many of the makers need space to further their business growth versus working from home. They will be launching a new program 2026 that will allow makers to apply for a scholarship to help provide them in a space, three spaces are within the BID. As part of this scholarship, the maker will be required to go through the KEC program for a year to help them develop their business skills.

The program will be kicked off in April and begin in July 2026, which will last for one year.

The Maker City is requesting grant funding to help offset cost for promotion and production of Knoxville's creative talent through storytelling, open houses events and culminating exhibition at Maker Exchange. The quarterly open houses and final public showcase will be free to the public and allow the community to experience art, design and fabrication in progress. In addition, the funds will be used towards education and mentorship components to help make the makers successful.

Motion: To approve \$15,000 for Maker Space Scholarship Program for expenses related to programming, mentorship, and production of this one year program. DKA will review the first year program prior to considering funding the second year.

To the DKA Development Committee:

On behalf of the Tennessee Theatre, I am pleased to update you on the progress of the renovation project at 612 S Gay Street.

After receiving a building permit in March 2024, construction commenced on April 1, 2024. The initial construction timeline of approximately 15 months has been extended due to several factors, including:

- Various unforeseen conditions, often present in a historic building
- Delays related to negotiations with the owner of Unit 6, the top floor of the building, which was not part of the Theatre's initial property purchase nor part of the construction project
- The purchase of Unit 6 in September 2024, leading to a partial redesign to fully incorporate this newly acquired property into the existing construction project

Recently, the construction manager has confirmed a completion timeline which allowed the Theatre to set a date for a public opening event. I will share this date with you at your meeting on December 9. We are thrilled to finally see the end point of this monumental undertaking.

The Theatre is continuing to raise funds through individual asks and a broad, public campaign. While the addition of the top floor added significant costs (acquisition, design, and construction) to the overall project budget, we have not yet needed to access a \$5 million line of credit (noted in our DKA application). We aim to defer using the LOC as long as possible and eventually use as little of the LOC as possible. The more funds we have on hand, the longer we can defer.

The generous grant of \$300,000 from DKA will offset costs specifically associated with the exterior masonry work of the building. The original scope of the masonry was \$465,625. Two change orders, encompassing added work on the north and east facades due to unforeseen conditions, have increased the total masonry scope to \$548,042. Of this total amount, the only remaining expense yet to be paid is \$32,005 for repair work on the south facade which had to wait until the removal of the fire escape, to accommodate other critical path items on the schedule.

Given that the project's completion is imminent, and the Tennessee Theatre has already paid well over \$300,000 for exterior masonry work, and to facilitate deferring the need to access the line of credit, **I respectfully request DKA disburse the grant in full to the Theatre prior to December 31, 2025.** I am willing and able to provide documentation (pay applications, cleared checks, etc.) or other information as needed.

Thank you for your consideration,
Becky Hancock

**DOWNTOWN KNOXVILLE ALLIANCE
CATALYST PROGRAMS**

APPLICANT:

Contact: Becky Hancock

Company Name: Historic Tennessee Theatre Foundation

Mailing Address: 604 S Gay St

City: Knoxville State: TN Zip: 37902

Telephone: 865-684-1200 Cell: 865-617-7443

Email: bhancock@tennesseetheatre.com

PROJECT LOCATION/OWNERSHIP:

Street Address (attach a GIS map with site shown): 612 S Gay St, Units 1, 3, 4, & 5

Who owns the property at this time? Historic Tennessee Theatre Foundation

Will you purchase the property/land or do you currently own the property/land? Currently own

What is the property's use at this time? Vacant (formerly commercial office/professional use), except for Units 2 & 6, which are professional use (Units 2 & 6 not owned by the applicant)

Is the building historic? X YES NO

If yes, please describe the history and recognition: Listed in the National Register of Historic Places, January 27, 1983. (Registration #83003043, attached.) Area of significance: architecture, primarily for the design of the façade. The first four floors were constructed in 1907, the top two floors in 1923. Some of the original interior details on the first floor/Unit 1 (plaster ornamentation, original bank vault) are still intact.

Give a brief description of the use for this property after the project is completed. Attach drawings of existing and proposed improvements. The four units owned by the Historic Tennessee Theatre Foundation will be repurposed to serve as an expansion of the Tennessee Theatre's function as a multi-purpose performing arts venue. Except for the few historic interior details in Unit 1 mentioned above, the remainder of Unit 1 and all of Units 3, 4, & 5 are empty shells. The street level of Unit 1 will serve as a separate gathering space for receptions and small-scale performances. The mezzanine level of Unit 1 and Unit 3 will be physically connected to the Theatre to provide more lounges and lobby spaces, additional restrooms, concessions service points, and circulating areas. Unit 4 will be utilized as a multi-purpose rehearsal, performance, and educational space for both Tennessee Theatre programs and those of other nonprofit arts & culture organizations. Unit 5 will be used as administrative space for Theatre staff. Additionally, after decades of neglect, all common areas/elements will be fully renovated as needed to create an energy-efficient, safe, and code-compliant structure, resulting in a total building renovation.

Construction timeline: Start date: April 2024 Completion date: July 2025 (est.)

TAX INFORMATION:

Include latest property tax statement from Knox County Assessor's Office. All outstanding City and County taxes must be paid, including CBID assessment prior to development assistance request being approved.

Tax parcel ID number(s) 095IF-002; 095IF-034; 095IF-03401A; 095IF-03401B; 095IF-03401C

Current Assessment Total City Assessment: \$1,003,600.00 Total DKA Assessment: \$3,212.00

Current tax bill (total 2023): City \$24,596.70 County \$9,150.00

Estimated assessment after project is completed: City TBD* County TBD*

Estimated tax bill after project is complete: City TBD* County TBD*

Retail sales estimate: n/a

Estimated sales tax generation on completed project: TBD*

***Please note** that as a 501c3 not for profit corporation, the Historic Tennessee Theatre Foundation property assessment is calculated differently than other private or commercial property located in the CBID. Therefore, our tax payments are much lower. However, the Tennessee Theatre draws an average of 225,000 people annually to downtown, with the majority of these patrons being residents of Knox County, demonstrating the Theatre's positive impact on the quality of life of local residents. Additionally, some patrons are visitors from outside Knox County. For example, during two weeks of a recent Broadway show run, ZIP code data for approximately 25,000 ticketholders showed they came from 48 Tennessee counties and from 34 other states. These visitors contribute to the local tax base. Finally, the Tennessee Theatre also creates hundreds of FTE jobs annually and pays local vendors, suppliers, and professionals more than \$1.5 million annually for goods and services. The Tennessee Theatre is a cultural and economic engine for downtown Knoxville and the entire nine-county region.

CAPITAL INVESTMENT:

Please include a budget which outlines:

- Project cost – land cost, construction estimates, build out for retail tenant ready space, professional services, other soft cost
- Complete financial information, including anticipated project revenues, expenses and cash flow
- Construction timeline

Please see next page.

Sources of Funds

Funds Received - already spent	\$ 3,100,867.32
Funds Received - available to spend	\$ 10,000,000.00
COK Historic Preservation Fund Grant	\$ 210,000.00
Pledges Receivable	\$ 750,000.00
Proposed Credit Line (to be repaid)	\$ 5,000,000.00
Funds to be Identified/Secured	\$ 164,595.10
Total Sources	\$ 19,225,462.42

Uses of Funds

Property Purchase and Associated Costs	\$ 2,445,656.00
Building and Site Work (Construction Costs)	\$ 14,125,173.85
Furniture, Fixtures & Equipment	\$ 250,000.00
Soft Costs	\$ 2,404,632.57
Total Project Cost	\$ 19,225,462.42

Anticipated project revenues, expenses, and cash flow: The 612 S Gay Street renovation project will activate unused spaces and integrate them into the mission and activity of the current Theatre property. Operations and administrative costs of the finished spaces will become part of the Theatre's overall budget. The existing nonprofit organization is currently operating with a positive cash flow, and we expect the new spaces at 612 S Gay Street to function under the same general operational model. Revenues will be generated from additional concessions sales, event space rental by external parties, donations and annual fees received from theatre patrons and supporters, and ticket sales to events occurring in the spaces.

Construction Timeline: The Tennessee Theatre has engaged Partners Development for project management services. Construction manager Jenkins & Stiles will perform all construction services. A building permit was issued March 1, 2024 by the City of Knoxville, and the project will begin in April 2024. A detailed construction schedule shows completion within 12 months. We are planning on the project being complete and fully operational within 12 – 15 months from commencement of construction.

Financing plan description including a statement of sources and uses of funds: See above chart for sources and uses of funds. The Theatre has accumulated ~\$14M in gifts/pledges/other funds towards the total project cost of \$19,225,462. The Theatre has arranged a \$5M credit line facility with FirstBank, and together with the accumulated funds, the credit line facility will allow the project to continue uninterrupted while the Theatre aggressively pursues the balance in private fundraising, governmental support, grants, and other gifts. The ultimate objective is to ensure the credit line is fully paid to avoid the burden of ongoing debt service payments for the expansion project. This strategy will allow the Theatre to continue to operate at its highest efficiency.

Are you receiving any other financial assistance from other organizations or governmental entity? If so, please describe: Yes. The Tennessee Theatre has received to date a grant of \$250,000 from Knox County (FY19) and a \$100,000 grant from the City of Knoxville (FY19). The project also received a \$210,000 grant from the City of Knoxville's Historic Preservation Fund (FY19), restricted to common areas/elements. All other funding to date is private (individuals, for-profit corporations, family foundations,

and Theatre-generated funds). We are seeking more funding from Knox County, the City of Knoxville, and the State of Tennessee in the current fiscal year, but no additional public funding has been secured as of the submittal of this application. Additional private sources of funding will be pursued, as well via a public capital campaign, until all the money needed is raised.

ASSISTANCE REQUESTED:

Describe what assistance you are specifically requesting from CBID: The Historic Tennessee Theatre Foundation respectfully requests from CBID a total grant of \$300,000 payable over two fiscal years (\$150,000 in FY24 and \$150,000 in FY25). This request aligns with DKA's mission of ensuring a vibrant, flourishing downtown and attracting and retaining a thriving community of residents, businesses, and visitors in Downtown Knoxville. Particularly, this project will enhance the Theatre's ability to better serve a) all event attendees via additional restrooms, concessions, and lounge areas; and b) people partaking in education, outreach, and community partnership programs, whether it be those presented/produced by the Tennessee Theatre or by other users of the spaces (nonprofit arts & culture organizations, community groups, businesses, private individuals etc.). This project will help secure a programmatically diverse, culturally relevant, and financially stable future for the Tennessee Theatre.

Please send completed application to: Michele Hummel, at mhummel@downtownknoxville.org Applications submitted without maps, drawings and budgets will not be accepted.

BOARD OF DIRECTORS' MEETING

➡ MINUTES

JUNE 17, 2024, 11:30 AM

The Board of Directors of Downtown Knoxville Alliance met on Monday, June 17, 2024, at 5:00 pm at 17 Market Square, Knoxville, TN.

Board members present included board chair, Matthew DeBardelaben, Chip Barry, Natalea Cummings, Vince Fusco, Lorie Matthews, and, Adrienne Webster. DKA and Knoxville Chamber staff in attendance included: Callie Blackburn, Michele Hummel, and Robin Thomas.

I. Welcome

Matthew DeBardelaben welcomed everyone and called the meeting to order.

II. Minutes

Matthew DeBardelaben called for approval of the minutes from the May board meeting. Adrienne Webster made a motion to approve the minutes. Natalea Cummings seconded the motion, which was unanimously approved by the board.

III. Committee Reports

A. Development Committee

The Development Committee met on April 25 to review three grant applications. The Board reviewed the applications and recommendations at the May board meeting. The committee made a recommendation in the form of a motion to the Board to approve the following projects in one payment after the completion of their project:

YWCA: \$250,000
Art & Culture Alliance/Emporium: \$200,000
Tennessee Theatre \$300,000

With the following contingencies:

- If there is a sizable deviation from the project that was presented to DKA, the applicant must come back to DKA. This includes the staircase for the YWCA project, the activated space under the Jackson Ave viaduct for the Emporium project, and the exterior renovation of 612 S Gay Street for the Tennessee Theatre project.
- Projects must be completed by July 2026, if not the applicant can return to DKA to discuss a possible extension.
- As with all development grants, the project will be paid after completion once the applicant provides paid receipts showing the work for the exterior renovations, which must be submitted that are equal to or more than the approved grant.
Funding is recommended:
- \$100,000 from this year's Development Grant funds
- \$650,000 from cash reserves

The three applicants made a presentation to the board. Per DKA's policy, a grant over \$50,000 must be reviewed at one board meeting and voted upon at the following board meeting.

YWCA: Lorie Matthews seconded the motion from the committee and the board approved the grant as requested for \$250,000.

Art & Culture Alliance: Natalea Cummings seconded the motion from the committee and the board approved the grant as requested for \$200,000.

Historic Tennessee Theatre Foundation: Adrienne Knight-Webster seconded the motion from the committee and the board approved the grant as requested for \$300,000.

B. Quality of Life

The Quality of Life Committee met on May 30 and reviewed several sponsorship opportunities.

A recommendation was made to the board in the form of a motion to approve the following:

- Art in Public Places – Sculptures \$10,000
- Art in Public Places – Mural Program \$15,000

Chip Barry seconded the motions to approve the recommendations as requested, which was unanimously approved.

The committee also discussed the need to clean Market Square Parking Garage. The garage is the most frequently used garage downtown and it is hard to keep clean. PBA has the garage power washed twice a year. The cost to clean the garage is \$1600. A recommendation is coming to the board in the form of a motion to pay for two cleanings so the garage is cleaned every quarter, two by DKA and two by PBA. Chip Barry seconded the motion, which was approved by the board.

IV. Staff Report

Staff presented their report, which provided an update on activities from the previous month. The full reports were included in the agenda packet.

V. Old Business

There was no Old Business.

VI. Public Forum

There was no Public Forum.

VII. Adjournment

With no other business, the meeting was adjourned.

Secretary



Funding Request: The Maker Space Scholarship Program

Submitted by: *The Maker City, an initiative of the Knoxville Entrepreneur Center*

Purpose: To support the growth and visibility of Knoxville's creative economy through public-facing maker initiatives in Downtown Knoxville.

Overview

The Maker City is launching the **Maker Space Scholarship** in 2026, a program designed to strengthen Knoxville's creative ecosystem by connecting local makers with the tools, space, and business education they need to thrive. The scholarship expands public access to cultural and economic activity by enhancing downtown maker spaces into visible, active hubs of creativity and entrepreneurship. The program is created to be sustainable and replicated for years to come.

Community Benefit & Alignment with DKA Priorities

Promotion and Marketing:

The program will generate citywide promotion of Knoxville's creative talent through storytelling, open-house events, and a culminating exhibition at Maker Exchange. The year-long campaign will feature scholarship recipients and their host maker spaces as key examples of how Downtown Knoxville supports innovation and small-business growth.

Cultural Enhancement & Recreation:

Through quarterly open houses and the final public showcase, the program invites residents and visitors downtown to experience art, design, and fabrication in progress. These accessible, hands-on events celebrate creativity as part of downtown's cultural fabric and offer recreational engagement for the community.

Business Development & Retention:

Each participating maker will receive business mentorship through the Knoxville Entrepreneur Center, helping them transition from home-based creators to sustainable small businesses. This program strengthens the pipeline of creative enterprises that occupy and activate downtown commercial spaces, directly contributing to retention and recruitment goals.

Public Outcomes

- 4–6 makers annually hosted in downtown-accessible maker spaces
- 3–4 public open-house events and one culminating gallery show
- Marketing campaign featuring makers across social, digital, and partner media channels

- Increased foot traffic to downtown creative spaces and local businesses
- A measurable increase in maker business sustainability and visibility

Request

We request **funding support from Downtown Knoxville Alliance** to underwrite the public programming, marketing, and community engagement components of the Maker Space Scholarship. This investment will directly support Downtown Knoxville's goals of promoting local culture, fostering small-business growth, and creating experiences that draw residents and visitors to the heart of our city.

The Maker City
Maker Scholarship Program Proposed Budget

REVENUE	
Sponsorships Proposed	
<i>Downtown Knoxville Alliance</i>	<i>\$30,000</i>
<i>Axle</i>	<i>\$5,000</i>
<i>Boyd Family</i>	<i>\$5,000</i>
<i>Arrowmont</i>	<i>\$5,500</i>
*Total Revenue:	\$45,500
EXPENSES	
KEC	
Education + Mentorship	\$5,000
Program & Event Production	\$5,000
Cole Lyles - video production	\$3,500
Photography	\$2,000
Maker Space Business Support	\$20,000
<i>Mighty Mud</i>	<i>\$3,600</i>
<i>West Fifth</i>	<i>\$1,500</i>
<i>Relay Ridge</i>	<i>\$1,200</i>
<i>Able Trade</i>	<i>\$7,500</i>
<i>ACA</i>	<i>n/a</i>
<i>Sunday Studios</i>	<i>\$3,600</i>
<i>Candoro</i>	<i>\$2,000</i>
<i>Base (business support)</i>	<i>\$2,000</i>
<i>Aught (business support)</i>	<i>\$2,000</i>
Total Expenses:	\$35,500

*Any additional revenue will directly impact the number of accepted makers.