



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

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 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. 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 and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP. D Employer identification number: 34-1323220. E Telephone number: 216-344-3937. F Group Exemption Number.

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.WAREHOUSEDISTRICT.ORG

J Tax-exempt status (check only one) - [X] 501(c) (3) (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. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. \$ 283,402.

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. Revenue total: 256,629. Expenses total: 232,841. Net assets at end of year: 436,081.

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 (See the instructions for Part II)

Table with 27 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 440,012. Total liabilities: 3,931. Net assets: 436,081.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	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		
a	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	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
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		X
c	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 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	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
41	List the states with which a copy of this return is filed ▶ OH		
42a	The organization's books are in care of ▶ THOMAS YABLONSKY Telephone no ▶ 216-344-3937 Located at ▶ 614 W. SUPERIOR AVE, #680, CLEVELAND, OH ZIP + 4 ▶ 44113-1306		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
		42b	X
c	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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	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

THE HISTORIC WAREHOUSE DISTRICT
DEVELOPMENT CORP.

Form 990-EZ (2009)

34-1323220 Page 4

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 |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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 & deferred compensation	(e) Expense account and other allowances
NONE				

- 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
NONE		

- 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.

Signature of officer: Thomas Yablonsky Date: 10/8/10

Type or print name and title: Thomas Yablonsky, Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 10-6-10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BARNES WENDLING CPAS INC. 5050 WATERFORD DRIVE SHEFFIELD VILLAGE, OHIO 44035

EIN: _____ Phone no: (440) 934-3850

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.** Employer identification number **34-1323220**

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

THE HISTORIC WAREHOUSE DISTRICT

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,000.	194,891.	202,500.	260,677.	268,483.	1089551.
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	163,000.	194,891.	202,500.	260,677.	268,483.	1089551.
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)						23,524.
6 Public support. Subtract line 5 from line 4						1066027.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	163,000.	194,891.	202,500.	260,677.	268,483.	1089551.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,248.	3,298.	6,152.	4,754.	4,987.	21,439.
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 IV.)	58,117.	27,292.	833.	1,327.	260.	87,829.
11 Total support. Add lines 7 through 10						1198819.
12 Gross receipts from related activities, etc. (see instructions)					12	21,339.
13 First five 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 2009 (line 6, column (f) divided by line 11, column (f))	14	88.92	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	84.56	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

**THE HISTORIC WAREHOUSE DISTRICT
DEVELOPMENT CORP.**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HOLIDAY TOUR	WINE EVENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	28,818.	19,075.	13,089.	60,982.
	2	Less: Charitable contributions	25,000.	15,960.	10,350.	51,310.
	3	Gross income (line 1 minus line 2)	3,818.	3,115.	2,739.	9,672.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	11,014.	8,621.	7,138.	26,773.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(26,773)
	11	Net income summary. Combine line 3, column (d), and line 10				-17,101.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

THE HISTORIC WAREHOUSE DISTRICT

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MISCELLANEOUS SUPPLIES	1,251.
TRAVEL AND ENTERTAINMENT	1,098.
OFFICE EXPENSES	4,174.
INSURANCE	2,971.
INTEREST	3,383.
PROGRAM EXPENSES	481.
	33,366.
TOTAL TO FORM 990-EZ, LINE 16	46,724.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	229,753.	244,140.
INVESTMENT IN SUBSIDIARY	500.	500.
OTHER DEPRECIABLE ASSETS	454.	0.
TOTAL TO FORM 990-EZ, LINE 24	230,707.	244,640.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	26,473.	2,653.
ACCRUED EXPENSES	1,685.	1,278.
TOTAL TO FORM 990-EZ, LINE 26	28,158.	3,931.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	454.
OTHER EXPENSES	4,913.
TOTAL TO FORM 990-EZ, LINE 14	5,367.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES BEHRENS, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	SECOND VICE PRESIDENT 1.00	0.	0.	0.
WILLIS BOYER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
RICK CASSARA, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
SANDY COAKLEY, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
MARIBETH FEKE, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	FIRST VICE PRESIDENT 1.00	0.	0.	0.
SAMANTHA GALE, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
WILLIAM GOULD, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
MIKE GRAHAM, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
DAVID HARTT, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	CHAIR 1.00	0.	0.	0.
TRACY ANN JANUSKA, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
TOMMY KNEELAND, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
HOWARD LANDAU, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
MICHAEL CARNEY, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
GINA LATIMER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.

THE HISTORIC WAREHOUSE DISTRICT DEVELOPM

34-1323220

DAVID LEHMER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
SHELDON LEWIN, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TREASURER 1.00	0.	0.	0.
CHIP MAROUS, JR, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
COSTAS MAVROMICHALIS, 614 W. SUPERIOR AVE, CLEVELAND, OH	TRUSTEE 1.00	0.	0.	0.
TERRY MCSWEENEY, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
CARL MONDAY, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
BRUCE MORRISION, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
BARRY NELSON, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
RYAN OLMAN, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
RICHARD PARKER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
ROBERT RAINS, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
JONATHAN SANDVICK, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
GEORGE SCHINDLER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
RICH SENSENBRENNER, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
PAUL SHAIA, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
RICHARD SHEEHAN, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	SECRETARY 1.00	0.	0.	0.
DIANA SHULSKY, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.

THE HISTORIC WAREHOUSE DISTRICT DEVELOPM

34-1323220

ZDENKO ZOVKIC, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	TRUSTEE 1.00	0.	0.	0.
LEE CHILCOTE, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	EMERITUS 1.00	0.	0.	0.
JOHN COYNE, 614 W. SUPERIOR AVE, CLEVELAND, OH 44113-1306	EMERITUS 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORPORATION STRIVES TO STIMULATE, COORDINATE AND STRENGTHEN SUCCESSFUL, QUALITY REINVESTMENT IN THE DISTRICT. ITS GOAL IS TO CREATE AND SUSTAIN AN EXEMPLARY RESIDENTIAL, COMMERCIAL AND RETAIL NEIGHBORHOOD IN THE HEART OF THE CITY THROUGH ACTIVE AND COMMITTED PARTNERSHIP WITH NEIGHBORHOOD, BUSINESS, CIVIC AND GOVERNMENT LEADERS.

ANNUAL EVENTS

HOLIDAY LUNCHEON - SHOWCASES THE NEIGHBORHOOD BY PROMOTING DOWNTOWN LIVING, RESTAURANTS, CLUBS, NEW DEVELOPMENTS AND OTHER POINTS OF INTEREST IN THE DISTRICT. THE FUNDS GENERATED FROM THE EVENT ARE USED FOR QUALITY REINVESTMENT IN THE HISTORIC WAREHOUSE DISTRICT. IN 2009, OVER 600 PEOPLE WERE IN ATTENDANCE.

4TH ANNUAL WAREHOUSE DISTRICT STREET FESTIVAL - A EXCITING COMMUNITY EVENT HELD ON WEST 6TH STREET IN THE HISTORIC WAREHOUSE DISTRICT. IN 2009, APPROXIMATELY 6,000 ATTENDEES ENJOYED LIVE ENTERTAINMENT, FANTASTIC FOOD, AN ART SHOW, CHILDRENS' ACTIVITIES, OPEN HOUSES OF RESIDENTIAL PROPERTIES, ARCHITECTURE TOURS, AND MORE. ADMISSION TO THE FESTIVAL IS ALWAYS FREE. THE PURPOSE OF THE FESTIVAL IS TO MAKE THE PUBLIC AWARE THAT THE HISTORIC WAREHOUSE DISTRICT IS A VIBRANT AND HEALTHY ENTERTAINMENT, COMMERCIAL, RETAIL AND RESIDENTIAL NEIGHBORHOOD IN DOWNTOWN CLEVELAND. IT SHOWCASES SOME OF THE FINEST RESTAURANTS, CLUBS, PROPERTIES AND RETAILERS IN THE CLEVELAND AREA, WHICH ARE LOCATED RIGHT IN THE HISTORIC WAREHOUSE DISTRICT. IT BRINGS PEOPLE DOWNTOWN TO THE WAREHOUSE DISTRICT FROM ALL OVER NORTHEAST OHIO, AS WELL AS CITY VISITORS.

ANNUAL HISTORIC WAREHOUSE DISTRICT HOLIDAY TOUR - IS A BENEFIT FOR THE HISTORIC WAREHOUSE DISTRICT THAT FEATURES GUIDED TOURS OF RESIDENTIAL PROPERTIES, RESIDENTS HOMES AND UNIQUE OFFICE SPACES. GUESTS MAY TOUR EXCITING SITES WITH A TOUR GUIDE OR ON THEIR OWN, AND ENJOY FOOD AND BEVERAGES FROM SOME OF THE BEST RESTAURANTS IN CLEVELAND. THE EVENING ENDS WITH A DESSERT FINALE AND LIVE ENTERTAINMENT.

THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORPORATION STRIVES TO STIMULATE, COORDINATE AND STRENGTHEN SUCCESSFUL, QUALITY REINVESTMENT IN THE DISTRICT. ITS GOAL IS TO CREATE AND SUSTAIN AN EXEMPLARY RESIDENTIAL, COMMERCIAL AND RETAIL NEIGHBORHOOD IN THE HEART OF THE CITY THROUGH ACTIVE AND COMMITTED PARTNERSHIPS WITH NEIGHBORHOOD, BUISNESS, CIVIC AND GOVERNMENT LEADERS.

Depreciation and Amortization 990EZ
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.**
 Business or activity to which this form relates: **FORM 990-EZ PAGE 1**
 Identifying number: **34-1323220**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	454.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	454.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**THE HISTORIC WAREHOUSE DISTRICT
DEVELOPMENT CORP.**

Form 4562 (2009)

34-1323220 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE HISTORIC WAREHOUSE DISTRICT DEVELOPMENT CORP.	Employer identification number 34-1323220
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 614 W. SUPERIOR AVENUE, NO. #680	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44113-1306	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THOMAS YABLONSKY

- The books are in the care of ▶ **614 W. SUPERIOR AVE, #680 - CLEVELAND, OH 44113-1306**
Telephone No. ▶ **216-344-3937** 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2009 or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.