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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning, 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C THE KEENE DOWNTOWN GROUP, PO BOX 189, KEENE, NH 03431. D Employer identification number 20-2555584. E Telephone number (603) 357-7698. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash, [ ] Accrual. Other (specify)

I Website: WWW.KEENEDOWNTOWN.COM

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

J Tax-exempt status (check only one) - [X] 501(c) ( 6 ) (insert no), [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 26,844.

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

Table with 21 rows for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp from Ogden, UT dated OCT 04 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for balance sheet items: Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

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

Form 990-EZ (2009)

Handwritten initials '25 GS'

SCANNED OCT 19 2010

<b>Part III</b> Statement of Program Service Accomplishments (See the instructions.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>SEE STATEMENT 2</b>	(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
<b>28</b> <u>SEE STATEMENT 3</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>
<b>29</b> _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>
<b>30</b> _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>
<b>31</b> Other program services (attach schedule)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARK REBILLARD 26 TAYLOR STREET KEENE, NH 03431	CHAIRMAN 0	0.	0.	0.
CINDY STERLING CLARK 7 MAIN STREET, SUITE 7 KEENE, NH 03431	TREASURER 0	0.	0.	0.
CINDY STEWART 77 MAIN STREET, PO BOX 77 KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
KAREN LYLE 18 MAIN STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
NANCY PETRILLO 19 GILBO AVE. KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
CHRIS DRAKE 44 MAIN STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
ROGER WEINREICH 114 MAIN STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
PETER POANESSA 690 COURT STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
PABLO FLEISHMANN 79 EMERALD STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
BRUCE WICHLAND 105 MAIN STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
TED MCGREER 115 MAIN STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.
CAROL BATCHELDER 76 RAILROAD STREET KEENE, NH 03431	DIRECTOR 0	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <u>38b</u> N/A		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 <u>39a</u> N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities <u>39b</u> N/A		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> <u>N/A</u> , section 4912 <b>▶</b> <u>N/A</u> , section 4955 <b>▶</b> <u>N/A</u>		
<b>40b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>40e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b> <u>NH</u>		

**42a** The organization's books are in care of **▶** CINDY STERLING Telephone no **▶** (603) 357-7698  
 Located at **▶** 7 MAIN STREET, SUITE 7 KEENE NH ZIP + 4 **▶** 03431

		Yes	No
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <b>▶</b> _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.**

<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country <b>▶</b> _____		X
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**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43 N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** 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.

*Cindy Sterling Clark* Date 9/23/10  
 Signature of officer Date

**CINDY STERLING CLARK** **TREASURER**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature *Belinda S Ostry, CPA, MST* Date 5/17/10  
 Firm's name (or yours if self-employed), address, and ZIP + 4 **LEHMAN, WILKINSON & OSTER PC**  
**86 WEST ST, PO BOX 623**  
**KEENE, NH 03431**

Check if self-employed  Preparer's Identifying Number (See instructions) **N/A**

EIN ▶ **N/A**  
 Phone no ▶ **(603) 352-4500**

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

## THE KEENE DOWNTOWN GROUP

20-2555584

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BUY LOCAL EXPENSES	\$	2,841.
CONFERENCES, CONVENTIONS, AND MEETINGS		15.
CRUZZIN EXPENSES		7,646.
INSURANCE		1,704.
KSC COUPON EXPENSES		500.
MEMBERSHIP EXPENSES		856.
MUSIC FESTIVAL EXPENSES		6,869.
OTHER EVENT EXPENSES		128.
SUPPLIES		144.
WEBSITE		3,500.
TOTAL	\$	<u>24,203.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE KEENE DOWNTOWN GROUP IS ORGANIZED EXCLUSIVELY AS A BUSINESS LEAGUE TO PROMOTE THE VITALITY AND VIBRANCY OF DOWNTOWN KEENE, NH, SO THAT BUSINESSES FLOURISH, VISITORS RETURN, AND CITIZENS LIVE, SHOP, RECREATE AND SOCIALIZE. THE OVERALL PURPOSE IS TO ENHANCE THE VITALITY OF THE DOWNTOWN KEENE, NH AREA; TO WORK TOGETHER AS A COHESIVE TEAM OF MERCHANTS, BUSINESS OWNERS, PROPERTY OWNERS, RESIDENTS, AND INVOLVED COMMUNITY ACTIVISTS; TO POOL RESOURCES, ENERGY, TIME AND TALENTS; TO FOSTER AN ATMOSPHERE THAT NOURISHES AND PROMOTES CREATIVE ACTIVITIES AND COMMERCIAL AND RECREATIONAL EVENTS; AND TO CONTRIBUTE TO THE ECONOMIC SUCCESS OF THE GROUP, ITS MEMBERS, LOCAL BUSINESSES, COMMUNITY ORGANIZATIONS, AND THE DOWNTOWN NEIGHBORHOOD.

**STATEMENT 3**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ANNUAL EVENTS ARE HELD TO ENHANCE THE VITALITY OF THE DOWNTOWN KEENE, NH AREA. THESE THEMED EVENTS ARE SPREAD THROUGHOUT THE YEAR AND ARE DESIGNED TO BRING TRAFFIC INTO THE DOWNTOWN KEENE, NH AREA. THE TWO PRIMARY EVENTS IN 2009 WERE CRUZZIN AND THE MUSIC FESTIVAL. TWO ADDITIONAL PROMOTIONS TO THE DOWNTOWN KEENE, NH AREA ARE THE KSC COUPON BOOK AND BUY LOCAL.