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## Form **990**

**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 2009

N.Y.

Department of the Treasury Internal Revenue Service Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable HISTORIC DOWTOWN KENNEWICK PARTNERSHIP IRS label or print or type See 91-1452348 Address change P.O. BOX 6552 E Telephone number Name change KENNEWICK, WA 99336 509-586-1186 specific Instruc-Initial return Termination 344,222 Amended return G Gross receipts \$ F Name and address of principal officer H(a) is this a group return for affiliates X No Application pending Yes H(b) Are all affiliates included? No Same As C Above Yes If 'No,' attach a list (see instructions) Tax-exempt status |X| 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► historickennewick.org H(c) Group exemption number Form of organization X Corporation Trust Association L Year of Formation 1989 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities THE ORGANIZATION WAS CREATED FOR THE DEVELOPMENT, PRESERVATION, AND PROMOTION OF THE GEOGRAPHIC AREA. IN ADDITION IT Governance PROVIDES CULTURAL AND EDUCATIONAL PRGRAMS TO THE GENERAL PUBLIC If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from form 996 | me 34/c 0. Prior Year **Current Year** RS-OSC Contributions and grants (Part VIII, line 1h) 89,625 97,823. Program service revenue (Part VIII, line 2g) DEC 1 3 2010 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,088. 1,494. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c Total revenue – add lines 8 through 11 (must equal Part VIII) 11 29,929 35,978. 123,642 <u>line</u>] 12) 12 135,295 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 73,673 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 65,808. 16a Professional fundraising fees (Part IX, column (A), line 11e) 18,728. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,307 41,902. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 112,980. 107,710. 10,662. 27,585. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 136,199 199,923. 21 Total liabilities (Part X, line 26) 7,304. 584. F. F. Net assets or fund balances Subtract line 21 from line 20 128,895. 199,339. Part II Signature Block ed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is her than officer) is based on all information of which preparer has any knowledge. Sign Here Date MERRÍANNE DOOR President Type or print name and title Preparer's identifying number (see instructions) Check if Paid employed Preparer's signature 11/30/10 Pre-DONALD J. TAYLOR N/A parer's Thomas M. Owen CPA PI Firm's name (or Use yours if self-employed), address, and ZIP + 4 100 N Morain #202 N/A Only Kennewick, WA 99336 Phone no ► (509) 735-6323

May Re IRS discuss this return with the preparer shown above? (see instructions)

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

No

X Yes

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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_		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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		
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_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		x
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		Х
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	х	
•	• 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.			
•	<ul> <li>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</li> </ul>			
	• 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			
	<ul> <li>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</li> </ul>			_
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.  Yes No  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ı	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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		Х
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? If 'Yes,' complete Schedule F, Part III	16		Х
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		х
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	х	ļ
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_	<u> </u>	X

			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 17 If 'Yes,' complete Schedule I, Parts I and II	21		X
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
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, and 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$ If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		х

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Form 990 (2009)

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	guit i otatoiiio											
Information Returns Enter -0- If not applicable Enter the number of Forms WZG included in line 1a Enter -0- If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 a Enter the number of employers sported on Form W3, Trasmittal of Wage and Tax Statements, filed for the culteder year ending with rewishing the year covered by this return of the culteder year ending with rewishing the year covered by this return of the culteder year ending with rewishing the year covered by this return of the second on the 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 ab Uff the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 b Uff Yes, enter the name of the foreign country (such as a bank account, so of the financial account)?  4 a National file of 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)?  5 b Uff Yes, enter the name of the foreign country **  5 as Was the organization aparty to a prohibited tax shelter transaction?  5 b Was the organization aparty to a prohibited tax shelter transaction?  5 b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf of the property of the organization include with every solicitation an express statement that such contributions or gifts were not account by the domor of the value of the goods or services provided?  5 b Uff Yes, did the organization include with every solicitation an express statement that such contributions or a personal benefit co			1 1		Yes	No						
b Enter the number of Forms W-2G included in line 1a Enter -0 -if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 a Enter the number of employees reported on Form W-3. Triansmittal of Wage and Tax Statements, filed for the calledrary rear fooding with or within the year owner by this return.  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file filts return (see instructions)  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 b If 1 Yes's has it filed a Form 990-1 for this year? If No, provide an explanation in Schedule O  4 a Name during the calcinated year, did the organization have an interest, no a signature or other authority over, a financial Account in a foreign country (such as a bank account, securities account, or other financial account).  5 a Was the organization is provided to provide the same and the form 15 possible pay to the foreign country or the same of the foreign country.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction?  5 a Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheller Transaction?  6 b If Yes', did the organization of the organization file form 889-1 and the organization of the foreign section of the payor?  5 b If Yes', did the organization on clude with every solication an express statement that			1a (									
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2 bil at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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.  bil Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule Q  3b If Yes' has the filed a Form 990-T for this year? If No, 'provide an explanation in Schedule Q  3a X  3b If Yes' has the filed a Form 990-T for this year? If No, 'provide an explanation in Schedule Q  3b If Yes' has the filed a Form 990-T for this year? If No, 'provide an explanation in Schedule Q  3c X  3b If Yes' has the filed a Form 990-T for this year? If No, 'provide an explanation in Schedule Q  3d 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 ≥ No. If Yes' has the organization 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?  5b If Yes,' did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall were not tax deductible?  5c If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  5c If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  5c If Yes,' did the organization include with every solicitation and express statement that such contributions or gifts were not deductible?  5c If Yes,' did the organization or federal party in the party of the property for which it was required to the p			rs and reportable gaming	1c								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If 'Yes' has it field a Form 990.T for this year? If 'No,' provide an explanation in Schedule Q 3 a X 3 b If 'Yes' has the field a Form 990.T for this year? If 'No,' provide an explanation in Schedule Q 4 a X 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction?  6 a 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?  6 a 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?  7 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  8 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  9 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  10 dit the organization in during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  10 dit the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization or a of onor advised funds and section 509(x)3 supporting organizations	2 a Enter the number of employer calendar year ending with	oloyees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the h or within the year covered by this return	2a (									
3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q  4 a 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)?  b if 'Yes,' enter the name of the foreign country. ▶  See the instructions for exceptions and fitting requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction?  c if 'Yes,' to line 5 a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 a 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?  6 a 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?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the were solicitation an express statement that such contributions or gifts were not deductible?  7 b If 'Yes,' did the organization noclude with every solicitation an express statement that such contributions or gifts were not deductible?  9 b If 'Yes,' did the organization noclify the donor of the value of the goods or services provided?  7 b If 'Yes,' indicate the number of Forms 8282 filed during the year.  9 b If 'Yes,' indicate the number of Forms 8282 filed during the year.  10 b If the organization make maintaining donor advised fund maintained by a sponsoring organization, have excess business brokeling organization. Our advised fund maintained by a sponsoring organization, have excess business brokeling organiza	2b If at least one is re	ported on line 2a, did the organization file all required federal employmer	nt tax returns?	2b								
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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)?  bit "Yes," enter the name of the foreign country \(^1\) 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X C If "Yes," of the Die Sa of Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  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?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  7c X  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7p Yh For contributions of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organization smaintaining donor advised funds and section 509(x3) supporting organizations. Did the supporting organizations	this return?											
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	b If 'Yes,' enter the a	mount of tax-exempt interest received or accrued during the year	12b									

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Form **990** (2009)

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.

Section A. Governing Body and Management

			Yes	No
1:	a Enter the number of voting members of the governing body			
1	<b>b</b> Enter the number of voting members that are independent  1b			
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		<u>X</u>
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		<u>x</u> _
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
1	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8a		X
	b Each committee with authority to act on behalf of the governing body?	8b		X
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
300	ction B. Policies (This Section B requests information about policies not required by the Internal	_		
	enue Code )			
	since obde y		Yes	No
10:	a Does the organization have local chapters, branches, or affiliates?	10a		X
	<b>b</b> 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		X
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	<del>ا</del>		
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X
1	<b>b</b> Other officers of key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16	a 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		
1	bilif 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 the organization's exempt			
-	status with respect to such arrangements?	16b	Ļ	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ► None			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a	 vaılab	e for	– – – public
	Inspection Indicate how you make these available. Check all that apply  Own website		•	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policities available to the public	ıcy, aı	nd fina	ancial
20		anızat	ion.	
	TIM DALTON P.O. BOX 6552 KENNEWICK WA 99336 509-586-1186	. — — -		

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Form 990 (2009)

## 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 organizations'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 employees'
- 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

X Check this box if the organization did no	ot compen	sate a	ıny (	curre	ent e	officer	, dır	ector, or trustee		
(A)	(E)	(F)								
Name and Title	Average hours		Position (check all that apply)					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the
		rect	tutio	ĕ	emr	lest	ner	(W-2/1033 MISC)	(W-21033-WI3C)	organization and related
		Q 34	nai		oloye	e com				organizations
		stee	trust		¥6	Pens				
			ee			ated				
MERRIANNE DOOR						-			· · ·	_
President	1 o							0.	0.	0.
MATT SMITH										<del></del> .
Vice President	7 0							0.	0.	0.
ANN CRAFF										
Secretary	0							0.	0.	0.
RUSS FEEFER										
<b>Tre</b> asurer	0							0.	0.	0.
TIMOTHY DALTON										
Executive Direc	0			L				0.	0.	0.
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Part VII   Section A. Officers, Directors, Trust		ley	En			es,	an			
(A) Name and Title	(B) Average	Posit	tion (	check	-	hat a	(vlaa	(D)	(E)	(F) Estimated
Name and Thie	hours per week			Officer		Highest compensated employee	<del>,                                    </del>	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
										-
			_		_					
		_			_					
1b Total							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	o to tno:	se ii	sted	abo	ove)	wn	o re	ceived more than	\$100,000 in report	·
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual</li> <li>5 Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete Scheduler's scheduler in the individual</li> </ul>	ndividua portable nan \$15 ompens	con 0,00	npe 10?	nsat If 'Y	ion es'	and com	l oth	er compensation e Schedule J for s	from such	Yes No  3 X  4 X  5 X
Section B. Independent Contractors	iedule 3	101	Suc	пре	:130	· ·				<u> </u>
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	lent	con	itrac	tors	tha	at received more t	han \$100,000 of	
(A) Name and business address	s					_		Description of	of Services	(C) Compensation
								<del>                                     </del>		
										<del></del>
		<del></del>								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıl	led	to th	nose	list	ed a	above) who receiv	ed more than	

Pa	rt viii   Statement of Revenue		<del>-</del>		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.	1 a Federated campaigns 1 a				
NTS	b Membership dues 1b 28,273.				
GR/	c Fundraising events.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
F	d Related organizations 1d				
NS.	e Government grants (contributions) 1e 69,550.				
ER S	f All other contributions, gifts, grants, and similar amounts not included above		•		
BE	similar amounts not included above 1f				
ΣŞ	g Noncash contribns included in lns 1a-1f \$				
	h Total. Add lines 1a-1f	97,823.			
UE	Business Code				
Ē.	2a	, –			
Ã	b				
Ę.	c			<del></del> -	
ER	d				
Z S				· <del>····································</del>	
RA.					
PROGRAM SERVICE REVENUE	f All other program service revenue				
	g Total: Add lines 2a-2i				
	3 Investment income (including dividends, interest and other similar amounts)	1,494.	1,494.		
	·	1,434.	1,434.		
	4 Income from investment of tax-exempt bond proceeds				<del> </del>
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	a sets other than inventory				
	b Le-s cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events				
OTHER REVENUE	(not including \$				
Ę	of contributions reported on line 1c)				
~ RE	See Part IV, line 18 a 236, 069.		1		
꾶	b Less direct expenses b 208,927.				
5	c Net income or (loss) from fundraising events	27,142.	27,142.		
					<u> </u>
	9 a Gross income from gaming activities Sec Part IV, line 19				
	b Loss direct expenses b				1
	c Net income or (loss) from gaming activities				
			- <del></del>		
	10 a Gross sales of inventory, less returns and allowances				
	b Loss cost of goods sold b			<del></del>	
	c Not income or (loss) from sales of inventory				<del> </del>
	Miscellaneous Revenue Business Code	7 7 7		<del></del>	<del> </del>
	11a CTHER 812900	7,116.	3,558.		3,558.
	b r .: EMPLOYEE COMPENSATION 812900	1,720.	860.	<u> </u>	860.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	8,836.			<u></u>
	12 Total revenue. See instructions	135,295.	33,054.	0.	4,418.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b,	not include amounts reported on lines 7b. 8b, 9b. and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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				<del></del>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0
6	Compensation not included above, to dequalified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages.	<b>60,</b> 810.		60,810.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,998.		4,998.	
11	Fees for services (non-employees)				
	Management				
þ	Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
_	Citier	1 750			
	A vertising and promotion	1,750.	-		1,750
13 14	Office expenses Information technology	477. 1,722.			477
	Roya - s	1,122.			1,722
	O cust ney	2,414.	<del></del>		2,414
17	Travel	2,414.		···	2,414
	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,493.			5,493
19	Conferences, conventions, and meetings	578.			578
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,574.	10,787.		
	Insurance	623.			623
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together arc. I led miscellaneous may not exceed 5 of trial expenses shown on line 25 b. o)				
а	Posinge and Shipping	3,2:2.			3,202
	ORG IZATION COMMITTEE	1,230.			1,230
	F MENT REPAIRS	799.			799
d	1 VI PENANCE	753.		753.	
е	C · ER	497.		497.	
f	A 'or expenses	790.		350.	440
25	T 4 functional expenses Add lines 1 through 24f	<b>107,</b> 710.	10,787.	67,408.	18,728
26	Joint costs. Check here ► if following S if 03-2 Complete this line only if the critarization reported in column (B) joint ccitis from a combined educational critique in and fundraising solicitation				

Balance Sheet

(B) End of year (A) Beginning of year 12,597. 12,243 1 Cash - non-interest-bearing. 41,650 2 115,807 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis 10 a 105,450. ( plete Part VI of Schedule D 10b 78,441 67,654 b Less accumulated depreciation 37,796 10 c 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Ir vestments - program-related See Part IV, line 11 3,865 14 3,865 14 1 langible assets 15 15 ( " or assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 199,923 136,199 16 7,304. 17 584. I acounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 or Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 7,304 26 584 26 Tital liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete lines 2" through 29 and lines 33 and 34. 128,895 27 199,339. 27 Uniostricted net assets 28 Lamporarily restricted net assets 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Par I-in or capital surplus, or land, building, and equipment fund 32 R sined earnings, endowment, accumulated income, or other funds 32 128,895 33 199,339 33 T I net assets or fund balances 136,199 Tot I liabilities and net assets/fund balances 34 199,923

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Form 990 (2009)

Financial Statements and Reporting No Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual 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 b Were the organization's financial statements audited by an independent accountant? 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain ın 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 Consolidated basis Both consolidated and separate basis 3a 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 Х b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

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Form 990 (2009)

## SCHEDULE A (Farm 990 or 990-EZ)

### **Public Charity Status and Public Support**

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

HIS'	TORIC DOWTOWN I								452348			
Part	I Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	te this	part.)	See i	nstruct	ions		
The o	rganization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check o	nly one	box )					
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)					
2	A school described	I in section 170(b)(1)(	A)(ii). (Attach Schedule I	E)								
3	A hospital or coope	erative hospital servic	e organization described	ın secti	on 170(l	<mark>ьх1хах</mark>	iii).					
4	A medical research	n organization operate	ed in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)( <i>l</i>	A)(iii) Ei	nter the hospital's		
-	name, city, and sta											
5	170(b)(1)(A)(iv). ((	Complete Part II)	of a college or university		·	-	_	nmenta	I unit de	scribed in <b>section</b>		
6 7	An organization the	at normally receives a	governmental unit descri substantial part of its su					t or fron	n the ge	neral public described		
8	In section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	-		more than 33-1/3 % of its			tributions	mamh	ershin fe	es and	aross receints		
J	from activities relate	ed to its exempt function	ns — subject to certain exce ess taxable income (less	entions, a	and (2) r	no more :	ihan 33.	1/3 % of	its supp	ort from aross		
10	An organization or	ganized and <mark>operated</mark>	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	more publicly supp	orted organizations of	exclusively for the bene- described in section 509( zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or ca section	rry out ti <b>509(a)(</b> 3	he purposes of one or 3). Check the box that		
	a Type I	<b>b</b> Type II	c 🔲 Type II	I – Fund	tionally	ıntegra	ted		d 🗌	Type III- Other		
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	ified persons other 9(a)(1) or section		
f	If the organization check this box	received a written det	termination from the IRS	that is a	Type I	, Type II	l or Typ	e III sup	porting	organization,		
g	Since August 17, 2	2006, has the <mark>organiz</mark> a	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	s <sup>7</sup>		
										Yes No		
	(i) a person who	o directly or indirectly	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
	<del>-</del>	nber of a person desc	• •							11 g (ii)		
		•	n described in (i) or (ii) a	hove?						11 g (iii)		
h	• •	•	the supported organization							9 ()/		
	(i) Name of Supported	(ii) EIN	(III) Type of organization		is the	(v) Did v	ou notify	l (vi)	s the	(vii) Amount of Support		
	Organization	(.,,	(described on lines 1.9 above or IRC section	organizat	ion in col	the organ	nzation in	l organizat		(only miles in a copposit		
			(see instructions))	gove	rning ment?	your si	ipport?	`` · · u :	5 7			
				Yes	No	Yes	No	Yes	No			
	<del>-</del> ·											
				ļ								
						_						
										_		
	<u>-</u> -			<del> </del>	<del> </del>		ļ	<u> </u>				
Total												

# Schedule A (Form 990 or 990-EZ) 2009 HISTORIC DOWTOWN KENNEWICK PARTNERSHIP 91-1452348 Part II Support Schedule for Organizations Described in Sections 170(bX1XAXiv) and 170(bX1XAXvi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	rt I )				
Sec	tion A. Public Support			,				
	ndar year (or fiscal year nning ın) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total Add lines 1-through 3						$\dashv$	
5	The portion of total contractions 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)	•	-					
	Public support. Subtract line 5 from line 4	4. 14.4 4. 14.4	5. K					··
<u>Sec</u>	tion B. Total Support			<del></del>	<u> </u>			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	_						
8	Gross income from interest, dividends, payments received on scenifical loans, rents, royalt as and income form simil a ources							
9	Net income from unrelated business activities, whether or not trepusiness is regularly carmed an							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	i						
11	Total support Add lines 7 thເດເ <sub>ລ</sub> ່າ 10							
12	Gross receipts from related activ	ities, etc. (see ins	structions)			L	12	
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth,	or fifth tax year a	s a section 50	01(c)(	(3) ► <u> </u>
	tion C. Computation of Pul			no 11 - column (C.	<del></del>	1	14	
	Pub ipport percentage for 20 Pub ipport percentage from 3	•	•	rie i i, column (f)		-	14 15	<u>%</u> %
	33-1/3 support test - 2009. If the	e organization did	not check the bo		d the line 14 is 33	∟ 1/3 % or mo-		
	and - here. The organization			=				<b>-</b> []
t	pport test — 2008. If the and here. The organization				a, and line 15 is 3	3-1/3% or mo	ore, c	heck this box
17 a	or the condition meets the facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain in	Part	IV how
t	o 10% - First ts-and-circumstances te or i, and if the organization org + for meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies as	box and <b>stop he</b> s a publicly suppo	re. Explain in orted organiza	Part ation.	IV how the . ▶ □
_18	Privat foundation. If the organi	zation did not che	ck a box on line	, 13, 16a, 16b, 17a				
BAA					Sc	hedule A (Fo	rm 99	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 HISTORIC DOWTOWN KENNEWICK PARTNERSHIP 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)

	on A. Public Support				<del></del>		
Calend	dar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, or ints, contributions and membership fees received (Do not include 'unusual grants')				· -		0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and or expended on						0.
	The value of services or facilitie furnished by a governmental unit to the organization without charge						0.
6	Total Ard lines 1 through 5	0.	0.	0.	0.	0.	0.
	Amo n'e included on lines 1, 2, 3 recrived from disqualified	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and included from other than disqualitied persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lin <b>es</b> 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	`	湖(1)			* :-	
	7c from line 6 )	ji.	42			4.	0.
<u>Sect</u>	ion B. Total Support						
Calen	dar y ·ar (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	0.	0.
						1	
	Gros incoil e from interest, dividingly nds, payments received on securities loans, rents, royalles and income form similar sources.						0.
b	divic nds, payments received on securities loans, rents, royalles and income form						0.
b	divice nds, payments received on securities loans, rents, royal es and income form similar sources.  Unreated business taxable incore (less section 511 taxes from businesses.	0.	0.	0.	0.	0.	_
b 11	divice nds, payments received on securities loans, rents, royales and income form similar sources.  United to business taxable incore e (less section 511 taxes from businesses acquired after June 30, 1975.	0.	0.	0.	0.	0.	0.
b 11 12	dividends, payments received on securities loans, rents, royal es and income form similar sources.  Unrealled business taxable income (less section 511 laxes from businesses acquired after June 30, 1975.  Additions 10a and 10b.  Net inche from unrelated business actives not included inline 10b, whereight on the business is	0.	0.	0.	0.	0.	0.
b 11 12	dividends, payments received on securities loans, rents, royalles and income form similar sources.  Unreated business taxable income (less section 511 taxes from businesses acquired after June 30, 1975.  Addines 10a and 10b.  Net conference from unrelated business actions not included inline 10b, where or not the business is regularly carried on.  Other income. Do not include gar on loss from the sale of capilal assets (Explain in Paul 7).  Tot. Support. (add los 3, 10; 11, and 12).						0. 0. 0.
b 11 12	dividends, payments received on securities loans, rents, royalles and income form similar sources.  Unreated business taxable income (less section 511 taxes from businesses acquired after June 30, 1975.  Addines 10a and 10b.  Net conference from unrelated business actions not included inline 10b, where or not the business is regularly carried on.  Other income. Do not include gar on loss from the sale of capilal assets (Explain in Paul 7).  Tot. Support. (add los 3, 10; 11, and 12).						0. 0. 0.
b 11 12 13 14	divide inds, payments received on securities loans, rents, royal es and income form similification of the following securities of the following securities of the following securities securities of the following securities of t	is for the organiz	ation's first, secon				0. 0. 0.
b 11 12 13 14 Sect	dividends, payments received on securities loans, rents, royalles and income form similar sources.  Unrealled business taxable income (less section 511 laxes from businesses acquired after June 30, 1975.  Add nes 10a and 10b.  Net unite from unrelated business acquired after June 10b, where or not the business is regularly carried on Office income. Do not include gain or loss from the sale of carried assets (Explain in Parly).  Tot support (add los 3, 10: 11, and 12).  First evelvears, If the Form 990 organisation, check this box and ion C. Computation of Pulice.	is for the organiz stop here blic Support P	ation's first, secon	d, third, fourth, c		a section 501(c)(	0. 0. 0. 0. 3) ► [X]
11 c 12 13 14 Sect 15	divide inds, payments received on securities loans, rents, royalles and income form similar sources.  Unrough I business taxable income (less section 511 taxes from businesses acquired after June 30, 1975.  Add incs 10a and 10b.  Net income from unrelated business actives not included inline 10b, where or on the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Paul ).  Tot support (add his 3, 100 1), and 12).  First evelopers If the Form 990.  Tot computation of Pulpublic support percentage for 20.	is for the organiz stop here blic Support P	ation's first, secon	d, third, fourth, c		a section 501(c)(	0. 0. 0. 0. 0. 3) ► [X]
11 12 13 14 Sect 15 16	divide inds, payments received on securities loans, rents, royalles and income form similar sources.  United that I business taxable income (less section 511 taxes from businesses acquired after June 30, 1975.  Add that is 10a and 10b.  Net income from unrelated business actives not included inline 10b, where or or not the business is regularly carried on.  Other income. Do not include gas or loss from the sale of capital assets (Explain in Paul 7).  Tot support (add to 3, 10: 11, and 12).  First over years. If the Form 990 organization, check this box and ion. C. Computation of Pulpublic support percentage for 20 Public support percentage from.	is for the organiz stop here blic Support P 009 (line 8, columi 2008 Schedule A,	ation's first, secon Percentage n (f) divided by lin Part III, line 15	d, third, fourth, c		a section 501(c)(	0. 0. 0. 0. 3) ► [X]
11 12 13 14 Sect 15 16 Sect	divide inds, payments received on securities loans, rents, royal es and income form similification of the loans of the loa	is for the organiz stop here blic Support P 009 (line 8, columi 2008 Schedule A, restment Incor	ation's first, secon Percentage In (f) divided by lin Part III, line 15 The Percentage	d, third, fourth, c	or fifth tax year as	a section 501(c)( 15 16	0. 0. 0. 0. 3) ► [X]
11 12 13 14 Sect 15 16 Sect	divide inds, payments received on securities loans, rents, royalles and income form similar sources.  United that I business taxable income (less section 511 taxes from businesses acquired after June 30, 1975.  Add that is 10a and 10b.  Net income from unrelated business actives not included inline 10b, where or or not the business is regularly carried on.  Other income. Do not include gas or loss from the sale of capital assets (Explain in Paul 7).  Tot support (add to 3, 10: 11, and 12).  First over years. If the Form 990 organization, check this box and ion. C. Computation of Pulpublic support percentage for 20 Public support percentage from.	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor	ation's first, secon Percentage In (f) divided by lin Part III, line 15 The Percentage	d, third, fourth, c	or fifth tax year as	15 16	0. 0. 0. 0. 0. 3) ► [X]
11 12 13 14 Sect 15 16 Sect 17	divide inds, payments received on securities loans, rents, royal es and income form similification of the loans of the loa	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor or 2009 (line 10c,	ation's first, secon Percentage In (f) divided by lin Part III, line 15 INTERIOR Percentage Column (f) divided	d, third, fourth, ce 13, column (f)).	or fifth tax year as	a section 501(c)( 15 16	0. 0. 0. 0. 3) ► [X]
11 12 13 14 Sect 15 16 Sect 17 18 19 a	divide inds, payments received on securities loans, rents, royal es and income form similification of the business taxable incorrection business taxable incorrection businesses acquired after June 30, 1975.  Add the sito and 10b. Net under from unrelated business acquired after June 10b, where or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Paul ).  Tot support (add to 3, 10, 11, and 12).  First inverses If the Form 990 action of Computation of Pupublic support percentage for 20 Public support percentage from income percentage from threeting in the computation of Investination of of Investinatio	is for the organiz stop here blic Support P 009 (line 8, columi 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule organization did not pox and stop here	ation's first, secon  Percentage  In (f) divided by lin  Part III, line 15  INTERPRETAGE  Column (f) divided  In A, Part III, line  check the box on lin.  The organization	d, third, fourth, one 13, column (f)).  d by line 13, column 17  ne 14, and line 15 in qualifies as a pu	or fifth tax year as mn (f)) s more than 33-1/3 blicly supported c	15 16 17 18 %, and line 17 is not organization	0. 0. 0. 0. 3) ► X %
11 12 13 14 Sect 15 16 Sect 17 18 19 a b	divide inds, payments received on securities loans, rents, royal es and income form similification of the business taxable incorrected (less section 511 taxes from businesses acquired after June 30, 1975.  Add the situate from unrelated business actives not included inline 10b, where or not the business is regularly carried on Other income. Do not include gas for loss from the sale of capital assets (Explain in Paul 1).  Tot support (add loss) (c. 1), and (2).  First live years. If the Form 990 organization, check this box and ion C. Computation of Pulpublic support percentage from ion D. Computation of Invitation of Invitation of Invitation of Invitation of Investination on the percentage for 10 income percentage for 11 income percentage for 12 income percentage for 11 income percentage for 12 income percentage for 11 income percenta	is for the organiz stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule organization did not book and stop here the organization did this box and stop stop here	ation's first, secon Percentage In (f) divided by lin Part III, line 15 INTERPRETAGE Column (f) divided Interpretage Interpretage Column (f) divided Interpretage	d, third, fourth, of the 13, column (f)).  d by line 13, column 17 ne 14, and line 15 in qualifies as a pure on line 14 or 19 a zation qualifies as	or fifth tax year as  mn (f))  s more than 33-1/3 blicly supported company and line 16 is made as a publicly support	s a section 501(c)(c)(c) 15 16 17 18 %, and line 17 is not organization more than 33-1/3% orted organization	0. 0. 0. 0. 3) ► X %

Schedule A	(F orm 99	u or 990-1	EZ) 2009	HT21/	OKIC DO	MIOMM	KENNEMT	UK PAKI	NEKSHIP	91-1	452348	Pa	age 4
Pert IV	Supplei Part II,	mental l line 17a	Informa or 17b	tion. Co ; and Pa	mplete t art III, lin	his part ie 12. Pr	to provide ovide any	the expl other ad	lanations Iditional ii	required b	y Part II, . See inst	line 10; ructions.	
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer Identification number

HIS	STORIC DOWTOWN KENNEWICK PARTN	JERSHIP	
_			91-1452348
Pai	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Funds or Ac	counts Complete If
	the organization answered Tes t		
	Total number at end of year	(a) Donor advised funds (b)	Funds and other accounts
1	• • • • • • • • • • • • • • • • • • • •		
2 3	Aggregate contributions to (during year)		
3 1	Aggregate grants from (during year)  Aggregate value at end of year		
_	,	L	
5	Did the organization inform all donors and doi funds are the organization's property, subject	nor advisors in writing that the assets held in donor advise to the organization's exclusive legal control?	d Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	irs, and donor advisors in writing that grant funds may be the benefit of the donor or donor advisor or for any other efit??	Yes No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes' to Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e.g., r	recreation or pleasure) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the form o	f a conservation easement on the
	last day of the tax year		Held at the End of the Year
а	Total number of conservation easements	2 a	neid at the End of the Year
	Total acreage restricted by conservation ease	<del></del>	
	Number of conservation easements on a certi		·
	Number of conservation easements included i	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified,	transferred, released, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to co	onservation easement is located -	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, handling of violit tholds?	olations, Yes No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation easements	
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easements \$	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expense statements the organization's financial statements that describes the	nt, and balance sheet, and e organization's accounting for
Par	Till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or Other Si wered 'Yes' to Form 990, Part IV, line 8.	milar Assets
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	r SFAS 116, not to report in its revenue statement and bal lic exhibition, education, or research in furtherance of pub- ents that describes these items	ance sheet works of art, historical lic service, provide, in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement and balanc lic exhibition, education, or research in furtherance of pub	e sheet works of art, historical lic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>*</b> \$
	amounts required to the reported under SFAS		gain, provide the following
	Revenues included in Form 990, Part VIII, line	: 1	<b>-</b> \$
t	Assets included in Form 990, Part X		<b>-</b> \$

Schedule D (Form 990) 2009 HISTOR	IC DOWTOW	N KENNEWICK	PARTNERSHIP_	91-145	2348	Page 2
Part III Organizations Maintaini	ng Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (con	tınued)
3 Using the organization's acquisition items (check all that apply)	accession and	other records, che	ck any of the following	that are a significant us	se of its co	llection
a Public exhibition		<b>d</b> 🗌 Loan	or exchange programs			
<b>b</b> Scholarly research		e 🔝 Other				
c Preservation for future generation						
4 Provide a description of the organiz Part XIV					se in	
5 During the year, did the organization assets to be sold to raise funds rath	n solicit or rece per than to be	eive donations of ar maintained as nart	t, historical treasures, of the organization's co	or other similar	Yes	□No
Part IV Escrow and Custodial A					1 1	
9, or reported an amoun	t on Form 9	90, Part X, line	21.		,	,
1 a Is the organization an agent, trusted included on Form 990, Part X?	e, custodian, o	r other intermediary	for contributions or ot	her assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIV and	complete the follow	ıng table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance			_	11	Н.,	
2a Did the organization include an amo		90, Part X, line 217	<b>)</b>		Yes	∐ No
b If 'Yes,' explain the arrangement in			ad IVaal ta Farra O	00 David IV/ Ivaa 10		
Part V   Endowment Funds Comp					1	
1 - Bannan	(a) Current year	(b) Prior yea	r (c) Two years bac	<del></del>	(e) Fou	r years back
1a Beginning of year balance	<del></del>	-		*, 5*	1 .	14
<b>b</b> Contributions		-			,	
c Net Investment earnings, gains, and losses					<del></del>	
d Grants or scholarships						
e Other expenditures for facilities and programs				,	4 10 m	
f Administrative expenses					4 , 1	
g End of year balance	<del>.                                      </del>					793
2 Provide the estimated percentage o	-	balance held as				
a Board designated or quasi-endowm		<b>*</b>				
b Permanent endowment	*					
c Term endowment	<del></del> <sup>%</sup>					
3a Are there endowment funds not in t organization by	he possession	of the organization	that are held and adm	inistered for the		es No
(i) unrelated organizations					3a(i)	65 140
(ii) related organizations					3a(ii)	<del></del>
<b>b</b> If 'Yes' to 3a(ii), are the related organizations	anizations liste	d as required on Si	chedule R?		3b	$\neg$
4 Describe in Part XIV the intended u		•			<u> </u>	
Part VI Investments-Land, Buil				, line 10.		
Description of investment		Cost or other basis (investment)	•	(c) Accumulated Depreciation	<b>(d)</b> Boo	ok Value
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment				,		
e Other			105,450.	37,796.		67,654.
Total. Add lines 1a through 1e (Column (	d) must equal	Form 990, Part X, o	column (B), line 10(c).)	<b>•</b>		67,654.
BAA				Schee	dule <b>D</b> (For	m 990) 2009

67, 654. Schedule **D** (Form 990) 2009

Schedule <b>D</b> (Form 990) 2009 HISTORIC DOWTOWN F Part VII Investments—Other Securities See Fo			52348 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
Financial derivatives		cost of end-or-year ma	inct value
Closely-held equity interests			
Other			<del></del>
		<del></del> ·	<u>-</u>
Total (Column (b) must equal Form 990 Part X, col (B) line 12 ) ►			
Part VIII Investments—Program Related (See F		<del></del>	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		·	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			,
Part IX Other Assets (See Form 990, Part X,	ine 15) N/A		
(a) De-	scription		(b) Book value
<del></del>			
		, <del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B), In		<u> </u>	
Part X Other Liabilities (See Form 990, Part )			
(a) Description of Liability Federal Income Taxes	(b) Amount		
			-
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 2. FIN 48 Footnote In Part XIV, provide the text of the footn	note to the organization's f	nancial statements that reports the	ne organization's liability

Sche	dule D (Form 990) 2009 HISTORIC DOWTOWN KENNEWICK PARTNERSHIP	91-145	52348	Page 4
Par	t XIN Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	276		
	Net unrealized gains on investments 2a	***		
	Donated services and use of facilities 2b	<b>一                                    </b>		
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIV)	- 4		
	Add lines 2a through 2d			
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3		<del></del>
	Other (Describe in Part XIV)  4a  4b	-		
	Add lines 4a and 4b			
		4c		<del></del>
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	N / 3	
	Table process and leaves are profess per Audited Financial Statements With Expenses p	er Ketu	rn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25	改		
	Donated services and use of facilities 2a	<u> </u>		
	Prior year adjustments 2b			
	Other losses 2c	<b>—</b> 3		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		<del> </del>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	<del></del>	
Par	t XIVS Supplemental Information			
Co 11 line 4 inforr	, ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part r, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to p	1b and 2b, Pa provide any ad	art V, ditional
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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 HISTORIC DOWTOWN KENNEWICK PARTNERSHIP  Part XIV® Supplemental Information (continued)	91-1452348	Page <b>5</b>
an XIV- Supplemental mioritation (continued)	·	
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Schedule **D** (Form 990) 2009

#### **SCHEDULE** G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization	-					Employer identific	ation number
HISTORIC DOWTOWN KENNEWICK PARTNERSHIP						91-145234	8
Part I Fundraising Activities. Com Form 990EZ filers are not re	plete if the organ	nization ai	nswered 'Y rt	es' to Form 990, Part I	V, line		·
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that	apply	
Mail solicitations		,		Solicitation of non-			
Internet and email solicitation	าร			Solicitation of gove	-	•	
Phone solicitations	.0			Special fundraising		grants	
In-person solicitations				opecial fundraising	events		
2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme	ent with ar	y individu	al (including officers, di	rectors,	trustees or key	Yes X No
b If 'Yes,' list the ten highest paid compensated at least \$5,000 by	ındıvıduals or en	tities (fund					
<u> </u>	T T T T T T T T T T T T T T T T T T T				ΛΛ Δι	nount paid to	<del>-</del>
(i) Name of individual or entity (fundraiser)	(II) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or	retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	<del> </del>	Yes	No				
		162	140				
		<del> </del>				<del> </del>	
		<u> </u>		-			
						<u> </u>	
		<u> </u>					
Total  3 List all states in which the organi	zation is register	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	0.
or licensing							
		<b></b> -					
			<b>-</b>		 		
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Day II	Funda	aisina Evant	Complete if th	00000000	+100 000	d Wast to Farm OC	O Dort IV line 10
Schedule	Ġ (Form	990 or 990-EZ)	2009 HISTORIC	DOWTOWN	KENNEWICK	PARTNERSHIP	91-1452348

**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 (Add col (a) through col (c)) PUBLIC RESTROO FACADE GRANT I (event type) (total number) (event type) 1 Gross receipts 121,602 67,317 44,065 232,984. 2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 121,602 67,317 44,065 232,984. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 121,500. 64,051 Other direct expenses 18,582. 204,133. 10 Direct expense summary Add lines 4- through 9 in column (d) 204,133. 11 Net income summary Combine lines 3, column (d) and line 10 28,851. [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 (b) Pull tabs/Instant (d) Total gaming (Add col (a) through col (c)) (a) Bingo (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue DIRENSES T 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 왕 કૃ 읒 Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 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 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain 11 11 Does the organization operate gaming activities with nonmembers? 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

Page 2

Schedule G (Form 990 or 990-EZ) 2009 H1STORIC L	DOWTOWN KENNEWICK PARTNERS	11P 91-14523	48	Page 3
·			Y	ES NO
13 Indicate the percentage of gaming activity operated	d in			
a The organization's facility		13a %		
b An outside facility		13b %	_	
14 Enter the name and address of the person who pre	epares the organization's gaming/special e	events books and records		
Name •				
A.H				
Address -				
15 a Does the organization have a contact with a third p	party from whom the organization receives	gaming rovenue?	15a	
b If 'Yes,' enter the amount of gaming revenue received			154	سد اد
of gaming revenue retained by the third party \$		and the amount		
c If 'Yes,' enter name and address of the third party				
,				
Name •				
Address -				
16 Gaming manager information				
Nama -				
Name •				
Ganiing manager compensation ► \$				
	<del></del>			
Description of services provided •				
Director/officer Employee	Independent contractor			
17 Mandatory distributions				
a is the organization required under state law to make	ke charitable distributions from the gaming	proceeds to retain the		
state gaming license?	ata laurita ha diatahutad ta athur ayan d		17a	
b Enter the amount of distributions required under st	•	organizations or spent in the	e	
organization's own exempt activities during the tax	year - \$ TEEA3703L 02/05/10	Schedule <b>G</b> (Form 99	00 or 990.	FZ) 2009
<del></del>	122737032 02703710	Schoolic C (FOITH S.	, , , , , , , , , , , ,	,

## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

HISTORIC DOWTOWN KENNEWICK PARTNERSHIP	91-1452348
5 - 000 ParkVII Line 11 Forms 000 Parkers Business	
No_review_was_or_will_be_conducted	
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Schedule O (F	orm 990) 2009	Page 2
Nane of the organ	zalion	Employer identification number
HISTORIC	DOWTOWN KENNEWICK PARTNERSHIP	91-1452348

Form 8868	(Rev 4-2009)		Page Z
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	/ Part II and check to	hıs box ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previous	sly filed Form 8868
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (	(no copies needed).
	Name of Exempt Organization		Employer identification number
Type or		· ·	
print	HISTORIC DOWTOWN KENNEWICK PARTNERSHIP		91-1452348
·	Number, street, and room or suite number. If a P O box, see instructions		For IR\$ use only
File by the extended	Thomas M. Owen CPA PLLC		
due date for filing the	100 N Morain #202	•	335 J. N. N. 1
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Kennewick, WA 99336		
Check type	e of return to be filed (File a separate application for each return)		
X Form 9		Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9		Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ex	dension on a previo	ously filed Form 8868.
	oks are in care of TIM DALTON	<del>.</del>	
	one No ► 509-586-11 <b>86</b> FAX No ►		
	iganization does not have an office or place of business in the United States,	check this box	<b>►</b> □
	s for a Group Return, enter the organization's four digit Group Exemption Nun		. If this is for the
	p, check this box  If it is for part of the group, check this box		
	he extension is for		
	uest an additional 3-month extension of time until 11/15 , 20 _1	.0	
5 For c	alendar year 2009 or other tax year beginning .20	and ending	. 20
6 If this	alendar year 2009, or other tax year beginning, 20 s tax year is for less than 12 months, check reason Initial return	Final return	Change in accounting period
	in detail why you need the extension See Attachment		
, 0,000	The state with your need the state and the s		
	<del></del>		
Q a If thus	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	ativo tax loss any	, , , , , , , , , , , , , , , , , , , ,
	s application is for 1 orm 330-BE, 330-F1, 330-F1, 4720, or 0003, enter the terms	alive tax, less ally	8a \$
b if this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c	redits and estimated	d tax
paym	ients made Include any prior year overpayment allowed as a credit and any a	amount paid previou	sly 8b\$
	Form 8868	<del></del>	
c Balar with f	nce Duc. Subtract line 8b from line 8a. Include your payment with this form, o FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, depos System) See instrs	8c \$
	Signature and Verification		
Under penaltie correct, and co	s of perjury. I declare that I have examined this form, including accompanying schedules and statements omplete, and that I am authorized to prepare this form.	s, and to the best of my kn	owledge and belief, it is true,
Signature	τ <sub>itle</sub> ▶ President		Date ►

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

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### Form 8868 Attachment

Page 1

**Client HDKP9114** 

#### HISTORIC DOWTOWN KENNEWICK PARTNERSHIP

91-1452348

11/29/10

08 12AM

#### **Explanation of Extension**

THE ORGANIZATION HAS RECENTLY CHANGED ACCOUNTANTS

THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN