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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	ne 2009 ca	alendar	year, or tax year beginning , 20	09, and ending	9		, 20		
В	Check if	applicable	Please	C Name of organization Committee For Downtown Ya	akima		DΕ	mployer ide	ntification r	umber
		s change	use IRS label or	Doing Business As			1 2	20 :	257883	1
	Name o	-	print or	Number and street (or P O box if mail is not delivered to street address	s) Room/suit	te	E T	elephone nu	mber	
	initial re	_	type. See	Post Office Box 881			(5	09)	225-248	5
	Termina		Specific instruc-	City or town, state or country, and ZIP + 4	- L					
_			tions	Yakima, WA 98907-0881			G G	ross receipts	\$ 348.1	09.90
_		ed return	F Nan	ne and address of principal officer James E. Stickel, Pre	ocidont			•		
Ш	Applicati	on pending		· · · · · · · · · · · · · · · · · · ·	esident	1 ' '	• .	p return for affil	_	☑ No
_	T			Cedar Lane, Selah, WA 98942					ed? ∐Yes	
÷		empt status		601(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				•	ee instructio	ns)
<u>J</u>				/ntownyakima.com				ion number		
K			<u>`</u>	oration ☐ Trust ☐ Association ☐ Other ► ☐ L	. Year of formation	on: 2003	M St	ate of legal	domicile W	<u> </u>
Р	art I	Summ	nary	the Address at the second seco						
	1			the organization's mission or most significant active nd ongoing health of the urban core of Yakima, \	·	courage ar			the	
2010 Governa				☐ if the organization discontinued its operations or disposed of						
~ હે	1					or its net ass	eis.	a		40
ته دت	1			ig members of the governing body (Part VI, line 1a			· -	3		18
JUN 0 Activities	1			pendent voting members of the governing body (P	art VI, line 1b)	· -	4		18
≊ ≩	5	Total nur	mber of	employees (Part V, line 2a)				5		10
JUN 0 3 Activities & G	6	Total nur	nber of	volunteers (estimate if necessary)				6		30
				elated business revenue from Part VIII, column (C),	line 12		. –	7a		0.00
뭐	b	Net unre	lated bi	usiness taxable income from Form 990-T, line 34.	· · · · · · · · · · · · · · · · · · ·	<u></u>		7b		0.00
シ					<u> </u> _	Prior Yo	еаг		Current Yea	ır
OCANINED Revenue	8	Contribu	tions ar	nd grants (Par VIII, the 1h)	L	269	9,238	.36	339,5	96.95
	9	Program	service	revenue (Part VIII, Inte 26) EIVED						
3 %	-	Investme	ent inco	me (Part VIII, column (A), lines 9, 4, and 7d)	· · · · [
ñ Œ	11	Other rev	venue (1	Part VIII column (A) lines 5 6d 8c 9c 100 and 1	11e)				6.2	55.61
	12	Total reve	enue – a	Part VIII, column (A), lines 5, 6d, 8c, 9c, 162, and 1 dd lines 8 through 11 (must equal PanyVIII, column (A). line 12)	269	9,238	.36		52.56
				lar amounts paid (Rart IX, column (A), lines 1-3).	··				<u> </u>	
						•				
8	14	benenis	paid to	or for members (Part X) Extrem Ar line 4		123	3.224	12	208.6	90.25
SE				ompensation, employee benefits (Patt IX) column (A), lii		12.	J,ZZ-7	.72	200,0	30.23
Expenses	I .			draising fees (Part IX, column (A), line 11e)	· · · -			_		
ű			-	expenses (Part IX, column (D), line 25) ▶						
	17	Other ex	penses	(Part IX, column (A), lines 11a-11d, 11f-24f)	-		2,100			48.34
				Add lines 13-17 (must equal Part IX, column (A), I	line 25) 🖵		5,324			38.59
		Revenue	iess ex	penses. Subtract line 18 from line 12		(16	<u>,086.</u>	16)	23,2	<u>13.97</u>
- o 1					Le	eginning of C	urrent	Year	End of Year	
Assets Batand	20	Total ass	ets (Pa	rt X, line 16)	L	16	<u>3,275</u>	.88	67,8	19.46
A S	21		•	Part X, line 26)		4	1,250	.34	32,4	76.05
Net A Fund	22			nd balances. Subtract line 21 from line 20	T	12	2,025	.54	35,3	43.41
	art II	Sign	ature	Block						
				penury, I declare that I have examined this return, including acco	mpanying schedu	les and stater	ments,	and to the b	est of my kn	owledge
		and belie	ef, it is) u	e, correct and complete Deglaration of preparer (other than office	cer) is based on a	all information	of whi	ch preparer	has any kno	wledge
e:	•••	1		For Baule, TREASU	PFR	1	51	6/10		
Sig	-	L Suda	ature of c		<u>~~</u>	Dat	/			
He	re	1, 3,90			URER		.0			
					DUNEL		_			
_		Type	or print	name and title	. Ick	l£				
		Preparer'		Da	ite Che	eck if		rer's identify: istructions)	ng number	
Paid	4	signature	• 🖊		emp	oloyed ▶ 🔲	(300 "	150 0000115)		
	parer's	l								
		rirm s na		ours		EIN	•			
USE	Only	if self-em address.	ipioyed), and ZIP	+ 4 🗸		Phone n	0 1)		
Ma	y the			return with the preparer shown above? (see instru	uctions)				Yes	No
						Coh Maria		· · · · · ·	Form 990	
FOR	PHVA	cv Act an	a raber	work Reduction Act Notice, see the separate instruct	IONS.	Cat No 11	1282Y		rorm 550	(2009)

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

913-14

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To encourage and strengthen the revitalization and ongoing health of the urban core of the City of Yakima, Washington
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Clean & Safe Program — Under contract with the City of Yakima and with the additional support of assessments paid by proprty and business owners in a downtown PBIA (Parking and Business Improvement Area), CDY cleans sidewalks, sweeps curb gutters, removes graffiti, and otherwise mantains the common downtown infrastructure
	daily. During this process, the CDY "purple shirt" maintenance workers also look for signs of illegal activity and
	notify the city police department when necessary.
	······································
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Flowers & Plantings CDY plants and maintains 300+ hanging baskets, all street level flower and shrub beds, corner concrete planters, and pocket green spaces in the city's urban core with boundaries as defined in the PBIA.
	·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Downtown Revitalization Coordination CDY helps business owners with advice on marketing, building and sign
	design, and anything to improve the business climate in the area. CDY also partners in downtown event planning to attract people to the area, sponsors a First Friday evening event monthly for downtown promotion, and serves
	as an umbrella organization to assist and support all downtown planning and downtown project implementation.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Par	Checklist of Required Schedules			
		لـــــا	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	<u> </u>
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	نــــا	✓

Pai	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24 a	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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3) and 501(c)(4) 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		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		\
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	Statements Regarding Other IRS Filings and Tax Compliance	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable L1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		*
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		✓
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		لــــا
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			,
	amounts due or received from them.)			<u> </u>
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	√
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1	
_	The governing body?	8a 8b	1	
Þ	Each committee with authority to act on behalf of the governing body?	00	•	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the International Control of the International			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	V	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		1
40	describe in Schedule O how this is done	13		7
13	Does the organization have a written whistleblower policy?	14		7
14	Does the organization have a written document retention and destruction policy?			Ť
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		1
h	Other officers or key employees of the organization	15b		✓
J	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>		ļ
	the organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request	,		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inte	erest	
	policy, and financial statements available to the public.		8 Ab -	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization. John A Baule, Treasurer, 2105 Tieton Drive, Yakima, WA 98902 509-248-0747	rus o	ı ıne	
	organization, F. Townstanding and T. Control of the			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	ompensate	any d	curr	ent	offi	cer, c	lirec	tor, or trustee		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	k Key employee	that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
James Stickel, President	10	1		1				0	0	0
Douglas Picatti, Vice-President	10	1		1				0	0	0
John A Baule, Treasurer	15	1		1				0	0	0
Victor DeLong, Trustee	5	1						0	0	0
Chris Malland, Trustee	5	1						0	0	0
Elizabeth McGree, Trustee	5	✓						0	0	0
Mike Morrisette, Trustee	5	√						0	0	0
George Pechtel, Trustee	5	1						0	0	0
John Cooper, Trustee	5	→						0	0	0
Bertha Garza, Trustee	5	1						0	0	0
Barbara Greco, Trustee	5	✓						0	0	0
Larry Hull, Trustee	5	\						0	0	0
Craig Rath, Trustee	5	√			-			0	0	0
Jack Cannon, Trustee	5	√				_		0	0	0
Kim Hixson, Trustee	5	→						0	0	0
Joe Mann, Trustee	5	√						0	0	0

Pai	t VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ontinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average	Positi	on (chec	k all	that ap	ply)	Reportable	Reportable	Estimated
		hours per week	악전	Ins	Officer	<u>\$</u>	8분	Ę	compensation from	compensation from related	amount of other
			Individual trustee or director	Institutional trustee	ğ	Key employee	T es	Former	the	organizations	compensation from the
			학활	ona		탕	8 2		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
			l st	ã		è	mg				and related
			8	stee			Highest compensated employee				organizations
				_			<u>e</u>				
Mik	e McMurray, Trustee	5	_				1		o	o	0
	1000		✓		<u> </u>	_		_			
Rog	jer Wilson, Trustee	5							o	o	0
5-	int Mallahar Diseases		✓		ļ	<u> </u>		L		_	
Dan	iel Kelleher, Director	35							39,219.18	o	0
				<u> </u>	-	✓					-
				<u> </u>	├-	<u> </u>		H			<u> </u>
			 	├—	┢	H		-			<u> </u>
			-		├	├	-			-	
						l					
				-	┢	┝	-	-			
			_	-	-	-	 				
-					┝	┢	_	\vdash			
			_		┢			Н			
							ļ				
					<u> </u>						
1b	Total							>	39,219.18	0	0
2	Total number of individuals (including but i	not limited	to the	ose	list	ed a	above) wi	no received mo	ore than \$100,0	00 in
	reportable compensation from the organization	ation > 0									
											Yes No
3	Did the organization list any former office	r, director	or tru	uste	e, k	cey	emple	oye	e, or highest o	ompensated	
-	employee on line 1a? If "Yes," complete S										3 🗸
4	For any individual listed on line 1a, is the s	sum of repo	ortabl	ес	omr	ens	sation	and	d other compe	nsation from	
	the organization and related organizations	greater tha	an \$15	50,0	000	If "	'Yes,"	coi	mplete Schedu	le J for such	
	ındıvıdual				•						4 /
5	Did any person listed on line 1a receive	or accrue	comp	en:	sațı	on 1	from	any	unrelated org	anization for	F
_	services rendered to the organization? If "	Yes," comp	olete .	Scn	eau	ie J	for s	uch	person	· · · ·	5 /
-	ction B. Independent Contractors										00 000 of
1	Complete this table for your five highest or compensation from the organization.	ompensate	ea ina	epe	ende	erit (contra	icio	rs that receive	u more man pr	00,000 01
	_ 							Г			(0)
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
NO	NE							\vdash	<u>-</u>		
140	IVE							1-			
								\vdash			
								T		-	
								1			
2	Total number of independent contractors (i	ncluding b	ut not	lım	uted	l to	those	list	ed above) who	received	
-	more than \$100,000 in compensation from										

Par	t VII	Statement of Revenue			· · · · · · · · · · · · · · · · · · ·	I	
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
tions, git r similar	е	Related organizations 1d Government grants (contributions).	12,338.05				
contribution	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	327,258.90				
	<u> h</u>	Total. Add lines 1a-1f	Business Code	339,596.95	-		
Program Service Revenue	2a		Business Code				
9	i .						
Ē	d				· · ·		
E	٩						-
Progra		All other program service revenue . Total. Add lines 2a–2f	▶				
	3	Investment income (including dividends, other similar amounts)	interest, and				
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties	(ii) Personal				
	62	Gross Rents	(ii) i cissinai				
	i .	Less rental expenses					
	ŀ	Rental income or (loss)					
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of assets other than inventory	(ii) Other		;		
	ь	Less cost or other basis and sales expenses .					
		Gain or (loss)	•				
venue	8a	Gross income from fundraising events (not including \$					
Other Re		See Part IV, line 18 a	8,512.95				
the	ь	Less: direct expenses b	2,257.34				
0	C	Net income or (loss) from fundraising even	ents 🕨	6,255.61	6,255.61		
		Gross income from gaming activities See Part IV, line 19 a					
		Less: direct expenses b Less: Net income or (loss) from gaming activiti	es ▶				
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
	ြင	Net income or (loss) from sales of inventor Miscellaneous Revenue	y ▶ Business Code			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	44-		Busiless Code			·	<u> </u>
	C						
	_	All other revenue					
	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		345,852.56			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete con	unin (A) but are no	required to comp	nete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	<u>†</u>			
4	Benefits paid to or for members	-			·
5	Compensation of current officers, directors, trustees, and key employees	39,219.18		39,219.18	
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	137,241.68	123,517.51	13,724.17	-
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	15,787.88	11,403.59	4,384.29	
10	Payroll taxes	16,441.51	12,867.59	3,573.92	
11	Fees for services (non-employees):				
а	Management				
	Legal				
С	Accounting	3,600.00		3,600.00	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	9,764.25	6 227 02	3,536.33	
12	Advertising and promotion	9,764.25	6,227.92 967.66	8,999.26	
13	Office expenses	1,011.70	907.00	1,011.70	
14	Information technology	1,011.70		1,011.70	
15 16	Royalties	889.67		889.67	
16 17	Occupancy				
			****		· - ·- ·- ·- ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,935.79		2,935.79	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				····
23	Insurance	2,709.69	_	2,709.69	
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Equipment Purchase	6,877.82	6,877.82		
b	Equipment Fuel, Repair, Storage	3,780.79	3,780.79		
С	New Director Search/Moving Expense	10,579.64		10,579.64	
d	Flowers & Planters	29,770.49	29,770.49		
е	Clean & Outdoor Beautification Supplies	32,061.58	32,061.58	40 570 04	
f 25	All other expenses	83,070.32	72,490.68	10,579.64 95,163.64	
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	322,638.59	227,474.95	95,103.04	
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16,275.88	1	17,009.48
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 50,809.98			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	50,809.98
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,275.88	_	67,819.46
	17	Accounts payable and accrued expenses		17	
	18	Grants payable ,	·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key			
ā		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L	4 050 04	22	04.404.00
	23	Secured mortgages and notes payable to unrelated third parties	4,250.34	23	31,434.98
	24	Unsecured notes and loans payable to unrelated third parties		24 25	4 044 07
	25 26	Other liabilities. Complete Part X of Schedule D	4,250.34		1,041.07 32,476.05
es Se	20	Organizations that follow SFAS 117, check here ▶ □ and	4,200.54	20	32,470.03
Š		complete lines 27 through 29, and lines 33 and 34.	12,025.54	27	35,343.41
ala	27	Unrestricted net assets	12,023.34	28	33,343.41
8	28	Temporarily restricted net assets		29	
Š	29	Permanently restricted net assets		23	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
,SS(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	07.040 ***
Ž	33	Total net assets or fund balances	12,025.54	33	35,343.41
	34	Total liabilities and net assets/fund balances	16,275.88	34	67,819.46

_	4	^
Page	- 1	_

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗀 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

Name of the organization 20 : 2578831 Committee For Downtown Yakima Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) . Aggregate value at end of year . . . 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? ☐ Yes ☐ No 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat 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 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **•** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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: 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 SFAS 116 relating to these items:

Dage	2
raue	4

Par	t III Organizations Maintaini	ing Collections	of Art, Hi	istorica	Treasures	, or C	ther Similar	Assets (contin	ued)
3	Using the organization's acquisition collection items (check all that appli	, accession, and o y):	other reco	rds, che	ck any of the	e follov	ving that are a	significal	nt use	of its
а	Public exhibition		đ		oan or excha					
b	Scholarly research		е	□ 0	ther					
С	Preservation for future general									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ained as p	art of the	organization	's coll	ection?] No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	Is the organization an agent, trusted included on Form 990, Part X?					ons or	other assets	not 🔲 🕆	Yes [] No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	g table:	_		A .		
						-	 	Amount		
С	Beginning balance					. <u>1c</u>				
d	Additions during the year						T			
е	Distributions during the year					. <u>1e</u>				
f	Ending balance					. <u> 1f</u>				1
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.							Yes ∟	J No
Par	t V Endowment Funds. Co								U. our years	hl-
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years ba	ick (e) Fo	ur years	раск
1a	Beginning of year balance						 			
b	Contributions	_								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				 			_		
е	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of	of the year end ba	lance held	d as [.]						
а	Board designated or quasi-endown	nent ▶	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶ %	ó								
3a	Are there endowment funds not in th	e possession of th	ne organiza	ation tha	t are held an	d adm	inistered for th	е		- NI -
	organization by:							<u> </u>	Yes	NO
	(i) unrelated organizations							. 3a(i		
								. 3a(i		
	If "Yes" to 3a(ii), are the related organization							. <u>L3b</u>		
4 Par	Describe in Part XIV the intended us					art V	lino 10			
Par	·, · · · ·									
	Description of investment	(a) Cost or of (investment)			st or other s (other)		Accumulated epreciation	(d) Bo	ook value	•
1a	Land									
b	Buildings									
С	Leasehold improvements									
е_	Equipment				50,809,98		0		50,80	9.98
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10(c)	.)	▶		50,80	9.98

Part VII Investments—Other Securities	See Form 990 Part X	line 12	rage U
(a) Description of security or category	(b) Book value	(c) Method of value	ation
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Related	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
7.00			
	v		
<u> </u>			
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part	rt V lino 15	<u> </u>	
Other Assets. See Form 990, Par	(a) Description	-	(b) Book value
	·····		
			
			<u>. </u>
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Total. (Column (b) must equal Form 990, Part X, col. (<u> ▶</u>	<u> </u>
Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(b) Amount	1	
Federal income taxes	1.041.07	7	
	7011101	7	
		_	
		_	
		\dashv	
		\dashv	
		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1,041.07		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009			Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tatem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Comb	oine lines 3 and 9	10	
Pai	t XII Reconciliation of Revenue per Audited Financial Sta	atements With Revenu		Return
1	Total revenue, gains, and other support per audited financial statement	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		į	
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2		
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIV.)	2d		-
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1
а	Investment expenses not included on Form 990, Part VIII, line 7b .	1 4. 1		
b	Other (Describe in Part XIV)		- -	
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
5 Dat	t XIII Reconciliation of Expenses per Audited Financial St			r Peturn
		atements with Expen	363 pc	Teturi
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a	Donated services and use of facilities		┪	
b	Prior year adjustments	2c	_	
C	Other losses	2d	_	
d	Other (Describe in Part XIV.)		2e	
e	Add lines 2a through 2d		3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	_	
4	Investment expenses not included on Form 990, Part VIII, line 7b.	_{4a}	l	
a b	Other (Describe in Part XIV.)	4b	7	
-	Add lines 4a and 4b		4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I. line 18.)	5	
Par	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5	, and 9; Part III, lines 1a a	nd 4; P	art IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4l			
this	part to provide any additional information.			
				
. .				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Committee For Downtown Yakima

Supplemental Information to Form 990

2009

2578831

Employer identification number

20

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Part VI, Line 11A Form 990 is prepared by the corporate treasurer. It was presented and discussed at the
discussed at the May 5, 2010 Board of Trustees meeting, where it was compared with the financial reports presented.
at the monthly meetings. No discrepancies were found. A copy was then filed with the treasurer and a second copy
at the CDY office. All financial records are open for review at any time.
Part VI, Line 19 All financial records, conflict of interest policy, board minutes, and governing documents are
available upon request through either the CDY office or the Board Treasurer. Notification of such availability is on
the organizational website and is in organizational promotional materials.