COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:

1.	Name:	Gary R. Petersen
2.	Address:	7130 W. Grandridge Blvd., Ste A Kennewick, WA 99336-7725
3.	Email Address:	[Information redacted for privacy]
4.	Phone Number:	(509) 735-1000

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Gary R. Petersen
- 2. Name of Organization(s) You are Representing at the Hearing: Tri-City Development Council (TRIDEC), Hanford Communities, B Reactor Museum Association, Tri-Cities Visitor and Convention Bureau
- 3. Business Address: 7130 W. Grandridge Blvd., Ste. A; Kennewick, WA 99336
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: (509) 735-1000

Name/Organization: Gary R. Petersen, Tri-City Development Council (TRIDEC)

Title/Date of Hearing: <u>HR 5987, to Establish the Manhattan Project National Historical Park;</u> <u>Thursday, June 28, 2012.</u>

a. Any training or educational celtificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

N/A

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

N/A

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

For the past 47 years, I have worked with a number of companies on the Hanford Site beginning in February, 1965, and have become a tour/escort for many tours and visits by Congressional offices and other dignitaries. It is fairly well recognized by DOE local offices, and by prime contractors at Hanford and PNNL, that I am able to provide both the historical and current perspective on Hanford.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of</u> <u>the Interior (and/or other agencies invited)</u> that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

I am one of the three individual litigants on the Yucca Mountain Case currently being heard in the U.S. District Court of Appeals for the District of Columbia Circuit. This is case Number 10-1052, docketed Feb. 25, 2010. This case was joined by the Attorneys General from Washington State and South Carolina. The case is centered on the fact that DOE and NRC had no legal right to stop work on Yucca Mountain. f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

<u>Name/Organization:</u> TRIDEC, Tri-Cities Visitor and Convention Bureau, Hanford Communities, and B Reactor Museum Association Title/Date of Hearing: HR 5987, Manhattan Project National Historical Park in Oak Ridge, Tennessee; Los Alamos, New Mexico, and Hanford, Washington. June 28, 2012

In addition, for witnesses representing organizations: TRIDEC, Hanford Communities, B Reactor Museum Association, Tri-Cities Visitor and Convention Bureau.

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

N/A

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of</u> <u>the Interior (and/or other agencies invited)</u> that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

k. For tax-exempt organizations and non-profit organizations, copies of the tlu'ee most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

990 forms will be attached from: TRIDEC, Tri-Cities Visitor and Convention Bureau and B Reactor Museum Group. Hanford Communities is an arm of a municipality, the City of Richland, and therefore does not prepare 990 forms.

Substituted to IRS TH 15: 94314238701 1/4/2012 OMB No. 1545-2085 **Electronic Notice (e-Postcard)** Form for Tax-Exempt Organizations not Required To File Form 990 or 201 Department of the Treasury 990-EZ Internal Revenue Service Open to Public Inspection A For the 2011 calendar year, or tax year beginning 1/1/2011, and ending 12/31/2011. **D** Employer C Name of organization: B REACTOR MUSEUM ASSOCIATION B Check if applicable Identification d/b/a: Terminated, Out of Number Business. 94-3142387 Po Box 1531 Gross receipts are normally Richland, WA, US, 99352 \$50,000 or less F Name of Principal Officer: Maynard Plahuta E Website: www.b-1822 Hunt Ave Richland, WA, US, 99354 reactor.org Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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rage 1 of 1

Form 990-N (e-Postcard) Online - View and Print Return

Form 990-N	Electronic Notice (e-Postcard)	OMB No. 1545- 2085	
Department of the Treasury Internal Revenue Service	for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ	2010	
		Open to Public Inspection	
A For the 2010 calendar year, or	r tax year beginning <u>1/1/2010,</u> and ending <u>12/31/2010</u> .		
B Check if applicable	C Name of organization: <u>B REACTOR MUSEUM ASSOCIATION</u> d/b/a:	D Employer Identification	
Business Gross receipts are normally \$50,000 or less	PO Box 1531 Richland, WA, US, 99352	 Number <u>94-3142387</u> 	
	F Name of Principal Officer: Maynard Plahuta		
E Website: <u>www.b-</u> reactor.org	1822 Hunt Ave Richland, WA, US, 99354		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

<u>Mang</u> The brane is provided for promisences only. No 1967 will ble sensitive 198, Top 195 1982 not accessful fibre the paper. You state fits your face 200-fit (schemester) aborrationly.

Page 1 of 1

Del Ballard

From:<epostcard@urban.org>To:<delballard@gmail.com>Sent:Tuesday, February 02, 2010 8:33 PMSubject:Form 990-N E-filing Receipt - IRS Status: Accepted

@file for 2009

Organization: B REACTOR MUSEUM ASSOCIATION EIN: 94-3142387 Submission Type: Form 990-N Year: 2009 Submission ID: 7800582010033ia00806 e-File Postmark: 2/2/2010 11:27:49 PM Accepted Date: 2/2/2010

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support Phone: 866-255-0654 (toll free) email:ePostcard@urban.org

B REACTOR MUSEUM ASSOCIATION PO Box 1531 Richland, WA 99352

https://epostande

	. 6	àon	I		OMB No. 1545-0047
	Form	990	Return of Organization Exempt From Incor		2011
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reven (except black lung benefit trust or private foundation)	ie Code	
Depa	ertment of the nal Revenue	Treasury	 The organization may have to use a copy of this return to satisfy state reporting 		Open to Public Inspection
			dar year, or tax year beginning , 2011, and ending		
	Check if app		C	D Employer	Identification Number
0		s change	TRI-CITIES VISITOR & CONVENTION BUREAU		859630
	Name c	-	P.O. BOX 2241	E Telephone	
	Initial re	eturn	TRI CITIES, WA 99302	(509)	735-8486
	Termina	ated		G Gross rec	eipts \$ 1,739,627.
		ed return	F Name and address of principal officer:	i) Is this a group return t	
	Applicat	tion pending) Are all affiliates includ	led? Yes No
	Tax-exem	nt status	501(c)(3) X 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' attach a list, (s	ee instructions)
j	Website) Group exemption num	ber 🟲
К		rganization:	Corporation Trust Association Other L Year of Formation	M Sta	te of legal domicile;
Pa	rti S	Summar	y	COMMENTING	CATALVET FOR
	1 Brie	efly descril	be the organization's mission or most significant activities: <u>TO_BE_THE</u> NG, MARKETING, AND ENHANCING TOURISM, SPORTS AND	<u>COMMUNITY</u>	<u>CAIALISI TON</u>
ခိုင်		NELOFI	NG, MARKETING, AND ENHANCING TOORISM, STORIS AM F_PASCO, KENNEWICK_AND_RICHLAND		
Activities & Governance					
iove	2 Che	eck this bo	ox ► if the organization discontinued its operations or disposed of more	than 25% of its n	et assets. 3 41
ు న	3. Nur 4. Nur	nber of vo	bting members of the governing body (Part VI, line 1a)		4 43
ties	5 Tota	al number	r of individuals employed in calendar year 2011 (Part V, line 2a)	<i></i> L	5 18
ctivi	6 Tota	al number	of volunteers (estimate if necessary)		6 0 7a 0.
Ā	7a Tota	al unrelate	ed business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·	$\frac{7a}{7b}$ 0.
	b Net	unrelated	1 business taxable income from Form 950-1, line 34	Prior Year	Current Year
	8 Cor	ntributions	; and grants (Part VIII, line 1h).	1,660,57	1,733,058.
ыr	9 Pro	gram serv	vice revenue (Part VIII, line 2g) (((())), (11 0	25. 6,569.
Revenue	10 Inve	estment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	11,22	25. 0,309.
рс	11 Oth 12 Tota	er revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,671,80	1,739,627.
	13 Gra	ints and si	imilar amounts paid (Part IX, column (A), lines 1-3)		
	14 Ber	nefits paid	I to or for members (Part IX, column (A), line 4)		
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	818,00	01. 854,988.
Ises	16a Pro	fessional	fundraising fees (Part IX, column (A), line 11e)		
Expenses			sing expenses (Part IX, column (D), line 25) ►		
ш	1 7 Oth	er expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	713,88	
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,531,88</u> 139,91	
	19 Rev	renue less	s expenses. Subtract line 18 from line 12	Beginning of Current	
Not Assets or Fund Balancos	20 Tota	al assets ((Part X, line 16)	1,574,2	79. 1,721,697.
A Bat			es (Part X, line 26)	50,00	
Fund	22 Net	assets or	r fund balances. Subtract line 21 from line 20	1,524,2	<u>1,711,216.</u>
Pa	rt II S	Signatur	re Block		
Und	er penalties o plete, Declar	of perjury, 1 d ation of prep	Sectore that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowledge	and belief, it is true, correct, and
	. 1				
Sig	n l	Signatu	re of officer	Date	
He	re		S WATKINS	PRESIDENT &	CEO
			r print name and title.		PTIN
	_		preparer's name Preparer's Signature Date	12 Check self-employed	J" D00010300
Pai		MONTE	MONTH NATE COA D C	aon employe	
	parer e Only	Firm's name Firm's addre		Firm's EIN	91-1920081
		rans addre	RICHLAND, WA 99352-4810	Phone no.	(509) 783-7832
May	the IRS	discuss th	nis return with the preparer shown above? (see instructions)	<u></u>	X Yes No

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

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Form 990 (2011)

TEEA0113L 08/18/11

orm	1 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU 91-085963	30 Page
Par	t III Statement of Program Service Accomplishments	["
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO BE THE COMMUNITY'S CATALYST FOR DEVELOPING, MARKETING, AND ENHANCING TOUS SPORTS AND CONVENTIONS FOR THE CITIES OF PASCO, KENNEWICK AND RICHLAND	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🛛 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported.	ed by expenses. and allocations to
4 a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) ALL ACTIVITIES OF THE BUREAU ARE DIRECTED TOWARD THE ATTRACTION OF VISITORS CONVENTIONS TO THE TRI CITIES AREA. THE BUREAU CONDUCTS VARIOUS MARKETING A TO MEET THIS OBJECTIVE.	S &
4 b	O(Code: (Expenses \$) (Expenses \$) (Revenue \$) 174,705 VISITOR INQUIRIES WERE PROCESSED IN 2011. VISITORS TO THE BENTON/I COUNTY AREA SPENT \$392.6 MILLION. TRAVEL RELATED EMPLOYMENT TOTALED 5,100 TOURISM GENERATED TAX RECEIPTS OF \$8.8 MILLION LOCALLY, ALONG WITH \$22.5 STATE WIDE.	JOBS AND
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 107,985 DELEGATES_ATTENDED_CONVENTIONS, RECREATIONAL, SPORTS AND GROUP EVEN TRI_CITIES IN 2011. THEY WORKED WITH TRADE AND TRAVEL MEDIA TO GENERATE 70 STORIES; HELPED WITH RESEARCH AND MARKETING FOR THE HANFORD REACH NATIONAL	MONUMENT
	HERITAGE AND VISITOR CENTER; AND CONTINUED COORDINATION OF TRI-CITIES RIVE ENHANCEMENT COUNCIL ACTIVITIES INCLUDING LOWERING OF SHORELINE LEVEES IN R EXPAND AND ENHANCE THE LINEAR TRAIL/PARK.	ICHLAND IO
4c	I Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 0.	Form 990 (201
	TEEA0102L 07/05/11	- Form 990 (2t

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91-0859630

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Form 390 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU Part IV Checklist of Required Schedules

3

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		<u> </u>
4	in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u></u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
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		<u>.X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		x
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	R. C.	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	<u>11 a</u>	<u>x</u>	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	111	-	x
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	110		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 162 if 'Yes' complete Schedule D, Part IX	110	1	X
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 6		
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<u>111</u>		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
.	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	121	2	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14:	1 	<u> </u>
;	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	141) 	X
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, Parts II and IV	15		<u>x</u>
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, Parts III and IV	16		X
1 7	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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	

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Form 990 (2011)	TRI-CITIES	VISITOR	&	CONVENTION	BUREAU
Part IV Chec	klist of Requir	ed Schedu	lles	s (continued)	

rai	(14 Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		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 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i> <i>Schedule J</i>	23		x
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
h	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
Ŀ	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	<u>25b</u>		
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	5334.54	<u>x</u> .
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<u> </u>	<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L	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		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u>X</u>
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	<u> </u>	· · ·
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Forr	n 990	(2011)

91-0859630

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Form 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU	91-0859630	Pa	ge 5
Form 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V		<u></u>	
Check if Schedule O contains a response to any question in this rate of the second		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	5	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	ंद्रहो	
b Enter the number of Forms w-2G included in line 1a. Enter for in hot application returning the vendors and rend	ortable gaming		4
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?		শাস্ত্রই' ব	<u>X</u>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	X	
b If at least one is reported on line 2a, did the organization me an required reduced required to <i>e-file</i> . (see instructions			a,₹
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
the base of the base of the base of the provide the or a signature or other a	authority over, a	!	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account is a securities account in a foreign country (such as a bank account, securities account, or other financial account is a securities account in a foreign country (such as a bank account, securities account, or other financial account is a securities account in a foreign country (such as a bank account is a securities account in a foreign country (such as a bank account is a securities account in a securities account is a securities account is a securities account in a securities account is a securities account is a securities account in a securities account in a securities account is a	count)? 4a	19699	X
h If 'Yes' anter the name of the foreign country:			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts.	8. S. S. S.	v
5.3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year (·····		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	uon(<u> </u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			,
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible?			<u>X</u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ns or gifts were 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a navment in excess of \$75 made partly as a contribution and partly for g	joods and 7a	SVF -	
convices provided to the DaVol (
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa Form 8282?		versiteter	
d If Vac 1 indicate the number of Forms 8282 filed during the year		RAN A	\$1.17 \$
- Did the ergonization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract? 7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act /		
g If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 7g		
as required (
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Form 1098-C?	256363	gracių.	1 <u>11</u> Version
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organisation, or a donor advised fund maintained by a sponsoring organization, have excertised fund maintained by a sponsoring organization, have excertised funds and supporting organization.	izations. Did the ss business 8	800 E	1997
holdings at any time during the year		1983	N.S.
9 Sponsoring organizations maintaining donor advised funds.		1	-959 - L -
a Did the organization make any taxable distributions under section 4966?	91		
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:	· · · · · · · · · · · · · · · · · · ·		
a Initiation tees and capital contributions included on Lart vite, into 12			
b Gross receipts, included on Form 550, Fart Vin, line 12, for public deb of this manual included on Form			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members of shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? 12 a	। তাল্ডান্ডান্ডা	14451
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
12 Section 501(c)(29) qualified nonprofit health insurance issuers.	522A		1999 H
a to the organization licensed to issue qualified health plans in more than one state?	13a	3 C 10856/1	1883
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
which the organization is licensed to issue qualified health plans			
	14a	a	X
14a Did the organization receive any payments for indoor tanning services during the tax year?	0	+	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule			(2011)

Form	390 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU	91-0859630	Page 6	3
Par	t VI Covernance, Management and Disclosure For each 'Yes' response to lines 2	through 7b below	v, and for	
L	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, proc	esses, or change	sin	
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI	<u>.</u>	X	L
Sec	tion A. Governing Body and Management			_
			Yes No	2
1a	Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members	41		e des test
	authority to an executive committee or similar committee, explain in Schedule O.	40		1
b	Enter the number of voting members included in line 1a, above, who are independent			Ş.
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee or key employee?		2 X	_
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?		з Х	_
4	Did the organization make any significant changes to its governing documents		4 X	
_	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's asse	its?	5 X	-
5	Did the organization become aware during the year of a significant diversion of the organization s does Did the organization have members or stockholders?		6 X	-
6	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or more		_
	members of the governing body r		7a X	<i></i>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken du the following:	ring the year by		
а	The governing body?		8a X 8b X	—
ь	Each committee with authority to act on behalf of the governing body?		<u>8b X</u>	—
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ached at the	9 X	_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)	Yes No	
	, 	-	0a X	_
10 a	Did the organization have local chapters, branches, or affiliates?			
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches operations are consistent with the organization's exempt purposes?		10b	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a X	. <u> </u>
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE	SCHEDULE O 🖄		
12a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a X·	_
b	Were officers, directors or trustees, and key employees required to disclose annually interests that country to conflicts?		12b	
c	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Ye	s,' describe in	12c	
13	Did the organization have a written whistleblower policy?		13 X	—
14	Did the organization have a written document retention and destruction policy?		14 X	73
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent		
_	The proprietion's CEO. Executive Director, or ton management official		<u>15a X</u>	
L F	Other officers of key employees of the organization	•••••••••••••••••	15b X	<u></u>
	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 arranger taxable entity during the year?		16a X	
Ł	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate	e its uard the		
	organization's exempt status with respect to such arrangements?		16b	
Sec	tion C. Disclosure			—
17	List the states with which a copy of this Form 990 is required to be filed NONE			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T inspection. Indicate how you make these available. Check all that apply.	(501(c)(3)s only) ava	mable for public	IC.
	Own website Another's website X Upon request			
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and find the public during the tax year. SEE SCHEDULE 0	trecords of the organ	nization:	
20	State the name, physical address, and telephone number of the person who possesses the books and TRI CITIES VISTR & CONV BUREAU P.O. BOX 2441 TRI CITIES WA 993	02 (509) 735-	8486	_
- 4 -	TRI UITIES VISIR & CONV BONERO 1.0. BON 2112 Inter Disease		orm 990 (201	1)

BAA

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TEEA0106L 01/23/12

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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

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, if any. See instructions for definition of 'key employee.'

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organizatio	n nor any r	relate					nipe	and the state of t		
				(0						
(A)	(B)	(do no	t che	Posi ck mo	tion re th	an one l a an offi	box,	· (D)	(E) Reportable	(F) Estimated
Name and title	Average hours	unles	s per and a	son is direc	i boti tor/tr	i an oπe ustee)	cer	Reportable compensation from	compensation from	amount of other compensation
	per week (describe	9 5	5	0	2	8 I	77	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	hours for related	đivi	stitu	Officer	Key employee	nplo	Former			and related organizations
	organiza-	dual	tion	7	nplo	st co yee	4			organizations
	Schedule O)	Individual trustee or director	al tri		ууее	mpe				
		te d	Institutional trustee			Highest compensated employee				•
			0			Ē				·
(1) KAREN BLASDEL										0
DIRECTOR	1							0.	0.	0.
(2) RICHARD BUEL									<u>,</u>	0
DIRECTOR	1	·					 	0.	0.	0.
(3) RICH_CUMMINGS								_		
DIRECTOR	1	L	L	•			<u> </u>	0.	0.	0.
(4) RON FORAKER										0.
DIRECTOR	1	<u> </u>		L		L	I	0.	0.	<u> </u>
(5) MARTIN VALDEZ			1						0.	0.
DIRECTOR	1	ļ		L			Ļ	0.	0.	0.
(6) JEROME DELVIN	1							0	0.	0.
DIRECTOR	1	X				<u> </u>	•	0.	0.	<u> </u>
(7) JOHN GIVENS	_							0	0.	0.
DIRECTOR	<u> · 1</u>	X		<u> </u>			 	0.	0.	
(8) KATIE LARSON	4	·							0.	. 0.
DIRECTOR	1	X		ļ	<u> </u>	<u> </u>	<u> </u>	0.		· · · · ·
(9) JAMES BEAVER	4							0.	. 0.	0.
DIRECTOR	1	<u>X</u>	<u> </u>	┞				<u> </u>	<u> </u>	
(10) LORI LANCASTER								0.	0.	0.
DIRECTOR	1	X	<u> </u>		<u> </u>			<u> </u>	<u>_</u>	
(11) TODD NELSON	-			1				0.	0.	0.
DIRECTOR	1	X	_		Ŀ	 		0.	<u> </u>	
(12) KAREN MILLER				·				0.	0.	0.
DIRECTOR	1	X	 	╞	–		-	<u>-</u> .	<u> </u>	<u> </u>
(13) MIKE GARRISON	4			1				0.	0.	0.
DIRECTOR	1	<u>X</u>	–	┼──	<u> </u>		╂──	0.	<u> </u>	
(14) TONY AU		1		ļ			1	0.	0.	·0.
DIRECTOR	1	X	I		L	<u> </u>	<u> </u>	<u>v.</u>	<u> </u>	

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TRI-CITIES VISITOR & CONVENTION BUREAU Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Check if Schedule O contains a response to any question in this Part VII.....

Independent Contractors

Section A.

organization's tax year.

Form 990 (2011) TRI-CITIES VISITOR & CONV	ENTI	ON	BUI	REA	١U				91-085963	
Part VII Section A. Officers, Directors, Trust	ees, P	۲ey	Em	plo	yee	es, ai	nd	Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours	(do box, offic	not cł unles cer an	Posi héck i ss pei d a d	C) ition more rson i lirecto	than on is both a r/trustee	ie an e)	(D) Reportable compensation from the organization (W-271099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	veek (describ e hours for related organi- zations	Individual trustee or director	Ínstitutional trustee	Officer	Key employee	Highest compensated	former		(11-21-005 111-005)	organization and related organizations
	Sch O)						_			
(15) MARK BLOTZ DIRECTOR	1	x						0.	0.	. 0.
(16) BARB JOHNSON	1	x						0.	0	0.
DIRECTOR (17) MELANIE JOHNSTON DIRECTOR	1	X						0.	0	. 0.
(18) VIJAY PATEL DIRECTOR	1	x						0.	0	. 0.
(19) PHILLIP LEMLEY DIRECTOR	1	X						0.	. 0	. 0.
(20) DEBBIE BONE-HARRIS	1	X						0.	0	0.
(21) GENE WAGNER DIRECTOR	1	X					-	0.	0	0.
(22) JOHN NEILL CHAIRMAN	· 1	x						0.	0	0.
(23) IAN NAPIER DIRECTOR	. 1	x						0.	0	0.
(24) MONICA HAMMERBERG DIRECTOR	· 1	x		1				0.	0	. 0.
(25) DEANNA SMITH DIRECTOR	- 1	x	1					0.	0	
1b Sub-total								0.	0	<u> </u>
c Total from continuation sheets to Part VII, Section							A	115,367.	0	
d Total (add lines 1b and 1c)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .	<u></u>		115,367.	0	•
2 Total number of individuals (including but not limite	ed to th	iose	liste	ed al	bove	e) who) re	ceived more than	1 \$100,000 01 1600	
from the organization · 🕨 1						_ 				Yes No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	nama	uan i			• • • •		•••			<u>3 X</u>
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	eportat than \$	ole c 150,0	omp 000?	ens ? <i>If</i> '	atioı 'Yes	n and ' <i>com</i> i	oth plet	ter compensation te Schedule J for	from	<u>4 X</u>
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' 	compei <i>compl</i> e	nsati ete S	ion f Sche	irom dule	i any e <i>J f</i> i	/ unre or suc	late sh p	ed organization o person	r individual	5 X
Section B. Independent Contractors							Har	t received more	than \$100.000 of	······································
Section B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation	ensatio	n fo	r the	cal	end	ar yea	ar e	T		n's tax year. (C)
(A) Name and business addre	ss							Description	of services	Compensation
								· · · · · · · · · · · · · · · · · · ·		<u></u>
	·		<u> </u>							
	. <u> </u>						_			
									vod more than	
2 Total number of independent contractors (including \$100,000 in compensation from the organization	g but n ► 0	ot lir	niteo	d to	tho	se list	ea	above) who recei	YOU HIVE HIGH	

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Employler Identification number

91-0859630

Department of the Treasury Internal Revenue Service

Name of the Organization

TRI-CITIES VISITOR & CONVENTION BUREAU Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (F) (E) (D) (C) (B) Estimaled amount of other compensation from the organization and related organizations (A) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Position (check all that apply) Average hours per week Name and Title Highest co employee Former Individual t or director Officer Institutional Key employee compensated trustee trustee COREY PEARSON 0. 0. 0. Х 1 DIRECTOR DON HART 0. 0. 0. Х 1 DIRECTOR TROY WOODY 0. 0, 0. Х 1 DIRECTOR LORI MATTSON 0. 0 0. Х 1 DIRECTOR CARL ADRIAN 0. 0. 0. Х 1 DIRECTOR JERRY HOLLOWAY 0. 0 0. Х 1 DIRECTOR LARRY HALER 0. 0. 0. Х 1 DIRECTOR 0. MAY HAYS 0 0. Х 1 DIRECTOR 0. STEVE YOUNG 0. 0. Х 1 DIRECTOR LARRY FORSGREN 0. 0 0. Х 1 DIRECTOR KRIS WATKINS 0._ 0. 115,367 Х 40 PRESIDENT & CEO JOHN BOOKWALTER 0 0. 0. Х 5 PAST CHAIRMAN SCOTT_KELLER 0. 0 0. Х 5 DIRECTOR 0. RON HUE 0. 0. Х 5 TREASURER 0<u>.</u> SUZANNE HEASTON 0. 0. 5 Х VICE CHAIR TIM FREDRICKSON 0. 0. 0. Х 5 PAST CHAIRMAN

600 (2011)	TRI-CITIES	VISITOR	&	CONVENTION	BUREAU

Part VIII Statement of Revenue (D) Revenue (C) Unrelated (B) Related or (A) Total revenue excluded from tax business exempt under sections 512, 513, or 514 revenue function revenue 12 1 1 1 1 1 1 1 a Federated campaigns 1a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 347,538 b Membership dues..... 1b 1 c c Fundraising events..... 1d d Related organizations 1,385,520 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in Ins 1a-1f: \$ 1,733,058 ⋗ h Total. Add lines 1a-1f **Business** Code PROGRAM SERVICE REVENUE 2a f All other program service revenue... g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and 6,569 6,569 other similar amounts) Income from investment of tax-exempt bond proceeds. Δ Royalties.... 5 (ii) Personal (i) Real 6a Gross rents..... b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses c Gain or (loss)..... d Net gain or (loss) 8a Gross income from fundraising events (not including. \$ OTHER REVENUE of contributions reported on line 1c). See Part IV, line 18.....a b Less: direct expenses b c Net income or (loss) from fundraising events..... 9a Gross income from gaming activities. See Part IV, line 19.....a b Less: direct expenses b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances..... b Less: cost of goods sold..... b c Net income or (loss) from sales of inventory..... **Business** Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 0. 0 6,569 1,739,627 ⊳ Total revenue. See instructions . . Form 990 (2011) 12

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Page 10

Form 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU

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).

	her organizations must complete column (A) but Check if Schedule O contains a re		(B)	(C)	(D) Fundraising
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
л	Benefits paid to or for members			<u></u>	0
5	Compensation of current officers, directors, trustees, and key employees	115,367.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	· 0.	0.	0.	
-	Other salaries and wages	582,473.	582,473.	ļ	<u></u>
7	Pension plan accruats and contributions				
8	(include section 401(K) and section 403(0) employer contributions)	26,948.	<u>26,948.</u> 66,921.		
9	Other employee benefits.	66,921.	63,279		
10	Payroll taxes	63,279.	03,219.	+	
11	Fees for services (non-employees):				
2	Management		4,420		
k	Legal	4,420.	40,000		
C	Accounting	40,000.	40,000	·	
,	Hobbying				1
é	Professional fundraising services. See Part IV, line 17		<u>i nyi nyi boʻki yabilkari</u> T		
f	Investment management fees			<u> </u>	
	n Other		270,943		
12	Advertising and promotion	270, 943.	24,078		
13	Office expenses		24,070	<u>·</u>	
14	Information technology		<u> </u>		
15	· Rovallies		68,941	······································	
16	Occupancy	00, 541.	38,702		
17	Travel	38,702.	30/102		
18	Payments of travel or entertainment expenses for any federal, state, or local				
19	Conferences, conventions, and meetings		<u> </u>		
20	Interest		<u> </u>		
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	12,050			
23	Incurance	2,034	Marcola de la Marcola de la		
24	covered above (List miscellaneous expenses) in line 24e, If line 24e amount exceeds 10%				
	expenses on Scheuule O.J.	105,578	105,57	3	
	a CONVENTION DEVELOPMENT	32,759			
	b COMMUNITY DEVELOPMENT	31,804		4.	
	C EQUIPMENT RENTAL & MAINTENANCE	22,029	. 22,02		_
	d POSTAGE AND SHIPPING	42,700	. 42,70		
	e All other expenses			7.	0.
25	5 Total functional expenses. Add lines 1 through 24e	` <u></u>			
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
	Chook bara 🖻 I THI TOHOWING	· · · · ·	1	1	l

Form 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU

Par	ŧΧ	Balance Sheet	<u></u> ,		(A) Beginning of year		(B) End of year
					539,266.		581,711.
	1	Cash – non-interest-bearing	• • • • •			2	749,639.
	~	Severage and temporary cash investments.				3	
	2	Diadage and grants receivable. Det				4	
ļ	A	Accounts receivable, net			14.6%。19.4%发展是不能的方面的第三人称单数。20.5%)	म् स्टब्स्ट्रि	
Í	-	- directors	s. trus	stees, key employees,		5 S	
	5	and highest compensated employees. Complete Part	l of S	chedule L	ALC: REMOVEMENT OF A STOCK	412(5)?	计正规的正规性的问题的 。
1	6	Receivables from other disqualified persons (as define	d uno	der section 4958(t)(T))			
	č	persons described in section 4958(c)(3)(B), and contraction of section 501(c)(9) voluntar	y em	ployees' beneficiary		6	
		organizations (see instructions)		****		7	
A	7	ALL and loops receivable net				8	
A S E T S	8					9	
Ť	9	Prepaid expenses and deferred charges		1		in the second	
1	10-	Land buildings and equipment: cost or other basis.					
	iua	Complete Part VI of Schedule D	<u>10a</u>				390,347.
	b	to a segmentated depreciation	100			11	
	11	a state sublide traded securities			·	12	
	12	the sther convities See Part IV, line 11,			·	13	
	13	I I I I I I I I I I I I I I I I I I I			· ·	14	
	14	the state access			·	15	
	15	and the Deet IV line 11			·	. 16	1,721,697.
	16		341.	<u> </u>		17	62.
	17					18	
	18	Grants payable				19	
	19	Deferred revenue				20	
L	20	Tax-exempt bond liabilities	IV of	Schedule D		21	Al and a start and a start and a start and a start a st
Å	21	Escrow or custodial account hability. Complete Function	stee	s, key employees,			
1	22	Payables to current and former officers, directory a bighest compensated employees, and disqualified pe	s and grants receivable, net	1	22	2	
Ĩ	ļ	of Schedule L	 			23	3
É	23	Secured mortgages and notes payable to unrelated	(เขานา)	tion		24	1
S	24	Unsecured notes and loans payable to unrelated thin	u pai loc to	rotated third narties.			10,419.
	25	Other liabilities (including federal income tax, payab	mplet	e Part X of Schedule	D. 50,000		
	0). 20	
	26	Organizations that follow SFAS 117, check here >		and complete lines			
NET		art it would be and lines 33 and 34.			。 	2	
	27		,		··· [2	
ASSETS	28	m states to bot assets			··· /	2	
Ţ	29						
0 R		Organizations that do not follow SFAS 117, check	here	► [X] and complete	· · · · · · · · · · · · · · · · · · ·		
					an an the second se	3	0
FUND	30	and the standard or current funds		•••••	····		1
		and huilding. of equi	omen	(10)0			1,711,216.
ĂĻ	32		le, or	Utiles fundation for			3 1,711,216.
BALANCES	33						1,721,697.
Como	. 34				<u></u>		Form 990 (2011)

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91-0859630

Page 11

91-0859630	Page I	12
Form 990 (2011) TRI-CITIES VISITOR & CONVENTION BUREAU 91-0839030	Г	
Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		
Check if Schedule O contains a response to any question in this recovery destroy		,
1 1	1351041	
1 Total revenue (must equal Part VIII, column (A), line 12) 2 1,	552,690	
1 Total revenue (must equal Part VIII, column (A), line 12)	186,937	
2 Total expenses (must equal Part IX, column (A), line 25)	524,279	
3 Revenue less expenses. Subtract line 2 from line 1 4 1, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>[</u>).
		_
	,711,216	<u>.</u>
	1	
Column (B))	<u></u>	
Check if Schedule O contains a response to any question in this Part XII	Yes N	10
 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2 a Were the organization changed its method of accounting from a prior year or checked 'Other,' explain b Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis or both: Both consolidated and separate basis 	2a	X X X
	3b	
 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. 	Form 990 (a	2011)

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		OMB No. 1545-0047
Schedule B (Form 990, 990-EZ, or 990-PF)	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF	2011
Department of the Treasury Internal Revenue Service		Employer identification number
Name of the organization		91-0859630
TRI-CITIES VISIT	OR & CONVENTION BUREAU	
Organization type (check	one):	
Filers of: Form 990 or 990-EZ	Section: X 501(c)(<u>6</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 501(c)(3) taxable private foundation	rivate foundation
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and lling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo e Parts I and II.)	
 (2) 2% of the amount (2) 2% of the amount For a section 501(c): total contributions of crutical contributions of crutical contributions of crutical contributions for use For a section 501(c): Contributions for use If this box is checked purpose. Do not correligious, charitable 	(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of (1)(A)(vi), and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1 h or (ii) Form 990-EZ, line 1. Complete Parts (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literately to children or animals. Complete Parts 1, II, and III. (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literately to children or animals. Complete Parts 1, II, and III. (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any exclusively for religious, charitable, etc., purposes, but these contributions did exclusively for religious, charitable, etc., purposes, but these contributions did exclusively for the parts unless the General Rule applies to this organization be etc., contributions of \$5,000 or more during the year	one contributor, during the year, y, or educational purposes, or one contributor, during the year, not total to more than \$1,000. <i>exclusively</i> religious, charitable, etc, cause it received nonexclusively
Gaution: An organization 990-PF) but it must ans Form 990-PF, to certify	in that is not covered by the deneral relation of the box on line H of its r wer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its r that it does not meet the filing requirements of Schedule B (Form 990, 990-E) that it does not meet the filing requirements of Schedule B (Form 990, Sch	Z, or 990-PF). edule B (Form 990, 990-EZ, or 990-PF) (201

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

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6			Page	1 of 4 of Part 1
Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)		Employer id 91-085	entification number 59630
Name of organi	CONVENTION BURGAU	nat space is		
Part I C	Contributors (see instructions). Use duplicate copies of Part in addite	1	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4		ontributions	Person X
i=	CITY OF PASCO	 \$	103,670.	Payroll Noncash
	PASCO, WA 99301			is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
Number	CITY OF KENNEWICK		170 <u>,976.</u>	Person X Payroll Noncash
	210 W 6TH AVE	1		(Complete Part II if there is a noncash contribution.)
(a)	KENNEWICK, WA 99336 (b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
Number	CITY OF RICHLAND			Person X Payroll
3	505 SWIFT BLVD	1	<u>174,737</u>	. Noncash (Complete Part II if there is a noncash contribution.)
	RICHLAND, WA 99352(b)		(c) Total	(d) Type of contribution
(a) Numbe	Name, address, and ZIP + 4		contributions	Person X
4	BENTON PUD		5,00	
	PO_BOX_6270			(Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
Numb	er			Person X Payroll
5	BECHTEL 3350 GEORGE WASHINGTON WAY		\$20,00	00. Noncash (Complete Part II if there is a noncash contribution.)
	RICHLAND, WA 99352(b)		(c) Total	(d) Type of contribution
(a) Num	Nome address, and ZIP + 4		contributions	Person X
6	CH2M HILL		\$5,(Payroll
	PO BOX 1500 RICHLAND, WA 99352			(Complete Part II if there is a noncash contribution
	KICHLAND, WA 2000		Cabadula B (Eo	rm 990, 990-EZ, or 990-PF) (201

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		Page	2 of 4 of Part 1
Name of organ	s (Form 990, 990-EZ, or 990-PF) (2011)	Employer id 91-085	lentification number
"T"-Tam	TTES VISITOR & CONVENTION BUREAU		
Part 1	Contributors (see instructions). Use duplicate copies of Part I if additiona	(c)	(d)
(a) Number	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
7	BEN FRANKLIN TRANSIT	 	Person X Payroll Noncash
Ī	1000 COLUMBIA PARK TRAIL	\$ <u>5,000.</u>	(Complete Part II if there is a noncash contribution.)
	RICHLAND, WA 99352	 (c)	(d)
(a) Number	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
8	PORT OF BENTON	 \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	RICHLAND, WA 99352	 (c)	(d)
(a) Number	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
9	CITY OF WEST RICHLAND	 s <u>5,000</u> -	Person X Payroll Noncash
	3801 W VAN GIESEN WEST RICHLAND, WA 99353		(Complete Part II if there is a noncash contribution.)
		(C)	(d) Type of contribution
(a) Numbe	(b) r Name, address, and ZIP + 4	Total contributions	
10	BENTON COUNTY	 s 5,000	Person X Payroll . Noncash
	5600 W CANAL		(Complete Part II if there is a noncash contribution.)
	KENNEWICK, WA 99336	(c)	(d)
(a) Numb	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
	RED LION	^{\$} <u>9,000</u>	Person X Payroll
•	PASCO, WA 99301	 (c)	(d)
(a) Numb	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
12	FRANKLIN PUD		Person X Payroll
	1411 W CLARK ST	\$ <u>5,00</u>	00. Noncash (Complete Part II if there is a noncash contribution.)
	PASCO, WA 99301	Schedule B (Form	1 990, 990-EZ, or 990-PF) (2011)

		Page	3 of 4 of Part 1
Schedule B_(F	orm 990, 990-EZ, or 990-PF) (2011)	Employer 91-08	dentification number
lame of organizat	TION BUREAU		59850
TRI-CITI	ntributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	(d)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
Number 13 PO	ORT OF KENNEWICK	 s 5,000.	Person X Payroll Noncash
	O CLOVER ISLAND DRIVE		(Complete Part II if there is a noncash contribution.)
(a)	ENNEWICK, WA 99336 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ORT OF PASCO	\$5,000	Person X Payroll Noncash
[-·	110 OSPREY POINTE BLVD	(c)	(Complete Part II if there is a noncash contribution.) (d)
(a) Number	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>	BATTELLE PNNL	 \$30,000	Payroli
Г	PO_BOX_999, MS_K1-71	·	(Complete Part II if there is a noncash contribution.) (d)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
16	WASH RIVER PROTECTION SOLUTIONS	 s 40,00	Person X Payroll
ļ	PO_BOX_850, MSIN_H6-63		(Complete Part II if there is a noncash contribution.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	WASHINGTON_CLOSURE_HANFORD	 \$10,0	Complete Part II if ther
	RICHLAND, WA 99354	(c) Total	is a noncash contribution (d) Type of contribution
(a) Numbei	r Name, address, and ZIP + 4	contributions	Person X
18	MISSION ALLIANCE SUPPORT	\$20,1	Payroll 000. Noncash
	PO BOX 650 MSIN H1-30 RICHLAND, WA 99352		is a noncash contribution rm 990, 990-EZ, or 990-PF) (20

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	200 000 57 at 000 PEN (2011)	Page	4 of 4 of Part 1 Identification number
when all are an	(Form 990, 990-EZ, or 990-PF) (2011) zation	Employer 10	
RI-CIT	IES VISITOR & CONVENTION BUREAU	space is needed.	_
Cart I (a) Number	Contributors (see instructions). Use duplicate copies of Part I if additional (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FRAC CENTER		Person X Payroll
1	5600 BURDEN BLVD	\$ <u>5,000.</u>	Noncash [_] (Complete Part II if there is a noncash contribution.)
(a)	(b)	 (c) Total	(d) Type of contribution
Number	Name, address, and ZIP + 4	<u>contributions</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 ^{\$}	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Numb	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
, 		 \$	Person Payroll Noncash (Complete Part II if ther is a noncash contribution
		Schedule B (Forr	n 990, 990-EZ, or 990-PF) (201

	Page	1 to	1 of Part II
rm 990, 990-EZ, or 990-PF) (2011)	<u></u>		
		91-08596	30
5 VISITOR & CONVENTION BUREAU	ce is need	ed.	
ncash Property (see instructions). Use duplicate copies of Part in in additional spa			(d)
(b)	FMV (or	(c) • estimate)	Date received
Description of noncash property given	(see ins	structions)	
		}	
	\$	+	
4.5	TBAN///c	(c)	(d) Date received
(D) Description of noncash property given	(see in	istructions)	
	\$		·
		(c)	(d) Date received
(b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	FMV ((or estimate) instructions)	Date received
Description of noncessin property 5	(300)		<u> </u>
	4		
	-		
	4		
	- '		
		(c)	(d) Date received
(b) (b)	FMV	(or estimate)	Date received
Description of noncash property given	(see		
	-		
	- ^{\$}		
	_ <u>+</u>	(0)	(d) Date received
(b)	EM	(or estimate)	Date received
Description of noncash property given	(se	e instructions)	
	<u> </u>		
	\$		
			(d)
(b)	FIV	(c) V (or estimate) الا	(d) Date received
Description of noncash property given	(se	e instructions)	
	1		
	\$		
)-EZ, or 990-PF) (20
	(b) Description of noncash property given	rm 990, 990-EZ, or 990-PF) (2011) s VISITOR & CONVENTION BUREAU chain and the set instructions). Use duplicate copies of Part II if additional space is need bescription of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	mm 990, 990-E2, or 990-PF) (2011) Imployer blanding n 91-085963 S VISITIOR & CONVENTION BUREAU 91-085963 masked by the state of the state o

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chedule E	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page	e	<u>1 to 1</u>		
me of ordar	nization	וזגי			Employer Identificati 91-0859630	on number	
<u> I −CI'</u> art III	TIES VISITOR & CONVENTION BURE	and wide a contributions	to section 501	$\frac{1}{1(c)(7)}$), (8), or (10)		
2[1]						e entry.	
	For organizations completing Part III, enter to	tal of exclusively religious, chari	table, etc,		́►s	N/P	
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	cace is needed.	nist deastiony				
(a)	(b)	· (c)			(4)	hia hald	
o, from	Purpose of gift	Use of gift		Descri	ption of how gif		
Part I	N/A	· · · · · · · · · · · · · · · · · · ·					
		······································			<u> </u>		
		· · · · · · · · · · · · · · · · · · ·		<u></u> ,			
		(e)	,,				
		Transfer of gift	Dulutionahi	in of the	ransferor to tran	sferee	
	Transferee's name, address,	, and ZIP + 4	Relationsh	iip or a			
				<u> </u>			
					(d)		
(a) o. from Part I	(b)	(c) Use of gift		Descr	iption of how gi	ft is held	
	Purpose of gift						
						·	
	(e) Transfer of gift						
	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer						
					•		
•							
	(b)	(c)			(d)		
(a) lo. from		Use of gift	-	Desc	ription of how g	ift is held	
Partl							
						<u> </u>	
		(e)			·		
		Relationship of transferor to transferee					
	Transferee's name, address	Transfer of gift s, and ZIP + 4	Relations	hip of	transferor to tra		
		_ <u>·</u>					
	· · · · · · · · · · · · · · · · · · ·		_				
(a)	(b)	(c)	-	-	(d) cription of how g	utt ic hold	
No, from	n Purpose of gift	Use of gift		Desc	cription of now g		
Part I				<u> </u>			
			<u> </u>		<u> </u>		
				<u>.</u>			
		(e) Transfer of gift	_ L	<u>_</u>	·····		
		Polationa	shin of	transferor to tra	ansferee		
	Transferee's name, addres	s, and ZIP + 4		Sinh OI			
			· · · · · · · · · · · · · · · · · · ·		000 000 77		
BAA			Schedule I	B (Forr	m 990, 990-EZ, o)1 990-PPJ (20	

•					OMB No. 15	15-0047
	1	L Financial Statemet	nts		201	1
HEDULE D orm 990)	Supp	lemental Financial Statemen = If the organization answered 'Yes,' to Fo 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 1 h to Form 990. ► See separate instructi	orm 990,		Open to	Public
MIN 350)	► Complete	if the organization answers, 11d, 11e, 11f, 1 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 1	2a, or 12b.		Inspection num	
artment of the Treasury nal Revenue Service	► Attac	h to Form 990. ► See separate mount		Employer	dentineation no.	
e of the organization				01-08	159630	
	THE CONVENTION	BUREAU Advised Funds or Other Similar D Form 990, Part IV, line 6.	Funda or A	ccounts.	Complete i	f
RI-CITIES VI	SITOR & CONVENTION	Advised Funds or Other Similar	Funds of A	(00041140		
art I Organiza	vization answered 'Yes' to	5 Form 990, Part IV, line 6.		(b) Funds an	id other accou	ints
		(4) 2011				
1 Total number a	t end of year					
2 Aggregate cont	ributions to (during year)					
a Aggregate graf	its from (during year)					
				vised	Yes	No
5 Did the organiz	ation inform all donors and do	to the organization's exclusive legal cont	101:	he		
					Yes	No
6 Did the organiz	cation inform all granteest and not for	ors, and donor advisors in writing that gra the benefit of the donor or donor advisor nefit?			art IV, line	7
		The state or danization another		rm 990, i	<u>arcity</u>	
Part II Conser	vation Easements. Comp	by the organization (check all that apply).	vation of an h	istorically in	portant land	area
1 Purpose(s) of	conservation easements reid	recreation or education)	vation of a ce	rtified histor	ic structure	
Dreservat	ion of land for public day (e.s.	l Preser	Vacon or a ee			t an tho
Protection	n of natural habitat	un transportion contribu	, ution in the fo	orm of a con	servation eas	ement on the
Preservat	a 2a through 2d if the organiza	ation held a qualified conservation contrib	- 	Hold 2	t the End of t	he Tax Year
				1 I CICICI		
2 Complete line last day of the	e tax year.		F	29		
last day of the				2a		
	of conservation easements			2a 2b 2c		
a Total number	of conservation easements.	sements	· · · · · · · · · · · · · · · · · · ·	2a 2b 2c	·	
a Total number b Total acreage	of conservation easements e restricted by conservation ea onservation easements on a co	sements ertified historic structure included in (a)	n a historic	2a 2b 2c	·	
a Total number b Total acreage	of conservation easements e restricted by conservation ea onservation easements on a co	sements ertified historic structure included in (a)	n a historic	2a 2b 2c	·	
a Total number b Total acreage c Number of co d Number of co structure list	of conservation easements e restricted by conservation ea onservation easements on a co onservation easements include ed in the National Register	sements. ertified historic structure included in (a) ed in (c) acquired after 8/17/06, and not or ed, transferred, released, extinguished, or	n a historic	2a 2b 2c	·	
a Total number b Total acreage c Number of co d Number of co structure list 3 Number of c	of conservation easements e restricted by conservation ea onservation easements on a co onservation easements include ed in the National Register onservation easements modifi	sements. ertified historic structure included in (a) ed in (c) acquired after 8/17/06, and not or ed, transferred, released, extinguished, or	n a historic	2a 2b 2c 2d y the organi	zation during	the
a Total number b Total acreage c Number of co d Number of co structure list 3 Number of c tax year 4 Number of s	of conservation easements e restricted by conservation ea onservation easements on a co onservation easements include ed in the National Register onservation easements modifie tates where property subject to	sements ertified historic structure included in (a) ed in (c) acquired after 8/17/06, and not or ed, transferred, released, extinguished, or o conservation easement is located 	n a historic	2a 2b 2c 2d y the organi ng of violatio	zation during	
a Total number b Total acreage c Number of co d Number of co structure list 3 Number of c tax year 4 Number of s	of conservation easements e restricted by conservation ea onservation easements on a co onservation easements include ed in the National Register onservation easements modifie tates where property subject to	sements ertified historic structure included in (a) ed in (c) acquired after 8/17/06, and not or ed, transferred, released, extinguished, or o conservation easement is located 	n a historic	2a 2b 2c 2d y the organi ng of violatio	zation during	the
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hedule D (Form 990) 2011 TRI-CITIES	VISITOR &	A UNVENTION	Treasures, or (Other S	Similar Assets	(conti	nuea)	
hedule D (Form 990) 2011 TRI-CITIES art III Organizations Maintaining Col 3 Using the organization's acquisition, access	llections of	Art, Historica	w of the following t	hat are a	a significant use o	f its col	lection	
a Using the organization's acquisition, access	sion, and othe	er records, check a	ly of the lollowing v		-			
Items (check an area offers)		A L Lloan or ex(hange programs					
a Public exhibition		e Other						
b Scholariy research		<u></u>						
c Preservation for future generations		- I auntain how the	v further the organia	zation's (exempt purpose ir	1		
c Preservation for future generations 4 Provide a description of the organization's	collections ar		,					
Part AIV.	,	onotions of art, his	torical treasures, or			Yes	<u> N</u>	
 Provide a description of the organization of Part XIV. During the year, did the organization solicit assets to be sold to raise funds rather than assets to be sold to raise funds rather than 	n to be mainta	ained as part of the	organization's con	swered	'Yes' to Form	990, F	Part IV	,
5 During the year, did the organization solicit assets to be sold to raise funds rather than Part IV Escrow and Custodial Arrang	jements. C	omplete if the	organization and	5410100	100 1-			
Part IV Escrow and Custodial Arrang line 9, or reported an amount	on Form 9	90, Part X, ille	21.					
1 a is the organization an agent, trustee, custo included on Form 990, Part X?	odian or othe	er intermediary for	contributions or oth	er asset	s not	Yes	_ [] N	lo
1 a is the organization an agent, trustee, cusic								······
included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part X	(IV and comp	lete the following t	able:		An	nount		
bit Yes, explain the analigement at a				10	<u></u>			
c Beginning balance								
c Beginning balance d Additions during the year		,						
d Additions during the year				10				
 d Additions during the year e Distributions during the year f Ending balance 				[1!		Yes		No.
f Ending balance	n Form 990.	Part X, line 21?] 100	1-1	•
					Dest IV line	10		
b If 'Yes,' explain the arrangement in Part 2 Part V Endowment Funds. Complete (a) C	Alv.	anization answe	ered 'Yes' to Fo	<u>rm 990</u>	<u>, Part IV, IIIe</u>	(a) Fo	ur years b	nack
Part V Endowment Funds. Complete	<u>s il tito orge</u>	(b) Prior year	(c) Two years bad	<u>ck (d</u>) Three years back	(6) 10		2
<u>(u)</u>		(4) 1100 (200				ente da la constante da la cons Este da la constante da la const	eren <u>na s</u> Referencias	
1 a Beginning of year balance	·						<u></u>	
b Contributions							1.25.254	
c Net investment earnings, gains,		1				ुर्द्धहरू जनसंख्याहर		
and losses		_					1999-1999 1999-1999 1999-1999	
d Grants or scholarships		_					in second	
• Other expenditures for facilities								
and programs								
f Administrative expenses	_,		· · · · · · · · · · · · · · · · · · ·			<u>1991.0000</u>		
g End of year balance		and balance (line	1g. column (a)) hel	d as:	-			
2 Provide the estimated percentage of the	s current year	enu balanco (inte	- 51					
a Board designated or quasi-endowment	·	°						
h Permanent endowment ▶	0	0						
- units restricted andowment		0						
	should equa :	1100%.		Iminictor	ad for the	г	<u> </u>	<u> </u>
	possession of	the organization t	hat are held and ad	muster	eu tor and		Yes	<u>No</u>
						<u>3a(i)</u>		↓
3a Are there endowment tunds not in the p organization by: (i) unrelated organizations		· · · · · · · · · · · · · · · · · · ·				3a(ii)		
() uniciation of a			,			3b	L	L
(ii) related organizations	zations listed	as required on Sci	lequie reason		_			
(i) unrelated organizations (ii) related organizations		ization's endowme	nt tunas.					
b If 'Yes' to 3a(ii), are the related organiz	of the organ		rt Χ, πιε το) Accumulated	(d)	Book v	alue
b If 'Yes' to 3a(ii), are the related organiz		e Form 990, Pa		1 (c				
b If 'Yes' to 3a(ii), are the related organiz <u>4</u> Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip	pment. See	ost or other basis	(h) Cost or other	1	depreciation		·	
b If 'Yes' to 3a(ii), are the related organiz <u>4</u> Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip Description of property	pment. See (a) Co	e Form 990, Pa ost or other basis (investment)	(b) Cost or other basis (other)	1	depreciation			
b If 'Yes' to 3a(ii), are the related organiz 4 Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip Description of property	pment. See (a) Co	ost or other basis	(h) Cost or other	1	depreciation			
b If 'Yes' to 3a(ii), are the related organiz 4 Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip Description of property	pment. See (a) Co	ost or other basis	(h) Cost or other	1	depreciation			
b If 'Yes' to 3a(ii), are the related organiz <u>4 Describe in Part XIV the intended uses</u> Part VI Land, Buildings, and Equip Description of property 1 a Land b Buildings	pment. See (a) Co	ost or other basis	(h) Cost or other	1	depreciation			
b If 'Yes' to 3a(ii), are the related organiz 4 Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip Description of property 1 a Land b Buildings c Leasehold improvements	pment. See	ost or other basis (investment)	(b) Cost or other basis (other)		depreciation			0,34
b If 'Yes' to 3a(ii), are the related organiz 4 Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip Description of property 1 a Land b Buildings	pment. See (a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	9	58,931.	edule D	39(0,34

_	D 7
1-0859630	Page 3

			91-0859630 Page 3
Schedule D (Form 990) 2011 TRI-CITIES VISITOR	& CONVENT	ION BUREAU	91-0859030
Schedule D (Form 990) 2011 TRI-CITIES VISITOR	orm 990, Pa	rt X, line 12. N/A	od of valuation:
In- VII Investments - Otter Octante	(b) Book val	ue Cost or end-	od of valuation: of-year market value
(a) Description of security or category (including name of security)			
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		· · ·	
(A)			
(B)			
(⁰)			
(E)	·		
(F)	·		
<u>(G)</u>			
(H)			
(I) Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).	►	10 N/A	
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.). Part VIII Investments – Program Related. See	e Form 990, I	(c) Me	ethod of valuation: d-of-year market value
(a) Description of investment type	(b) Book v	Cost or en	d-of-year market value
(1)	-+		
(2)			
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)		·····	
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Total. (Column (b) must equal Form 990, Part X	V ling 15	N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (b) mile (b) - Part IX Other Assets. See Form 990, Part X	Description		()) Dosition
(a)		·	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(10) Total. (Column (b) must equal Form 990, Part X, colu	mn (B), line 15.	7	
Devel V 1 Other Liabilities, 000 Contraction	$\frac{\operatorname{rart} \Lambda, \operatorname{me} \mu}{1}$) Book value	
(a) Description of liability			
taxes		500.	
W 2012 VG PREPAYMENTS		9,919.	
(2) ZOIZ VC (3) MASTER PLAN DEPOSITS			
(4)			
(5)			
(6)			
(7)	·		
(8)			
(9)			
(10)		10,419.	
(11) (11) Privat aqual Form 990, Part X, column (B) line 2.	5.)	10,410.1	cial statements that reports the
Total. (Column (b) musi equal rolling both the start XIV, provide the	he text of the fo	othote to the organization changes	Schedule D (Form 99
 (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 2. 2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the organization's liability for uncertain tax positions uncertain tax positions. 	TEE/	13303L 01/23/12	Schennie P (Sturre

Schedule D (Form 990) 2011

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	REAU	91-0859630 Page 4
Schedule D (Form 990) 2011 TRI-CITIES VISITOR & CONVENTION BU	ial Statements	N/A
Part XI Reconciliation of Change in Net Assets from Form 990 to Addited Finance		·····
1 Total revenue (Form 990, Part VIII, column (A), and (2)		
2 Total expenses (Form 990, Part IX, country VV, into 2007)		· · · · · · · · · · · · · · · · · · ·
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
 3 Excess or (deficit) for the year. Subtract line 2 from line 1		
 4 Net unrealized gains (losses) on investments		
C lovostmont expenses		· · · · · · · · · · · · · · · · · · ·
 6 Investment expenses 7 Prior period adjustments 		·····
9 Other (Describe in Part XIV.)		
The structure on the Add lines 4 Glough Original Structure of the structur	a 10	
 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 10 Excess or (deficit) for the year per audited financial statements. 	s and s	e per Return N/A
9 Total adjustments (her): Add information of the year per audited financial statements. Combine lines 10 Excess or (deficit) for the year per audited financial statements. Combine lines Part XII Reconciliation of Revenue per Audited Financial Statements	ints With Reven	1
 Total revenue, gains, and other support per 990, Part VIII, line 12: Amounts included on line 1 but not on Form 990, Part VIII, line 12: 		
	2b	
c Recoveries of prior year grants d Other (Describe in Part XIV.)		2e
d Other (Describe in Part XIV.)e Add lines 2a through 2d.		3
 3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but for all of a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a Investment expenses not included on Form 550, Fart this and the botter (Describe in Part XIV.)	40	4c
		5
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 5 Total revenue. Add lines 3 and 5 Expenses per Audited Financial States	2.)	anses per Return N/A
c Add lines 4a and 4b	ments with Expe	
Bit State Part XIII Reconciliation of Expenses per Audited Financial State 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements		
 Total expenses and losses per addited interest expenses Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1 . 1	
2 Amounts included on line 1 but not on Form 990, Fait 17, into con a Donated services and use of facilities	<u>2a</u>	
a Donated services and use of facilities b Prior year adjustments	<u>2b</u>	
b Prior year adjustments c Other losses	<u>2c</u>	iiii
c Other losses d Other (Describe in Part XIV.)	2d	2e
d Other (Describe in Part XIV.) e Add lines 2a through 2d		
e Add lines 2a through 2d 3 Subtract line 2e from line 1		35-24 X
3 Subtract line 2e from line 1		
 3 Subtract line 2e from line 1	<u>4a</u>	
 a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV.). 	[_4b]	4c
b Other (Describe in Part XIV.) c Add lines 4a and 4b		5
c Add lines 4a and 40	10.)	
5 Total expenses. Add lines 3 and 4c. (<i>Inis most equal rounder</i>) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part X any additional information.		and 4: Part IV, lines 1b and 2b;
Part XIV Supplementar morning required for Part II, lines 3, 5, and	9; Part III, lines 1a a	Also complete this part to provide
Complete this part to provide the descriptions of Part XII, lines 2d and 4b; and Part X		
any additional information.		

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· · · · ·			OMB No. 1545-0047
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-I		2011
Department of the Treasury	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	on	Open to Public A
Department of the Treasury Internal Revenue Service Name of the organization		Employer identific:	
	ITOR & CONVENTION BUREAU	91-085963	0
—	RT VI. LINE 11B - FORM 990 REVIEW PROCESS		
	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE	
	POLICIES AND STATEMENTS ARE AVAILABLE TO THE PUBLIC		EST.
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· · · · · · · · · · · · · · · · · · · ·			

PAGE 7 91-0859630	T T	CURRENT	0 0	، د	ے ر	, с	9	0	1			0		- 69 -			396			V	-	ñ	0 PU3	0 361	÷	n	Ð
A 16		1														•	04760		08920	11520	7 ,14060	7 .17490	7 .27550	7 27550	7 27550	7 .27550	7 .24490
		LIEE _ RATE	7	~	۲ ۲	- r	~ r	- r	ر ۲	, <i>,</i>	י	ז -	، ~ ب	י יייי		MQ 5		α · ·	НУ 7	HY 5	MQ 7	. ΗΥ	MQ	MO	t MQ	3 MQ	200DB HY
		METHOD 1	S/L	S/L	S/L	s/L	S/L	2/L S/L	1/S	S/L	S/L	5./L	S/L	S/L	200DB HY	200DB MQ	••				~	D 200DB HY	8 200DB MQ	7 200DB MQ	6 200DB MQ	71 200DB MQ	2000
		PRIOR DEPRME	2,220	318	3,296	300	2,468	624	2,480	339	8	8	312	204	9,038	1,137	325	6,470	696	1,736	14,860	11,230	78	. 47	5 76		~
LE CLE		DEPR.	2,220	318	3,296	. 300	2,468	624	2,480	339	83	96	312	204	9,137	1,137	325	6,866	1,248	2,768	29,251	28,957	2,190	. 1.310	2,116	2,001	303
BOOK DEPRECIATION SCHEDULE		SALVAG /BASIS REDUCT																									
10N		PRIOR DEC. BAL DEPR.	×																								
EPRECIATION SC		PRIOR 179/ BONUS/ SP. DEPR-																									
K DEPI	5 5 5	SPECIAL DEPR. ALLOW																									
BOOK D	1014 0	CUR 179 BONUS																									
	TRI-CITIE	BUS.		2,220	318	3,296	300	2,468	624	2,480	339	ß	96	312	204	9,137	1,137	325	6,866	1,248	2,768	29,251	28,957	2,190	1,310	2,116	2,001 303
2011 FEDERAL	AF	NTE COST/ NLD BASIS		2,		.*)		-				11/10/1	11/10/1			11/10/1	1/01/11		11/10/1								
201.		DATE DATE		2/01/95	2/01/96	2/11/96	7/23/96	8/27/96	9/04/96	2/20/97		8/14/98 1/	12/15/98 1/	12/28/98	12/15/98			12/07/04			6/01/07	10/29/08	6/96/09	60 /07 /0	01/20/61	19/08/10	12/10/10
				_ 4	·															2				splay unit	1111		ALERA/ FILLIUK
		DESCRIPTION).PF	CHAIPS	DESKS & CHAIRS FILF CABINET	IRE	URE	URE	FILE CABINET	"URE	FURWITURE		,	K ,ARINET	FILE CABINE 1	BOOKCASE	2002 EQUIPMENT PPATOR - CC		SOFTWAKE - UU	3 DELL COMPUTERS	siA 	3 DELL LAPTOPS	OFFICE FURNITURE	VISITOR CNTR DISPLAY UNI	13 NEW CHAIRS	CAMERA & EQUIPMENT	FRAMES FOR POSTERS/PICIUR LAPTOP & SOFTWARE
12/31/11	CLIENT 1	5/09/12 	FORM 990/990-PF	1	1 DESKS & CHA 7 FILF CABINET																		19 OFFI	20 VISI	21 13 1		23 FR/ 24 LA

TRI-CITIES VI
COST/ RASIS
758
5,653 3,476
1,495
2,141 2,435
116,307
116,307
116,307
17,319
98,988

2011

FEDERAL WORKSHEETS

PAGE 1 91-0859630

CLIENT 1 5/09/12

TRI-CITIES VISITOR & CONVENTION BUREAU

04:14PM

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	_	(A) TOTAL	(B) PROGRAM <u>SERVICES</u>	(C) MANAGEMENT <u>& GENERAL</u>	(D) _ <u>FUNDRAISING</u>
BUSINESS TAX CONTRACT LABOR DUES & SUBSCRIPTIONS TELEPHONE	TOTAL <u>\$</u>	2,550. 3,875. 18,244. <u>18,031.</u> 42,700.	$\begin{array}{r} 2,550.\\ 3,875.\\ 18,244.\\ \underline{18,031.}\\ \hline \$ 42,700. \end{array}$	<u>\$</u> 0.	<u>\$0.</u>

			PAGE 1
2011 FEDERAL EXEMPT ORGANIZ TRI-CITIES VISITOR & COM	VENTION BUREAU	J	91-0859630 4:14 PM
CLIENT 1 5/09/12	2011	2010	DIFF
REVENUE CONTRIBUTIONS AND GRANTS	1,733,058 6,569	1,660,577 11,225	72,481 -4,656
CONTRIBUTIONS AND GRANIS INVESTMENT INCOME TOTAL REVENUE	1,739,627	1,671,802	67,825
EXPENSES OTHER COMPEN., EMP. BENEFITS	854,988 697,702	818,001 713,884	36,987 -16,182
TOTAL EXPENSES	1,552,690	1,531,885	20,805
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR.	186,937 1,721,697 10,481 1,711,216	139,9171,574,27950,0001,524,279	47,020 147,418 -39,519 186,937

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	5 . '				1 01	1B No. 1545-0047
	Form 99	90	Return of Organization Exempt From Incor	ne Tax	2010	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revent (except black lung benefit trust or private foundation)	ie Code		pen to Public
Depa	rtment of the Tr nal Revenue Ser	easury	 The organization may have to use a copy of this return to satisfy state reporting 	requirements.		Inspection
			ar year, or tax year beginning , 2010, and ending			
	Check if applica		ar year, or tax year beginning	D Employ		
þ	Address ch	ance I	TRI-CITIES VISITOR & CONVENTION BUREAU	· · · · · · · · · · · · · · · · · · ·)85963()
	Name char		P.O. BOX 2241	E Telepho		0.400
	Inilial retur	- I'	TRI CITIES, WA 99302	(50) 735	-8486
	Terminated					1,671,843.
	Amended r			G Gross re) is this a group return		
	Application		Name and address of principal onicer:	Are all affiliates incl	uded?	Yes No
			SAME AS C ABOVE	If 'No,' attach a list.	(see instruct	ions)
<u> </u>	Tax-exempt :			;) Group exemption nu	imber 🏲	
J	Website:				State of legal	domicile:
K	Form of orga		Corporation Trust Association Conta			
Pa		<u>immar</u>	The second secon	COMMUNITY'	S_CATA	LYST_FOR
	וזיזת	ET OD TI	NG MARKETING AND ENHANCING TOURTSM. SPORTS AN	D_CONVENTIO	<u>)ns fq</u> i	<u>R_THE</u>
nce		TES OI	F_PASCO,_ KENNEWICK_AND_BICHLAND			
Activities & Governance				then 25% of its		
iove	2 Check	k this bo	x if the organization discontinued its operations or disposed of more ting members of the governing body (Part VI, line 1a)	than 23% of its	3	
ଏ ଓ	A Number	ar of inc	lopondent voting members of the governing body (Part VI, line VD)		4	43
ies.	r Tatal	number	of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
tîvit	C Tatal	number	of volupteers (estimate if necessary)		6 7a	0.
Ac	7 . Total	uprolato	d business revenue from Part VIII. column (C), line 12		76	0.
	b Net u	nrelated	business taxable income from Form 990-T, line 34	Prior Year	┶┷╧┼━━	Current Year
			and grants (Part VIII, line 1h)	1,558,4		1,660,577.
e	8 Contr 9 Progr	ibutions	ice revenue (Part VIII, line 2g)			11.005
Revenue	10 invos	tment in	come (Part VIII. column (A), lines 3, 4, and 7d)	14,0	<u>)36.</u>	11,225.
Re	11 Other	rovenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,572,	524	1,671,802.
	12 Total	revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1, 512,	<u>,,,,</u>	1/01/2/00/2/
	13 Grant	ts and si	milar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		
	14 Bene	fits paid	to or for members (Part IX, column (A), line 4)	766,	420.	818,001.
ഗ	15 Salar	ies, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses			fundraising fees (Part IX, column (A), line 11e)	1 (A)		
xpe	b Total	fundrais	sing expenses (Part IX, column (D), line 25) ►	690,	034.	713,884.
ш	17 Other	r expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	1,456,		1,531,885.
	18 Total	expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	116,		139,917.
<u></u>	<u> </u>	nue less	expenses. Subtract line 18 from line 12	Beginning of Curre		End of Year
ងខ្លួ ភ្លូខ្លួ	20 Total	occote i	(Part X, line 16)	1,384,	362.	1,574,279.
Sale	20 Total 21 Total	liabilitie	s (Part X, line 26)	L	0.	50,000.
Net Assets or Fund Balancos	22 Net a	seeds of	fund balances. Subtract line 21 from line 20	1,384,	362.	1,524,279.
					~~	
100	ter cenalties of	periury, I d	TE BIOCK lectare that I have examined this return, including accompanying schedutes and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge.	te best of my knowled	je and belief	, it is true, correct, and
con	nplete, Declarat	fon of prep	arer (other than officer) is based on an information of which propiler into any many a			<u>,</u>
	P	>	- d - Hissa	Date		•
Si	gn 📘			PRESIDENT	& CE0	
He	ere 🏼	KRL Type or	S WATKINS			
			preparer's name Preparer's gignature Date	Check		TIN ¹
m		MONTE	$\mathbf{D} / \mathbf{F} / \mathbf{V}$	4 self-emple	oyed N	/A
Pa	19 F	Firm's name	MONTE NATI CDA DI C			
U	•••••••	Firm's addr	1000 DONIED CEDEEE	Firm's Elf	N N/A	
			RTCHLAND, WA 99352-4810	Phone no	. (509)	
Ma	v the IRS d	iscuss tł	is return with the preparer shown above? (see instructions)	<u></u>		X Yes No Form 990 (2010)
BA	A For Pape	erwork F	Reduction Act Notice, see the separate instructions.	A0113L 12/21/10		FORD 220 (2010)

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Form 990 (2010) TRI~CITIES VISITOR & CONVENTION BUREAU	91-0859630	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III	· · · · · · · · · · · · · · · · · · ·	<u>,</u>
1 Briefly describe the organization's mission: TO BE THE COMMUNITY'S CATALYST FOR DEVELOPING, MARKETING, A SPORTS AND CONVENTIONS FOR THE CITIES OF PASCO, KENNEWICK A		<u> </u>
2 Did the organization undertake any significant program services during the year which were not Form 990 or 990-EZ?		X No
 If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any pro If 'Yes,' describe these changes on Schedule O. 	gram services?	X No
4 Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of or expenses, and revenue, if any, for each program service reported.	n services by expenses. Section grants and allocations to others,	501(c)(3) the total
4a (Code:) (Expenses \$ including grants of \$ ALL ACTIVITIES OF THE BUREAU ARE DIRECTED TOWARD THE ATTRAC CONVENTIONS TO THE TRI CITIES AREA. THE BUREAU CONDUCTS VAR TO MEET THIS OBJECTIVE.) ITIES
4b (Code:		AND
4c (Code:) (Expenses \$	GENERATE 122 TRAVEL REACH NATIONAL MONUL TRI-CITIES RIVERSHOR	MENT
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Reverse)	enue \$))
4e Total program service expenses ►		000 (0010)
BAA TEEA0102L 10/06/10	Form	990 (2010)

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Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU Part IV Checklist of Required Schedules

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га			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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		x
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>h</i> 'Yes,' complete Schedule D, Part V	10	情况的	X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	<u>11b</u>		x
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	<u>11c</u>		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>x</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	<u>11e</u>	<u>X</u>	–−
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<u>11f</u>	<u> </u>	<u>x</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		\uparrow^{\uparrow}
	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, Parts I and IV	14b		<u>x</u>
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? <i>If 'Yes</i> ,' <i>complete Schedule F, Parts II and IV</i>	15		<u>x</u>
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, Parts III and IV	16		<u>x</u>
	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 (see instructions).	17		<u>x</u>
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	_	<u>x</u>
	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	<u> </u>	X
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	+-	<u>X</u>
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	201		

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Form 990 (2010)	TRI-CITIES	VISITOR	&	CONVENTION BUREAU	
Part IV Cho	cklist of Rogu	ired Sched	er l	es (continued)	

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l us	Che Checkinst of Reduited Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<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? If 'Yes,' complete Schedule J.	23		X
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I 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		
t	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 L.	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
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Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU 91-08	359630	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			·
Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>	<u>. []</u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	in de la compañía de Compañía de la compañía	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u> </u>	企 武 第4回	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?	ning 1 c	40 Y	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
bill res has a fined a roll soor for this your. If ho, promotion have an interest in or a signature or other authority ov	er. a		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes' enter the name of the foreign country: *			
See instructions for filing requirements for 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?	<u>5a</u>		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	ļ	<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizati solicit any contributions that were not tax deductible?	on 6a		x
b If 'Yes ' did the organization include with every solicitation an express statement that such contributions or gifts w	vere 6b		
not tax deductible?		ar tra	19.9
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t	to file 		
Form 8282?	and pre-	:-»:-	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7g	 	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dis	d the		
holdings at any time during the year?		1.0	
9 Sponsoring organizations maintaining donor advised funds.	. 1	1	
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			30.5
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:	가지, 환경 1415년 - 1415년 - 1415년 1415년 - 1415년 -		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 200-00	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]	<u> </u>	34	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			n en s
a Is the organization licensed to issue qualified health plans in more than one state?	13a	u I	
Note. See the instructions for additional information the organization must report on Schedule O.	1996 (1996) 1997 - 1997 (1997) 1997 - 1997 (1997)		
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	148	3	X
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>			
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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	対象に		
the following:			
a The governing body?	8a		X
h Each committee with authority to act on behalf of the governing body?	<u>8b</u>		X
 9 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		X
ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		Yes	No X
0 a Does the organization have local chapters, branches, or affiliates?	10a		
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		
1 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	110		L
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	63		
2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	<u>12a</u>		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			<u> </u>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	<u>12c</u>		
3 Does the organization have a written whistleblower policy?	. <u>13</u>	<u> </u>	X
4 Does the organization have a written document retention and destruction policy?	14		X
5 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	. <u>15a</u>		X
b Other officers of key employees of the organization	. <u>15b</u>		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
6 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?	. <u>16a</u>	100.0	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	, 16b		
ection C. Disclosure			
7 List the states with which a copy of this Form 990 is required to be filed ► NONE			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply. Own website X			
 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. SEE SCHEDULE O 	olicy, a	nd fir	ancia
 Statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the or TRI CITIES VISTR & CONV BUREAU P.O. BOX 2441 TRI CITIES WA 99302 (509) 73 	yanıza	uon.	
		_	(2010
AA	, 010		<u>_</u>
TEEA0106L 12/21/10			

Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU Part VI

1 a Enter the number of voting members of the governing body at the end of the tax year.....

b Enter the number of voting members included in line 1a, above, who are independent

6 Does the organization have members or stockholders?.....

Did the organization make any significant changes to its governing documents

officer, director, trustee or key employee?.....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the

governing body?....

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?.....

since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.....

Section A. Governing Body and Management

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91-0859630 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. X Check if Schedule O contains a response to any question in this Part VI.....

Page 6

No

X

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X

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Yes

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91-0859630 Page 7 L-I Employant

I.

	100 The Sales Linking Kov Employees Highest Compensated Linkingers,	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors Check if Schedule O contains a response to any question in this Part VII	
	and the second	-
	Check if Schedule O contains a response to any questions, and Highest Compensated Employees	
		· • • • • • • • • • • • • • • • • • • •

Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

• 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, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

ox if neither the organization nor any related organization compensated any current officer, director, or trustee. مل المنام الم

Check this box if neither the organization nor any r			d or	ganı	zau	on coi	<u>uhe</u>	(D)	(F)			
(A)	(B)	Position (che			;) 	nat anol	.	• • •	(E) Reportable	Estimated amount of other		
Name and title	Average hours	ge						Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	compensation		
	per week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related		
	hours for related	idua	ution	ę	qui	oyee	g			and related organizations		
	organiza- tions in	v t	na t		ioye	" onp				·		
	Schedule	stee	ruste		æ	ens						
	0)		36			ated						
TEDOME DELVIN										0		
(1) JEROME DELVIN	1 1	X	1					0.	0.	0.		
DIRECTOR		<u> </u>	-							0		
(2) JOHN_GIVENS	1 1	X				Į		0.	0.	0.		
DIRECTOR	<u> </u>	<u> </u>	<u>†</u>	<u> </u>	\vdash	<u>†</u>						
(3) KATIE LARSON		X					1	0.	0.	0.		
DIRECTOR	<u> </u>			╞╌╴		<u></u>	<u> </u>			_		
(4) JAMES BEAVER		X		}				0.	0.	0.		
DIRECTOR	$\frac{1}{1}$	<u> </u> ^_	\vdash		+	┼──	1	· · · · · · · · · · · · · · · · · · ·				
(5) LORI LANCASTER		X				1		0.	0.	0.		
DIRECTOR		<u> </u>	-	┢	┼╌		1	<u> </u>	,			
(6) TODD NELSON	4			1				0.	0.	0.		
DIRECTOR	$\frac{1}{1}$	X			┿╴	+	-					
(7) KAREN MILLER	4.					ļ		0.	0.	0.		
DIRECTOR	1	X		┼—	<u> </u>		╂					
(8) MIKE GARRISON	_		1				1	0.	0.	0.		
DIRECTOR	1	X	<u> </u>	₋		┼──-	+	0.	<u> </u>			
(9) COLLEEN FRENCH	_							0.	0.	· 0		
DIRECTOR	1	X	_	┶	+-	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
(10) RICHARD BUEL						1	ł	0.	0.	0.		
DIRECTOR	1	X		1-	_			0	<u></u>			
(11) TONY AU								0	0.	0.		
DIRECTOR	1	X	_ _					<u> </u>	· · · · · · · · · · · · · · · · · · ·	·		
(12) MARK BLOTZ								0	0	0.		
DIRECTOR	1	X		4-	_ _			0	·+	·		
(13) BARB JOHNSON	_						ļ		0	0.		
DIRECTOR	$\begin{bmatrix} 1 \end{bmatrix}$	X					<u> </u>	0	·0	·		
(14) MELANIE JOHNSTON									0	0.		
DIRECTOR	1	Х			_			0	· ·	·		
(15) VIJAY PATEL						1				0.		
DIRECTOR	1	X						0	0	·		
(16) PHILLIP LEMLEY								_		0.		
DIRECTOR		X						0	0	·		
(17) LYNETTE BENNETT								-		0.		
DIRECTOR	· –	X						0	0	. 0. Form 990 (2010)		
		!,	_	EA010	07L	12/21/1	0			FUIII 990 (2010)		
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Form 990 (2010) TRI-CITIES VISITOR & CONV	ENTIC	ON 3	BUI	REA	U				91-0859630	
Part VII Section A. Officers, Directors, Trus	1	(ey	En			es,	an		ipensated Emp	oyees (cont)
(A)	(B)	0	lian ()) Jana da		hat ar	an bab	(D)	(E)	(F)
Name and tille	Average hours per week (describe hours for related organi- zations in - Sch O)		Institutional	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable. compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	Sch O)	tee	trustee			ensated			·	
(18) DEBBIE BONE-HARRIS DIRECTOR	1	X						0.	0.	0.
(19) GENE_WAGNER DIRECTOR	1	x						0.	0.	0.
(20) JOHN NEILL VICE CHAIRMAN	1	X						0.	0,	0.
(21) JIM MORASCH DIRECTOR	1	X						0.	0.	0.
(22) IAN NAPIER DIRECTOR	1	x						0.	0.	0.
(23) MONICA HAMMERBERG DIRECTOR	1	x						0.	0.	0.
(24) LINDA BOOMER DIRECTOR	1	X						0.	0.	0.
(25) DEANNA SMITH DIRECTOR	1	X						0.	0.	0.
(26) COREY PEARSON DIRECTOR	1	x						0.	0.	0.
(27) FERNANDO AVALOS DIRECTOR	1	x						0.	0.	0.
(28) DON HART DIRECTOR	1	x						0.	0.	0.
(29) TROY WOODY DIRECTOR	1	X						0.	0.	0.
1 b Sub-total		,	• • • •			•••	₽	119,768.	0.	0.
c Total from continuation sheets to Part VII, Section	Α	• • • •				•••	▶	0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>	<u>.,.</u>		<u></u>		<u></u>	•	119,768.	0.	<u>0.</u>
2 Total number of individuals (including but not limite from the organization ► 1	ed to the	se li	isteo	d ab	ove) wh	o re	ceived more than	\$100,000 in report	
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	r or trus individua	tee, al	key	em	ploy	ee,	or h	ighest compensat	ed employee	3 <u>X</u>
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	eportable than \$1	e coi 50,00	mpe 00?	ensa If 'γ	tion ′es'	anc <i>con</i>	l oth iplei	ner compensation te Schedule J for	from	. 4 X
 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' 	compensions complet	satio le Sc	n fr	om : Iule	any J fo	unre r su	elate ch p	ed organization or	individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ted inde	pen	den	t cor	ntra	ctors	s tha		·····	
(A) Name and business addres	35							(B Description) of services	(C) Compensation
· · · · · · · · · · · · · · · · · · ·										•
					<u> </u>					· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ited	to t	hosi	e list	ted	above) who receiv	ved more than	
BAA .		TEEA	0108	12/	21/10)				Form 990 (2010)

	\$100,000	CO
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Employler Identification number

Name of the Organization 91-0859630 TRI-CITIES VISITOR & CONVENTION BUREAU Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (F) (E) (D) (C) (B) (A) Estimated amount of other compensation from the organization and related organizations Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from the organization (W-2/1099-MISC) Position (check all that apply) Name and Title Average hours Individual 1 or director Highest compensated employee Former Officer ley. Institutional trustee per week employee trustee LORI MATTSON 0. 0. 0. 1 Х DIRECTOR CARL ADRIAN 0. 0. 0. 1 Х DIRECTOR JERRY HOLLOWAY 0. 0. 0. Х 1 DIRECTOR LARRY HALER 0. 0. 0. Х 1 DIRECTOR MAY HAYS 0. 0. 0 Х 1 DIRECTOR ANDY PERDUE 0. 0 0 Х 1 DIRECTOR STEVE YOUNG , 0. 0. 0 Х 1 DIRECTOR LARRY FORSGREN 0 0. 0 Х 0 DIRECTOR KRIS WATKINS 0. 0 119,768 Х Х Х 40 PRESIDENT & CEO JOHN BOOKWALTER 0. 0 0. 5 Х CHAIRMAN SCOTT KELLER 0. 0 0 Х 5 DIRECTOR. KATHY MOORE 0. 0 0. Х 5 VICE CHAIR RON HUE 0. 0 0. 5 Х TREASURER SUZANNE HEASTON 0 0. 0. Х 5 VICE CHAIR TIM FREDRICKSON 0. 0. 0. Х 5 PAST CHAIRMAN

Schedule J-2 (Form 990) 2010

Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU Part VIII Statement of Revenue

•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d f g	Membership dues 1 Fundraising events 1 Related organizations 1 Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above 1 Noncash contributions included in Ins 1a-H: 1					
PROGRAM SERVICE REVENUE	2a b c d f	All other program service revenue.	Business Code				
ш	3 4 5	Investment income (including divider other similar amounts) Income from investment of tax-exem Royalties	nds, interest and pt bond proceeds	11,266.			11,266.
OTHER REVENUE	b c	(i) Real	(ii) Personal				
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other 41. -41.				
	8a b	Net gain or (loss) Gross income from fundraising even (not including, \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising	ts . a . b	-41.	-41.		
	9a b	Gross income from gaming activities See Part IV, line 19 Less: direct expenses	. a				
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of in Miscellaneous Revenue	. a . b				
	11 a b c d	All other revenue.					
		Total. Add lines 11a-11d Total revenue. See instructions		1,671,802.	-41.	0.	11,266.

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TEEA0109L 10/11/10

Form 990 (2010)

⁹¹⁻⁰⁸⁵⁹⁶³⁰ Page 9

Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU

Part IX Statement of Functional Expenses

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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 n	not include aniounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV,				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u> 영상 영양 이야 한 것 같이 나라.</u>	
5	Compensation of current officers, directors, trustees, and key employees	119,768.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	<u> </u>		
7	Other salaries and wages	554,575.		<u> </u>	
8	Pension plan contributions (include	22,544.			
	employer contributions).	58,397.			
9	Other employee benefits	62,717.			
10	Payroll taxes	62,111.			
	Fees for services (non-employees):				
ē	a Management		<u></u>		
k	a Legal	4,177.		<u> </u>	
(c Accounting	38,400.			
G	d Lobbying				<u> </u>
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	g Other				
	Advertising and promotion	214,490.			
	Office expenses	32,273.			
13	Information technology				· · · · · · · · · · · · · · · · · · ·
14					
15	Royalties	97,139.			
16	Occupancy	38,596.			
17	Travel				
18	Payments of travel or entertainment expenses for any federat, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<u></u>	<u> </u>
21	Payments to affiliates		ļ		
22	and the second emertion	14,342.			
23	Insurance	2,887.	11	and the second	
24	Other expenses Itemize expenses not				
	covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	expenses on Schedule O.)	116,811.	the second s	· · · · · · · · · · · · · · · · · · ·	
	a CONVENTION DEVELOPMENT	62,024.		<u></u>	
	b COMMUNITY DEVELOPMENT				
	c EQUIPMENT RENTAL & MAINTENANCE	27,200.			
	d POSTAGE AND SHIPPING	21,902.			
	e DUES & SUBSCRIPTIONS	20,633.			
	f All other expenses	23,010.			
25	- Add lipper 1 through 24f	1,531,885.	· 		
26	if following				Form 990 (201)

91-0859630

Form 990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU

91-0859630

Page 11

Pa	<u>rt X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
—		Cash – non-interest-bearing	,		259,402.	1	539,266.
	1	Savings and temporary cash investments.			722,395.	2	652,597.
	2	Pledges and grants receivable, net	3	, <u></u>			
ĺ	3	Accounts receivable, net				4	
	4						
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	1013			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).					
A S	7	Notes and loans receivable, net				7	
A S S ย F	8	Inventories for sale or use				8	
T	9	Prepaid expenses and deferred charges				9	
•		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
		Complete Part VI of Schedule U	100	59,857.		10 c	382,416.
		Less: accumulated depreciation.	100			11	
	11	Investments – publicly traded securities.				12	
	12	Investments – other securities. See Part IV, line 11.				13	
	13	Investments - program-related. See Part IV, line 11.				14	
	14	Intangible assets	• • • • •	•••••	·	15	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11			1,384,362.	16	1,574,279.
	16	Total assets. Add lines 1 through 15 (must equal line	34)			17	
	17	Accounts payable and accrued expenses	••••			18	
	18	Grants payable	• • • • •	• • • • • • • • • • • • • • • • • • • •	<u> </u>	19	
	19	Deferred revenue	••••	• • • • • • • • • • • • • • • • • • • •	ļ	20	<u> </u>
L	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·		21	
A B	21	Escrow or custodial account liability. Complete Part I	V of \$	Schedule D	William (Contraction States	21	
L	22	Payables to current and former officers, directors, trus					
Ĩ		Payables to current and former officers, directors, true highest compensated employees, and disqualified per	sons	Complete Part II		22	
E S		of Schedule L	د د د د . رسم امینان		······································	23	
S	23	Secured mortgages and notes payable to unrelated the	inu p	a ues	·	24	
	24	Unsecured notes and loans payable to unrelated third	paru	85		25	50,000.
	25	Other liabilities. Complete Part X of Schedule D			. 0.	26	50,000.
	26	Total liabilities. Add lines 17 through 25	<u>,,,,,</u>				
N E T		Organizations that follow SFAS 117, check here ►	L a	nd complete mes			
Ť		27 through 29 and lines 33 and 34.				27	
Ş	27	Unrestricted net assets			· · · · · · · · · · · · · · · · · · ·	28	······································
£00E⊢0	28	Temporarily restricted net assets.		• • • • • • • • • • • • • • • • • • • •		29	
	29	Permanently restricted net assets					
0 R		Organizations that do not follow SFAS 117, check he	ere ►	X and complete			
F		lines 30 through 34.				1.1.1	
FUND	30	Capital stock or trust principal, or current funds				30	<u> </u>
B	31	Paid-in or capital surplus, or land, building, or equipn	nent f	und	1 204 202	31	1,524,279.
BALANCES	32	Retained earnings, endowment, accumulated income	, or o	ther funds	1,384,362		
N	33	Total net assets or fund balances			1,384,362		1,524,279.
ŝ	34	Total liabilities and net assets/fund balances			1,384,362	. 34	1,574,279.
-							Form 990 (2010)

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Form	990 (2010) TRI-CITIES VISITOR & CONVENTION BUREAU 91-0859630	Pa	ge 12
Par	t XI Reconciliation of Net Assets		—
L	Check if Schedule O contains a response to any question in this Part XI	<u></u>	•
1	I otal revenue (must equal Part VIII, columni (A), nile 12)	1,671,8	
2	Total expenses (must equal Part IX, column (A), line 25)	1,531,8	
3	Revenue less expenses. Subtract line 2 from line 1	<u>139,9</u>	
4	Net assets or fund balances at beginning of year (must equal 1 at X, inte 33, country ())	1,384,3	0.
5	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1,524,2	79.
Par	t XII Financial Statements and Reporting		 1
<u> </u>	Check if Schedule O contains a response to any question in this Part XII	<u></u>	
2 a	Accounting method used to prepare the Form 990: X Cash Accrual Other	2a 2b	No X X
	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	
	in Schedule O. If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
	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?	<u>3a</u>	x
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b Form 990	(2010)

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Schedule B		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	Schedule of Contributors	2010
Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF	<u> </u>
Name of the organization	Employer ide	ntification number
TRI-CITIES VISIT	DR & CONVENTION BUREAU 91-085	9630
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>6</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private four 527 political organization	ndation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundat 501(c)(3) taxable private foundation	ion

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.....

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 2 of Part I
Name of orga	anization		859630
	TIES VISITOR & CONVENTION BUREAU		
Part I (a) Number	Contributors (see instructions.) (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CITY OF PASCO 525 N 3RD AVENUE PASCO, WA 99301	\$96,540	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CITY OF KENNEWICK 210 W 6TH AVE KENNEWICK, WA 99336	\$ <u>159,604</u> 	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>3</u>	CITY OF RICHLAND	_ _\$166,194 _	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	BECHTEL 3350 GEORGE WASHINGTON WAY RICHLAND, WA 99352	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b)	(c) Aggregate contributions	(d) Type of contribution
_5	THREE RIVERS CONVENTION CENTER 7016 W GRANDRIDGE BLVD KENNEWICK, WA 99336	\$ <u>18,75</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	TOYOTA CENTER 7016 W GRANDRIDGE BLVD KENNEWICK, WA 99336	 \$ <u>18,75</u>	Person X Payroll

	B (Form 990, 990-EZ, or 990-PF) (2010)	. Page 2	of Z OT Part I
Name of org	ITIES VISITOR & CONVENTION BUREAU		859630
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BATTELLE PNNL PO BOX 999, MS K1-71 RICHLAND, WA 99352	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	THE LANE REAL ESTATE TEAM	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name _r address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	WASH RIVER PROTECTION SOLUTIONS PO BOX 850, MSIN H6-63 RICHLAND, WA 99352	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	WASHINGTON CLOSURE HANFORD 2620 FERMI AVE RICHLAND, WA 99354	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	MISSION ALLIANCE SUPPORT PO BOX 650 MSIN H1-30 RICHLAND, WA 99352		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ _\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Page 1	of 1 of Part II
	Employer identification number
Name of organization	91-0859630

TRI-CITIES VISITOR & CONVENTION BUREAU

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	(d)
(a) Io, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	\$	
(a) No. from Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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Schedule E	B (Form 990, 990-EZ, or 990-PF) (2010)			Page 1	of 1	of Part III
Name of organ					Employer identificat	
Part III	FIES VISITOR & CONVENTION BUI Exclusively religious, charitable, e organizations aggregating more th		ons to section	ion 501(c) (a) through (c	91-0859630 (7), (8), or (10) a) and the followin	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.					N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift			(d) ription of how gif	t is held
	N/A					·····
-		(e)				······································
	Transferee's name, addres	t Relationship of transferor to transferee				
		······	· · · · · · · · · · · · · · · · · · ·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ļ	Desc	(d) ription of how gif	t is held
·		· · · · · · · · · · · · · · · · · · ·	······································			
;	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of	transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	· ·	Desc	(d) ription of how gift	is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of t	ransferor to trans	iferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how gift	is held
		·····				
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Rela	tionship of t	ransferor to trans	feree
-						
BAA			Sched	ule B (Form	990, 990-EZ, or 9	90-PF) (2010)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

		-			OMB No. 1545-0047
SCHEDUL		Cum	Jamontal Einancial Statem	nonte	
(Form 990).	Sup	blemental Financial Statem te if the organization answered 'Yes,' to	Form 990.	2010
Department of the	e Treasury	· · · ·	Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ch to Form 990. ► See separate instru		Open to Public Inspection
Internal Revenue Name of the orga	Service	Atta	ch to Form 550 See separate mistic		Employer Identification number
				-	
TRI-CITI	ES VIS	ITOR & CONVENTION	BUREAU		91-0859630
Part I O	r ganiza t e organi	ions Maintaining Dono zation answered 'Yes' t	Advised Funds or Other Simila Form 990, Part IV, line 6.	ir Funds or Acco	· · ·
	<u> </u>		(a) Donor advised funds	(b) F	unds and other accounts
		end of year			
		butions to (during year)			
\$5 5	-	s from (during year)			
** -		at end of year		ald in donor advised	
funds a	are the org	janization's property, subject	nor advisors in writing that the assets he to the organization's exclusive legal cor		Yes No
nurnae	e conterri	na impormissine navale peri	rs, and donor advisors in writing that gr the benefit of the donor or donor adviso afit?		Yes No
Part II C	onserva	tion Easements. Comp	ete if the organization answered	I 'Yes' to Form 9	90, Part IV, line 7.
1 Purpos	e(s) of co	nservation easements held b	y the organization (check all that apply).	,	ally important land area
		of land for public use (e.g.,		rvation of a certified	
		f natural habitat		reaction of a continua	
2 Comple	eservation	of open space a through 2d if the organizat	on held a qualified conservation contrib	ution in the form of	a conservation easement on the
last da	y of the ta	ax year.			leid at the End of the Tax Year
					feld at the End of the fast tag
a Total n	umber of	conservation easements	ments		
o Numbe	creage re	structed by conservation case	fied historic structure included in (a)	2c	
d Numbo	w of conse	avation easements included	in (c) acquired after 8/17/06, and not on	h a historic	
structu 3 Numbe	er of conse		transferred, released, extinguished, or		ganization during the
tax vea	ar 🕨		onservation easement is located 🕨		
C D U		ation have a written policy r	parding the periodic monitoring, inspec	tion, handling of vio	lations,
ond on	toreaman	t AT THE CORSERVAIGH EASEINE	nts it holds?		
►Ś			nspecting, and enforcing conservation e		
8 Does e 170(h)	ach cons (4)(B)(i) a	ervation easement reported c ind section 170(h)(4)(B)(ii)? .	n line 2(d) above satisfy the requirement	nts of section	Yes No
9 In Part include	XIV, desci e, if applic vation eas	ribe how the organization repor able, the text of the footnote	s conservation easements in its revenue a to the organization's financial statemen	nd expense statemen its that describes the	t, and balance sneet, and e organization's accounting for
Part III	Organiza Complete	tions Maintaining Coll if the organization and	ections of Art, Historical Treasu wered 'Yes' to Form 990, Part I	v, into 01	
1 a If the c art, his	organizatio	on elected, as permitted und easures, or other similar asse text of the footnote to its fina	er SFAS 116 (ASC 958), not to report in ts held for public exhibition, education, incial statements that describes these it	t its revenue stateme or research in furthe tems.	ent and balance sheet works of erance of public service, provide,
b If the c historic	organizatio cal treasu	on elected, as permitted und res, or other similar assets h	er SFAS 116 (ASC 958), to report in its ald for public exhibition, education, or re	revenue statement a esearch in furtherand	ce of public service, provide the
(i) Re	evenues ir	cluded in Form 990, Part VII	, line 1	• • • • • • • • • • • • • • • • • • • •	
(ii) As 2 If the o	sets inclu organizati	ded in Form 990, Part X	art, historical treasures, or other similar 116 (ASC 958) relating to these items:	r assets for financial	gain, provide the following
Devee	منامط ممانية	ind in Form 990 Part VIII lir	ρ]		
h Accote	habulari	in Form 990 Part X			<u></u>
BAA For Pa	aperwork	Reduction Act Notice, see th	e Instructions for Form 990.	TEEA3301L 11/15/10	Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 TRI-CITIES VI Part III Organizations Maintaining Colle	SITOR & CONVENT	ION BUREAU	91-085 Other Similar Ass	
3 Using the organization's acquisition, accession				
items (check all that apply):				
a Public exhibition		r exchange programs		
b Scholarly research	e Other	·= .		
c Preservation for future generations				
4 Provide a description of the organization's coll Part XIV.				· .
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art be maintained as part o	, historical treasures, or f the organization's colle	other similar ction?	Yes No
Part IV Escrow and Custodial Arrangem 9, or reported an amount on Forr	ents. Complete if o	rganization answere	ed 'Yes' to Form 9	90, Part IV, line
			r assets not	
1 a Is the organization an agent, trustee, custodia included on Form 990, Part X?			• • • • • • • • • • • • • • • • • • • •	Yes No
b If 'Yes,' explain the arrangement in Part XIV a	ind complete the followir	ng table:	· · · · · · · · · · · · · · · · · · ·	
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance			1f	Yes No
2a Did the organization include an amount on For	rm 990, Part X, line 21?.		• • • • • • • • • • • • • • • • • • • •	Yes No
b If 'Yes,' explain the arrangement in Part XIV.			000 Deet IV line	10
Part V Endowment Funds. Complete if t			1 990, Part IV, IIIte	
(a) Current	· · · · · · · · · · · · · · · · · · ·	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions	· · ·			
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance			- 部署形式部署社	
2 Provide the estimated percentage of the year	end balance held as:			
a Board designated or quasi-endowment 🕨 🔜	%			
b Permanent endowment ►%				
c Term endowment ►%				
3a Are there endowment funds not in the posses	sion of the organization	that are held and admini	stered for the	
organization by:				Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organizations				3b
4 Describe in Part XIV the intended uses of the	organization's endowme	nt funds.		
Part VI Land, Buildings, and Equipment			(1) A	(d) Book value
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	
1 a Land				
b Buildings				
c Leasehold improvements				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d Equipment			F.0.055	202 410
e Other	341,106.	101,167.	59,857.	382,416.
Total. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c).)	····· •	382,416.
BAA			Sched	lule D (Form 990) 2010

	T AND THE TREAT STRATES WISING	& CONVENTION BI	IREAU 91-0859630 Page 3
Schedule I	(Form 990) 2010 TRI-CITIES VISITOR	orm 990, Part X, line	12, N/A
i ait th	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financ	ial derivatives		· · · · · · · · · · · · · · · · · · ·
	y-held equity interests		
(3) Other			
<u>(A)</u>			
<u>(B)</u>			
(<u>C)</u>			
(E)			
(F)			
(G)			
(H)			
<u>()</u>			
Total. (Colu	Inn (b) must equal Form 990 Part X, column (B) line 12.) ► Investments—Program Related. (See	Form 990 Part X li	
Part VII	(a) Description of investment type	(b) Book value	
	(a) Description of investment type		Cost or end-of-year market value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 13.).		
Part IX	Other Assets. (See Form 990, Part X,	escription	(b) Book value
	(a) D(
(1)			
<u>(2)</u> (3)		······································	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	olumn (b) must equal Form 990, Part X, column(B), line 15)	
Part X	Other Liabilities. (See Form 990, Par	t X, line 25)	
i are A	(a) Description of liability	(b) Amount	
(1) Fed	leral income taxes		
(2) MA	STER PLAN DEPOSITS	50;00	<u>U.</u>
(3)			
(4)	·		
<u>(6)</u>			
(7) (8)			
(9)			
<u>(9)</u> (10)			
(10)	umn (b) must equal Form 990, Part X, column (B) line 25)	50,00	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that report organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 TRI-CITIES VISITOR & CONVENTION BUREAU	91-0859630 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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	
Part XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return N/A
1 Total revenue, gains, and other support per audited financial statements	
 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 	
a Net unrealized gains on investments	N. 1995年11日 (1997年1月) (1997年1月) (1997年1月)
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV).	
e Add lines 2a through 2d.	2e
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b:	
	4c
c Add lines 4a and 4b.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe	
1 Total expenses and losses per audited financial statements	0119 / 92 · ·
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	2e
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b.	······
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A	d 4; Part IV, lines 1b and 2b;
any additional information.	aso complete this part to provide
m	

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¢		Contraction to Form 000 or 000	-7	OMB No. 1545-0047
	SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-		2010
	Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public Inspection
	Name of the organization	ITOR & CONVENTION BUREAU	Employer identific 91-085963	
		RT VI. LINE 11B - FORM 990 REVIEW PROCESS		
		NT/CEO REVIEWS THE RETURN PRIOR TO FILING.		
	FORM 990, PA	RT_VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE	
	DOCUMENTS,	POLICIES AND STATEMENTS ARE AVAILABLE TO THE PUBLIC	UPON_REQU	JEST.
			<u>-</u>	
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12/31/10	201	2010 FEDER/	DER	ALB	00K	DEP	RECIA	TION	SCH	BOOK DEPRECIATION SCHEDULE				d.	PAGE 1
CLIENT 1			TRI-C	TIES	VISITO	R & CO	TRI-CITIES VISITOR & CONVENTION BUREAU	ON BUF	REAU					91-0	91-0859630
2/09/11 NODESCRIPTION	DATE D.	DATE SOLD	COST/ BASIS	BUS. PCT_B	CUR S 179 BONIIS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL DFPR	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIEE RATE		08:42PM CURRENT DEPR
FORM 990/990-PF															<u></u>
1 CHAIRS & BOOKCASE	4/01/94 1/0	01/10/1	808							808	768	S/L	S		0
2 DESKS & CHAIRS	2/01/95		2,220							2,220	2,220	S/L	7		0
3 FILE CABINET	2/01/96		318					·		318	318	S/L	٢		0
4 FURNITURE	2/11/96		3,296							3,296	3,296	S/L	7		0
5 FURNITURE	7/23/96		300							300	300	S/L	7		0
6 FURNITURE	8/27/96		2,468							2,468	2,468	S/L	7		0
7 FILE CABINET	9/04/96		624							624	624	S/L	7		0
8 FURNITURE	2/20/97		2,480							2,480	2,480	S/L	1		0
9 FILE CABINET	9/05/97		312							312	312	S/L	2		0
	2/20/97		339							339	339	S/L	r'-		0
11 FILE CABINET	8/14/98		83							83	83	S/L	. 7		0
12 CHAIR	12/15/98		36							96	96	S/L			0
	12/28/98		312							312	312	S/L	- 7		0
	12/15/98		204							. 204	204	S/L	- 7		0
	6/01/02		9,137							9,137	9,038	200DB HY	، ئ		0
	12/07/04		1,137							1,137	1,137	200DB MQ	2 2		0
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	6/01/06		6,866							6,866	5,679	200DB HY	ŝ	.11520	791
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21 OFFICE FURNITURE	10/29/08		29,251							29,251	9,103	200DB MQ	2	.19680	5,757
	6/26/09		28,957							28,957	4,138		۲ 7	24490	7,092
	12/10/10		2,19(_						. 2,190		200DB MQ	۲ ۲	.03570	78
	12/07/10		1,310	_						1,310		200DB MQ	7	.03570	47
	12/08/10		2,116							2,116		200DB MQ	r a	.03570	76
<u></u>															

CLEART 1 THA-CITIES VISITIOR & CONVENTION BUREAU 91-0809603 20011 20011 2001 2001 200-000 200	12/31/10	2010 5	2010 FEDERAL		3004	< DEP	BOOK DEPRECIATION SCHEDULE	TION	SCHI	EDULE			6da	PAGE 2
Observation Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			TRI-	CITIE	S VISIT	OR & C	ONVENTI	ON BUF	tEAU				G	1-0859630
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12.10.00 2.00 2.00 2.00 2.00 I.01.87 0 0 0 0 0 0 0 I.01.89 0 0 0 0 0	DESCRIPTION		COST/ BASIS		CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.		DEPR. BASIS	PRIOR DEPR	METHOD LIFE	BATE	CURRENT DEPR
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	AND TOTAL DEPRECIATION		101,16	[> ll	0	0				101,167	45,515		13	14,342
	PRECIATION ASSETS SOLD		80	£	Ð	0				808	768			0
	PR REMAINING ASSETS		100,35	881	0	J	1			100,358	44,747			14,342
									·					
			×											
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2010

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

CLIENT 1

TRI-CITIES VISITOR & CONVENTION BUREAU

91-0859630 8:42 PM

2/09/11	ni da kan da kan sama kan sa matana mangang kan sa kan		8:42 PM
REVENUE	2010	2009	DIFF
CONTRIBUTIONS AND GRANTS INVESTMENT INCOME	1,660,577 11,225	1,558,488 14,036	102,089 -2,811
TOTAL REVENUE	1,671,802	1,572,524	99,278
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	818,001 713,884	766,420 690,034	51,581 23,850
TOTAL EXPENSES	1,531,885	1,456,454	75,431
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	139,917 1,574,279 50,000 1,524,279	116,070 1,384,362 0 1,384,362	23,847 189,917 50,000 139,917

2 	m 990			OMB N	lo. 1545-0047
For	m 930	Return of Organization Exempt From Inc		2	009
		Under section 501(c), 527, or 4947(a)(1) of the Internal Rev (except black lung benefit trust or private foundation	enue Code on)		
epartment o	of the Treasury mue Service	The organization may have to use a copy of this return to satisfy state report		Open to Pi	ublic Inspect
		year, or tax year beginning , 2009, and endin		<u> </u>	······································
	applicable;	C	D Employ	er Identification	Number
	dress change I IR	Slabel TRI-CITIES VISITOR & CONVENTION BUREAU		0859630	
Na	me change o	rive. P.O. BOX 2241	E Telepho		100
ไก่เ้	liat return s	See TRI CITIES, WA 99302	(50	9) 735-84	486
Ter		lions,		· · · ·	1,572,52
H	nended return	1.	G Gross re H(a) Is this a group retur		Yes X
Apr	phoatient period g	Name and address of principal officer:	H(b) Are all affiliates incl	uded?	Yes
Toy	exempt status		If 'No,' attach a list.	(see instructions)	
		TTRICITIES.COM	H(c) Group exemption n	umber 🏲	
	of organization:	Corporation Trust ∴ Association Other ► L Year of Forma	tion: M s	State of legal dom	nicile:
Part	Summary	<u>I</u>			
11	Briefly describe	the organization's mission or most significant activities: <u>TO_BE_TH</u>	E COMMUNITY	<u>S_CATALY</u>	<u>'ST_FOR_</u>
ų].	DEVELOPINO	, MARKETING, AND ENHANCING TOURISM, SPORTS A	<u>AND CONVENTIO</u>	<u>)NS_FOR_1</u>	<u>[HF</u>
-	CITIES_OF_	PASCO,_ KENNEWICK_AND_RICHLAND	+		
2 3 4 5 6 7 2	Check this hox	I if the organization discontinued its operations or disposed of me	ore than 25% of its	assets.	
	Number of votin	a members of the governing body (Part VI, line 1a)	•••••	3	
4	Number of indep	bendent voting members of the governing body (Part (Del B),	• • • • • • • • • • • • • • • • • • • •	4 5	<u> </u>
5	Total number of	employees (Part V, line 2a)volunteers (estimate if necessary)		6	
	Total gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
b	Net unrelated bu	usiness taxable income from Form 990-T, line 34		7b	,
• •			Prior Year		urrent Year
8	Contributions ar	d grants (Part VIII, line 1h)	1,475,4	146.	1,558,4
9	Program service	revenue. (Part VIII, line 2g)	29,	372 	14,0
9	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	Total revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,505,4	418.	1,572,5
13	Grants and simi	lar amounts paid (Part IX, column (A), lines 1-3)	· · [
14	Benefits paid to	or for members (Part IX, column (A), line 4)	· · <u> </u>		766 4
, 15	Salaries, other o	compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>542.</u>	766,4
		draising fees (Part IX, column (A), line 11e)	••		
k b	Total fundraising	g expenses (Part IX, column (D), line 25) ►		<u>· · · · · · · · · · · · · · · · · · · </u>	
17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	622,		<u>690,0</u> 1,456,4
18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	1,377,		116,0
	Revenue less e	penses. Subtract line 18 from line 12			End of Year
20 21 21			Beginning of 1, 269,		1,384,3
g 20 21	Total assets (Pa	urt X, line 16) Part X, line 26)		785.	
		nd balances. Subtract line 21 from line 20			1,384,3
⁴ 22 art II	Signature				
artit	Under genatties of	perjury, I declare that I have examined this return, including accompanying schedules and st complete. Declaration of preparer (other than officer) is based on all information of which prep	atements, 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 prep	Jarer nas any knowledge. 1		
ign	▶		Data	<u>`</u>	
ere	Signature of c		Date DDFCTDFNが	C CEO	
	KRIS W	ATKINS	PRESIDENT		
	sype or print	Date	Check if	Preparer's	s idenlifying nur uctions)
			self- employed		100003
· hie	Preparer's signature			N/A	
re-	<u> </u>	MONTE NAIL, CPA P.S.			
're- arer's	Firm's name (or				
'aid 're- arer's Ise	Firm's name (or yours if self- employed),	1880 FOWLER STREET	······································	N/A.	
re- arer's lse)nly	yours if self- employed), address, and ZIP + 4		- Phone no.	- (509) 7	83-7832 Yes

Form	n 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU	91-0859630	Page 2
Par	nt III Statement of Program Service Accomplishments		. <u></u>
1	Briefly describe the organization's mission: TO BE THE COMMUNITY'S CATALYST FOR DEVELOPING, MARKETING, AND EN SPORTS AND CONVENTIONS FOR THE CITIES OF PASCO, KENNEWICK AND RI	HANCING TOURISM,	
			· · · ·
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set If 'Yes,' describe these changes on Schedule O.	· · ·	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported.	es by expenses. Section 50 nd allocations to others, the	1 (c) (3) e total
4a	A (Code:) (Expenses \$ including grants of \$) ALL ACTIVITIES OF THE BUREAU ARE DIRECTED TOWARD THE ATTRACTION CONVENTIONS TO THE TRI CITIES AREA. THE BUREAU CONDUCTS VARIOUS TO MEET THIS OBJECTIVE.	(Revenue \$ OF_VISITORS_& MARKETING_ACTIVIT) IES
4 b	O(Code:) (Expenses \$) 352,133 VISITOR INQUIRIES WERE PROCESSED IN 2009. VISITORS TO TO COUNTY AREA SPENT \$366.6 MILLION. TRAVEL RELATED EMPLOYMENT TOT TOURISM GENERATED TAX RECEIPTS OF \$6.8 MILLION LOCALLY, ALONG WI STATE WIDE.	<u>'ALED 4,410 JOBS A</u>) <u>N</u>)
4 c	(Code:) (Expenses \$ including grants of \$) 113,330 DELEGATES ATTENDED CONVENTIONS, RECREATIONAL, SPORTS AND TRI CITIES IN 2009. WORKED WITH TRADE AND TRAVEL MEDIA TO GENER STORIES, REACHING MORE THAN 14 MILLION POTENTIAL VISITORS; HELPE MARKETING FOR THE HANFORD REACH NATIONAL MONUMENT HERITAGE AND V CONTINUED COORDINATION OF TRI-CITIES RIVERSHORE ENHANCEMENT COUN INCLUDING LOWERING OF SHORELINE LEVEES IN RICHLAND TO EXPAND AND TRAIL/PARK.	CIL ACTIVITIES	
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue	\$)
	Total program service expenses ►		

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Page 3

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Yes

Х

Checklist of Required Schedules Part IV Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Schedulě A.... 2 Is the organization required to complete Schedule B, Schedule of Contributors?.... 2 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 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Δ 4 Schedule C, Part II 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 5 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 6 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 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; 9 or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Schedule D, Part IV. 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 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 11 X as applicable..... • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... • Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. • Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X..... Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 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 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 15 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 16 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 17 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 19 complete Schedule G, Part III. Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 20

TRI-CITIES VISITOR & CONVENTION BUREAU

Form 990 (2009)

Form 990 (2009)

170	m 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU 91-085963	0	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)	1	Yes	
			res	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	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 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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; <i>If</i> 'Yes,' answer lines 24b through 24d and			
E	complete Schedule K. If 'No, go to line 25	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I 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		
. 1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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		X
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):	· •	ж. Г	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<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? <i>If 'Yes</i> ,' <i>complete Schedule R, Part L</i>	33		<u>X</u>
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		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
<u>3</u> 6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
BAA	•	Form	990 ((2009)

Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU 91-085963	0	Pa	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance		· · · · · · · · · · · · · · · · · · ·	
	, 	Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ <u>X</u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u>X</u>
b If 'Yes,' enter the name of the foreign country: >	┨. : - ┃		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Ķ
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	· · · •	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	- 50		
c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<u>. 5c</u>		
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?	<u>6a</u>		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	t 6b		
7 Organizations that may receive deductible contributions under section 170(c).			5.
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?			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	-	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	- 7e	,	
benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
g For all contributions of qualified intellectual property, did the organization me form doss as required and the form here of the second seco			
 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 	17		
noidings at any time during the years	8	3	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	<u>9a</u>	<u> </u>	<u> </u>
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10 Section 501(c)(7) organizations. Enter:			6. T
a Initiation fees and capital contributions included on Part VIII, line 12	-		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		14 -
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders	-	· ·	•
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	140	<u> </u>	I
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1		

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Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU

91-0859630

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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 a 42 b Enter the number of voting members that are independent 1 b 41			' '			
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		Х			
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?						
4 Did the organization make any significant changes to its organizational documents						
since the prior Form 990 was filed?						
6 Does the organization have members or stockholders?	6		<u>X</u>			
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X.			
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?	8a		Х			
b Each committee with authority to act on behalf of the governing body?	8Ь		Х			
9 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		X			
ection B Policies (This Section B requests information about policies not required by the Internal			•			

section	μ,	г	UI.	I.
2010 DUO	Codo	۱.		

Section B. Policies (This Section B requests information about policies not required by the Internal	<u></u>					
Revenue Code.)						
		Yes	No			
10 a Does the organization have local chapters, branches, or affiliates?						
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?	10 Ь					
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х				
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	:					
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х			
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь					
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	-				
13 Does the organization have a written whistleblower policy?	13		Х			
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		Х			
b Other officers of key employees of the organization	15b		X			
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		X			
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					

Section C. Disclosures

17	List the states	with which a	copy of this	Form 990 is	required to b	e 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) available for public inspection. Indicate how you make these available. Check all that apply. 18 Own website

	Another's	website
--	-----------	---------

- X Upon request
- Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O 19
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
- TRI CITIES VISTR & CONV BUREAU P.O. BOX 2441 TRI CITIES WA 99302 (509) 735-8486

Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU

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

1 a 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did r	(B)	(c)						(D)	· (E)	(F)		
(A)	(D) Average	Position (check all that apply)			y),	Reportable compensation from	Reportable compensation from	Estimated amount of other				
Name and Title	hours per week			_	r			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the		
		Indivídual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related		
•		ual t	iona		lold	ee on				organizations		
		ruste	trus		8	nper						
		ă	stee]	sate	l					
		<u> </u>		—			┣-					
JEROME DELVIN	$\frac{1}{1}$	x						0.	0.	0.		
DIRECTOR	_ <u>_</u>	<u>^</u> ,	-			<u> </u>	┠					
JOHN GIVENS	- 1	X			1			0.	· 0.	· <u>0.</u>		
DIRECTOR .		· A			-		<u> </u>					
KATIE LARSON		х						0.	· 0.	0.		
DIRECTOR	<u> </u>	<u> </u>	-		+		<u> </u>					
JAMES_BEAVER	-1	x						0.	· · 0.	0.		
DIRECTOR			+	┢	+			· · · · · · · · · · · · · · · · · · ·				
LORI LANCASTER	1	x	1					0.	· 0.	0.		
DIRECTOR		<u> </u>	\vdash	1-								
TODD NELSON	+ 1	x			1		1	0.	0.	0.		
DIRECTOR	- <u></u>			+	+		<u> </u>					
KAREN MILLER	- 1.	x				ļ		0.	0.	0.		
DIRECTOR	<u> </u>	<u></u>	+	<u>i</u>		+	+					
MIKE GARRISON	- 1	x						0.	0.	0.		
DIRECTOR	<u>+</u>			+ -								
COLLEEN FRENCH	1	X						0.	0.	0.		
DIRECTOR				+	+	1-	1					
RICHARD BUEL		X				1		0.	0.	0.		
DIRECTOR ·	<u> </u>		+	+	1	-						
TONY AU	1	X	ŀ					0.	0.	0.		
DIRECTOR		+ ^				•	1	· · · · · · · · · · · · · · · · · · ·				
MARK BLOTZ	-1	X	1					0.	0.	0.		
DIRECTOR	<u> </u>		+	+			1					
BARB JOHNSON	1.	x						· 0.	0	0.		
DIRECTOR	<u></u>		Ť	- .			+	· ·				
MELANIE JOHNSTON	- 1	X						0.	0	0.		
DIRECTOR				·+	-{		-					
VIJAY PATEL		X						0.	0	. 0.		
DIRECTOR .	<u> </u>		+	+			-1-					
PHILLIP LEMLEY	1	X					ļ	0	0	. 0.		
DIRECTOR				+			1			-		
DEBBIE BONE-HARRIS		x		1	ļ			0	. 0	. 01		
DIRECTOR			1		<u> </u>	1	<u> </u>		<u>.</u>	Form 990 (2009)		

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Form 990 (2009)

Form 990 (2009) TRI-CITIES VISITOR & CONV	/ENTIC	ON	BUI	REA	U				91-0859630		Page 8
Part VII Section A. Officers, Directors, Trus	tees, k	۲ey	En	ıplo	bye	es,	an	d Highest Con	pensated Emp	loyees	(cont.)
(A)	(B)				c)		•	(D)	(E)		(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Ës	timated nt of other
	per week	9 ndi	Inst	Officer	Key	Highest compensat employee	Former	the organization	related organizations (W-2/1099-MISC)	com	pensation om the
		lirec	Institutional trustee	6	Key employee	ploye	mer	(W-2/1099-MISC)	(***2/1099-141150)	orga	anization d related
		<u>to</u> 2	unal .		ploy	e com	.	,			nizations
		uste	trus		ee	1Den					
		e	tee			sate					
						٩					
GENE WAGNER	·····	· ·			<u> </u>				-		
DIRECTOR	1	X		ŀ				0.	·0.		0.
JOHN NEILL								· · · · · ·	······································		
DIRECTOR	1	X						0.	0.		0.
JIM MORASCH	~					<u> </u>					
DIRECTOR	1	X						0.	0.		0.
IAN NAPIER	· ·						-			•	
DIRECTOR	1.	x						0.	0.		0.
MONICA HAMMERBERG	<u> </u>							0.			0.
	. 1	v						0.	· 0.		0.
DIRECTOR	1	X		<u> </u>				0.			<u> </u>
LINDA BOOMER			•								· n ·
DIRECTOR	1	X		ļ	<u> </u>	·		0.	0.		0.
DEANNA SMITH							·				•
DIRECTOR	1	X						0.	0.		0.
COREY PEARSON						ŀ		:			-
DIRECTOR	1	X						0.	0.		0.
FERNANDO AVALOS							•		-		
DIRECTOR	1	X						0.	0.	"-· - ·	0.
DON HART] .					
DIRECTOR	1	X		İ -			Ì	0.	0.		0.
TROY WOODY .											·
DIRECTOR	1	X						0.	0.		0.
LORI MATTSON		· ·							-		
DIRECTOR	1	X		· .				. 0.	. 0,		.0.
CARL ADRIAN	1				1			,			
DIRECTOR	. 1	X						0.	0.		0.
1 b Total	•	· · · · ·		<u> </u>	· · · · ·		₽	110,404.	0.		0.
2 Total number of individuals (including but not limited	d to the	se li	stec	lab	ove) wh	o re	· · · · · · · · · · · · · · · · · · ·	\$100.000 in reporta	ble con	npensation
from the organization > 1		•••			,					-	,
						•					Yes No
•											
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, l	key	emp	ploy	ee,	or hi	ighest compensati	ed employee	3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	han \$15	0,00	11pe 10?	115ai f 'Y	'es'	com	plet	e Schedule J for s	such		
individual		••••	• • • •	<i>.</i> .			• • • •	<i></i>		4	<u> </u>
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fro	om a	any	unre	elate	d organization for	services		
rendered to the organization? If 'Yes,' complete Sch	nedule J	l for	suc	h pe	erso	n			<u></u>	5	<u>X</u>
Section B. Independent Contractors											
1 Complete this table for your five highest compensation	ed inde	penc	lent	cor	ntrac	ctors	s tha	it received more th	nan \$100,000 of		
compensation from the organization.											
(A) (B Name and business address Description) of Services	(Compei	C) neation		
Name and business address	<u>s</u>						•	Description	JI SELVICES	Compe	1541011
· · · · · · · · · · · · · · · · · · ·									······		
								l 	· · · · · · · · · · · · · · · · · · ·		
						•					
· · · · · · · · · · · · · · · · · · ·		· · -						<u> </u>			
2 Total number of independent contractors (including		limil	led I	to th	lose	e list	ed a	bove) who receiv	ed more than 🦕	•	
\$100,000 in compensation from the organization >	0								1		· ·

SCHEDULE	J-2
(Form 990)	

Continuation Sheet for Form 990

OMB No. 1545-0047

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization	· · · ·								Employler Identification num	ber ·
THE THE NTOTAD & CON	91-0859630									
Part I Continuation: Officers	, Directors,	Trust	ees	s, K	ey	Emp	loy	ees, and Highes	t Compensated	
Employees								· · · · · · · · · · · · · · · · · · ·		(E)
(A)	(B)	1		(C				. (D)	(E)	(F)
Name and Tille	Average hours per week			'I		hat app	1	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations * (W-2/1099-MISC)	Estimated amount of other compensation from the
		Individual trustee or director	titution	Officer	Key employee	hest co ployee	Former	(W-2/1099-MISC)	(11-2/1055-11100)	organization and related organizations
· .		trustee	Institutional trustee		yee	Highest compensated employee				
JERRY HOLLOWAY	1	X						0.	0.	0.
LARRY_HALER	. 1	x						0.		0.
MAY HAYS	. 1	· X						0.	0.	0.
DIRECTOR ANDY PERDUE	<u> </u>			\vdash						
DIRECTOR	1	X	 					0.	0.	0.
STEVE YOUNG	<u>1</u>	Х						0	0.	0.
KRIS WATKINS PRESIDENT & CEO	40			x	x			110,404	. 0.	0.
JOHN BOOKWALTER	5			x				. 0	. 0.	0.
1ST VICE CHAIR SCOTT KELLER								, 0		0.
PAST CHAIRMAN KATHY MOORE	5	·	┢	X						
VICE CHAIR RON HUE	5			X				· 0	. 0.	0.
TREASURER	5			X				0	. 0.	0.
SUZANNE HEASTON	5			x				<u> </u>	. 0:	<u> </u>
TIM FREDRICKSON	5.			X				0	. 0.	. 0.
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9AA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU

91-0859630

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Page 9

Tart ving otationent of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
b Membership dues c Fundraising events d Related organizations e Government grants (contributions)	a b 300,242. c d e 1,258,246. f \$	1,558,488.			
2 a b c d d d c d f All other program service revenue g Total. Add lines 2a-2f	Business Coide				
3 Investment income (including divide other similar amounts)	npt bond proceeds.	14,036.			14,036.
 b Less: cost or other basis and sales expenses	ts 				
 9a Gross income from gaming activities See Part IV, line 19	a b				
b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	· · · · · · · · · · · · · · · · · · ·	1,572,524.	0.	0,	14,036.

TEEA0109L 02/12/10

Form 990 (2009)

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TRI-CITIES VISITOR & CONVENTION BUREAU Form 990 (2009)

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).

	All other organizations must comp			(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	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.Ş. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	110,404.			·
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	· · ·		
7	Other salaries and wages	530,962.		······································	
. 8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,033.			· · · · · · · · · · · · · · · · · · ·
~		46,742.			
9	Other employee benefits	56,279.			· ·
. 10			. ,		
11	Fees for services (non-employees)				· ·
	- Inditegonione in the second		····		
	b Legal	2,075.			
	c Accounting	38,400.		· · · · · · · · · · · · · · · · · · ·	
	d Lobbying		· · · · · · · · · · · · · · · · · · ·		
(e Prof fundraising svcs. See Part IV, In 17	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
´ 1	Investment management fees		······································		
	g Other				,
	Advertising and promotion	255,766.			
13	Office expenses	37,949.			· · · ·
14	Information technology				
15	Royalties			· · · · · ·	
16	Occupancy	74,236.			
17	Travel.	35,079.	• •		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	•	• • •		
19	Conferences, conventions, and meetings		·		
20	Interest		·		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	13,815.	•		
23	insurance	2,845.	·		
24					
	a CONVENTION DEVELOPMENT	102,505.		, <u>.</u>	
	COMMUNITY DEVELOPMENT	. 36,491.			
		34,369.			
	C EQUIPMENT RENTAL & MAINTENANCE	19,608.			
	POSTAGE AND SHIPPING	16,298.			
	DUES & SUBSCRIPTIONS	20,598.			
1	f All other expenses				
_25	Total functional expenses, Add lines 1 through 24f	1,456,454.		•	
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)
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Page 10

Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU Part X Balance Sheet

91-0859630

Page 11

1 Cash - non-interest-bearing. 123,351.1 259,402. 2 Savings and temporary cash investments. 767,235.2 772,395. 3 744 Accounts receivable, net. 3 4 Accounts receivable, ret. 4 5 Becedwables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Parl II of Schedule L. 5 6 Hecetwables from current diquellitie persons (sas defined under section 4958(0/1)) 5 6 Hecetwables from current diquement consor (sa defined under section 4958(0/1)) 6 7 Notes and loars receivable, net. 7 8 Inventories for sale or use. 9 9 Prepaid expenses and deferred charges. 9 10a cand, buildings, and equipront: cost or other basis. 10b 45,515.378,487.10c 402,555. 11 Investments – publicly-tradod socurities. 110b 45,515.378,487.10c 402,555. 11 Investments – porpain related. See Parl IV, line 11. 13 14 15 14 Interments – porpain related. See Parl IV, line 11. 14 12 13 15 Tottal assets. Add linés 1 through 15 (must				(A) Beginning of year		(B) End of year
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ef of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25 785. 26 0. 27 Organizations that follow SFAS 117, check here ► and complete lines 27 27 28 Temporarily restricted net assets. 28 29 29 29 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 29 27 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 30 29 Permanently restricted net assets. 29 30 30 30 21 Paid-in or capital surplus, or land, building, and equipment fund. 31 31 31 31 Paid-in or capital surplus, or land, building, and equipment funds. 1, 268, 288. 32 1, 384, 362. 33 Total net assets or fund balances. 1, 269, 073. 34 1, 384, 362.	B	21		· · · · · · · · · · · · · · · · · · ·	21	
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24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities. Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 785. 26 Organizations that follow SFAS 117, check here ► and complete lines 27 Unrestricted net assets. 27 28 27 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, and equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 1, 268, 288. 32 1, 384, 362. 33 Total net assets or fund balances. 1, 269, 073. 34 1, 384, 362.	i F					
25 Other liabilities. Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 785. 26 0. 27 Organizations that follow SFAS 117, check here ► and complete lines 27 27 Unrestricted net assets. 27 28 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 29 0 Organizations that do not follow SFAS 117, check here ► X and complete lines 29 Permanently restricted net assets. 29 0 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 1, 268, 288. 32 1, 384, 362. 33 Total Itabilities and net assets/fund balances. 1, 269, 073. 34 1, 384, 362.	ŝ				<u> </u>	· · · · · · · · · · · · · · · · · · ·
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties	•		
Organizations that follow SFAS 117, check here ► and complete lines 27 27 28 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► 28 29 29 Organizations that do not follow SFAS 117, check here ► 29 Organizations that do not follow SFAS 117, check here ► 29 0 reganizations that do not follow SFAS 117, check here ► X and complete 1 nes 30 through 34. 30 30 Capital stock or trust principal, or current funds. 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 1, 269, 073.		25			t	<u> </u>
ET 27 through 29 and lines 33 and 34. SP 27 28 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► X and complete 29 10 30 21 Permanently restricted net assets. 29 29 Organizations that do not follow SFAS 117, check here ► X and complete 10 1,268,288. 30 30 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances.		26		. 785.	26	<u> </u>
27 Unrestricted net assets. 27 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete 30 1 Paid-in or capital surplus, or land, building, and equipment fund. 30 31 Paid-in or capital surplus, or land, building, and equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 1,268,288.32 1,384,362. 33 Total net assets or fund balances. 1,269,073.34 1,384,362.	NE					
28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete 29 ines 30 through 34. 30 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, and equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 1,268,288.32 1,384,362. 33 Total net assets or fund balances. 1,269,073.34 1,384,362.			5			
\$ 29 Permanently restricted net assets	S	27				
Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds	Ĕ					
Ines 30 through 34.3030Capital stock or trust principal, or current funds		29			29	·····
30Capital stock or trust principal, or current funds.30831Paid-in or capital surplus, or land, building, and equipment fund3132Retained earnings, endowment, accumulated income, or other funds.1,268,288.3233Total net assets or fund balances.1,268,288.3334Total liabilities and net assets/fund balances.1,269,073.34	1					
B 31 Paid-in or capital surplus, or land, building, and equipment fund	Ę			· · · ·		
32 Retained earnings, endowment, accumulated income, or other funds 1,268,288. 32 1,384,362. 33 Total net assets or fund balances 1,268,288. 33 1,384,362. 34 Total liabilities and net assets/fund balances 1,269,073. 34 1,384,362.	D	30				
	B	31				1 204 200
	L A	32				
	Ĉ	33	-			
			Total liabilities and net assets/fund balances	1,269,073.	34	

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Form 990 (2009) TRI-CITIES VISITOR & CONVENTION BUREAU 91-08596	30	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2</u> a		X
b Were the organization's financial statements audited by an independent accountant?	2t	l	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	t, 1		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		ŀ., -	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both:	a ••••		
Separate basis 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		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 31)	

Form 990 (2009)

• •	1			1		
Schedule B (Form 990, 990-EZ,				-	OMB No. 1545-0047	
or 990-PF)		Schedule of Con	tributors		2009	
Department of the Treasury Internal Revenue Service		► Attach to Form 990, 99)-EZ, or 990-PF		LVVV	
Name of the organization		<u> </u>	<u> </u>	Employer ide	niification number	
TRI-CITIES VISIT	OR & CONVENTI	ON BUREAU		91-085	9630	
Organization type (check	one):					
Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)(6) (enter num	nber) organization		•	
		4947(a)(1) nonexempt cha	aritable trust not treated as	a private foui	ndation	
		527 political organization				
Form 990-PF		501(c)(3) exempt private	foundation			
FOUN 990-FF .				riunto foundat	ion	
	•		aritable trust treated as a p	nvate ioundat	1011	
		501(c)(3) taxable private	oundation			
contributor. (Complete Special Rules –	Parts I and II.)					
- 509(a)(1)/170(b)(1)(A)(vi)	and received from anv	orm 990 or 990-EZ, that met th one contributor, during the year, (ii) Form 990-EZ, line 1. Com	a contribution of the greater of	the regulation f (1) \$5,000 or (s under sections 2) 2% of the	
agoregate contribution:	s of more than \$1.000	tion filing Form 990 or 990-E2) for use <i>exclusively</i> for religio Complete Parts I, II, and III.	 that received from any or us, charitable, scientific, lit 	ne contributor erary, or educ	, during the year, ational purposes, or the	
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, et	lc, contributions of \$5	,000 or more during the year.		•••••	۶ <u></u>	
000 DE) but it must apoug	vr "No' on Qart IV line	the General Rule and/or the S 2 of their Form 990, or check I requirements of Schedule B	the hox on line H of lis Fo	1800 990 FZ. 01	orm 990, 990-EZ, or on line 2 of its Form	
	Paperwork Reductio	n Act Notice, see the Instruct			0, 990-EZ, or 990-PF) (2009)	
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	÷					
-		-				

	B (Form 990, 990-EZ, or 990-PF) (2009)		Page 1 Employer	OT 5 OF ATLE
Name of org	ITIES VISITOR & CONVENTION BUREAU	•	91-08	
Part I	Contributors (see instructions.)			·
(a) Number	(b)	•	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF PASCO 525 N 3RD AVENUE PASCO, WA 99301	\$	88,021.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
2	CITY OF KENNEWICK 210 W 6TH AVE KENNEWICK, WA 99336	 \$	149,907.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
3	CITY OF RICHLAND 505 SWIFT BLVD RICHLAND, WA 99352	 	157,160_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
4	BENTON PUD PO BOX_6270 KENNEWICK, WA 99336	 \$	5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	· · ·	(c) Aggregate contributions	(d) Type of contribution
5	BECHTEL 3350 GEORGE WASHINGTON WAY RICHLAND, WA 99352	 \$	20,000.	Person X Payroll Noncash . (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
6.	CH2M HILL PO BOX 1500	 \$	15,000.	Person X Payroll Noncash
	RICHLAND, WA 99352			(Complete Part II if there is a noncash contribution.)

TEEA0702L 06/23/09

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2009)	P	age 2	of 3 of Part I Identification number
	ITIES VISITOR & CONVENTION BUREAU			59630
Part I	Contributors (see instructions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contribution
. <u>7</u>	BEN FRANKLIN TRANSIT	\$5	<u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contribution
8	PORT OF BENTON	\$5	, <u>000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	te ons	(d) Type of contribution
9	CITY OF WEST RICHLAND 5000 WEST RICHLAND, WA 99353	\$5	5 <u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution
	FRANKLIN PUD 1411 W CLARK PASCO, WA 99301	\$5	5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution
11	PORT OF KENNEWICK 350 CLOVER ISLAND DRIVE KENNEWICK, WA 99336	\$5	5 <u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution
12	PORT OF PASCO 904 E AINSWORTH PASCO, WA 99301	\$5	5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	P	age 3	of 3 of Part I
Name of or	ganization ITIES VISITOR & CONVENTION BUREAU			59630
	Contributors (see instructions.)		192-00	· ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributic	e ons	(d) Type of contribution
<u>13</u>	BATTELLE PNNL PO BOX 999, MS K1-71 RICHLAND, WA 99352	\$15	<u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributic	e. ons	(d) Type of contribution
14	THE LANE REAL ESTATE TEAM 10800 W COURT STREET PASCO, WA 99301	\$10	,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributic	e ons	(d) Type of contribution
_15	VENUEWORKS 7016 W GRANDRIDGE KENNEWICK, WA 99336	\$ <u>25</u>	<u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributic	e ons	(d) Type of contribution
_16	WASH RIVER PROTECTION SOLUTIONS PO BOX 850, MSIN H6-63 RICHLAND, WA 99352	\$40	<u>,000.</u>	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributic	e ons	(d) Type of contribution
<u>17</u>	TRI-PORTS 3100 GEORGE WASHINGTON WAY RICHLAND, WA 99352		<u>,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page	1		1 of Part II
Name of organ						ntification number
	TIES VISITOR & CONVENTION BUREAU			. 9	1-085	9630
Part II	Noncash Property (see instructions.)					
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r est struc	mate) tions)	(d) Date received
	N/A		···. ···. ·····			
······································		-				
		\$				
		1-		,		
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r est struc	mate) tions)	(d) Date received
					•	
•	-	-				
		\$				
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r esti struc	mate) tions)	(d) Date received
					•	
·		-				
	· · · · · · · · · · · · · · · · · · ·	\$				
		Ť-			•	-
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in	(c) r esti struc	mate) tions)	(d) Date received
		ļ				
		-				
	· · · · · · · · · · · · · · · · · · ·	ļ\$				
						·
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r esti struc	mate) tions)	(d) Date received
•						
		\$				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r esti struc	mate) tions)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	1				· · · · ·

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of 1 of Part III
lame of organ	ization			Employer Identification number
	TIES VISITOR & CONVENTION BURE	AU		91-0859630
Part III	<i>Exclusively</i> religious, charitable, etc, organizations aggregating more than	individual contributions t \$1,000 for the year.(Compl	ete cols (a) through	(/), (8), Or (10) (e) and the following line entry.)
	For organizations completing Part III, enter tot contributions of \$1,000 or less for the year. (E	al of <i>exclusively</i> religious, charitant nter this information once – see	instructions.)	►\$ N/A
(a) No. from	(b) Purpose of gift	(c) Use of gift	l	(d) cription of how gift is held
Part I	N/A			
		(e)		
	Transferee's name, address,	Transfer of gift	Relationship of	transferor to transferee
	· · · · · · · · · · · · · · · · · · ·			
(a) No, from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) criptiọn of how gift is held
•		(e) Transfer of gift		f transferor to transferee
	Transferee's name, address,	and ZIP + 4	Relationship o	
	•	· · ·	· · ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) cription of how gift is held
		·	· · · · · · · · · · · · · · · · · · ·	
		,		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship o	f transferor to transferee
		·		(d)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(u) scription of how gift is held
				· · · · · · · · · · · · · · · · · · ·
		(e) Transfer of gift	Dalationality	of transferor to transferee
	Transferee's name, address,	and ZIP + 4		
		· · · · · · · · · · · · · · · · · · ·		
BAA		- 1	Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (200

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	1				OMB No. 154	5.0047
SCHEDULE D (Form 990) Supplemental Financial Statements					200	_
Desertment	▷ Complete if the organization answered 'Yes,' to Form 990, Department of the Treasury Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service ▷ Attach to Form 990.					ublic
Internal Rev	venue Service	► Att	ach to Form 990. ▹ See separa	te instructions	Inspection	
Name of the	e organization				Employer Identification numb	er
TRI-C		ITOR & CONVENTION			91-0859630	
Part I	Organizati the organiz	ons Maintaining Dono ation answered 'Yes' t	r Advised Funds or Other o Form 990, Part IV, line 6	Similar Funds or Acc 5.	ounts Complete if	
	<u>v</u>		(a) Donor advised fur		Funds and other account	s
1 Tot	tal number at e	nd of year			······································	
2 Agg	gregate contrib	utions to (during year)				
. 3 Agg	gregate grants	from (during year)			-	
		at end of year				
5 Did fun	t the organizati ds are the orga	on inform all donors and do anization's property, subject	nor advisors in writing that the as to the organization's exclusive le	ssets held in donor advised		No
6 Did use	I the organizati ed only for char	on inform all grantees, dono itable purposes and not for	rs, and donor advisors in writing the benefit of the donor or donor efit??) that grant funds may be r advisor or for any other	[] Yes	No
			ete if the organization ansu		·	<u></u>
			y the organization (check all that		<i>J</i> 0, Fart IV, into 7.	
		of land for public use (e.g., t		Preservation of an historic	cally important land area	2
H	Protection of	•	ecreation of pleasure)	Preservation of certified h		
	Preservation of			I reservation of centared h	astone structure	
2 Cor			on held a qualified conservation	contribution in the form of	a conservation easemen	it on the
last	t day of the tax	year.				
				· · · · · · · · · · · · · · · · · · ·	Held at the End of the	Year
					••	
b Tota	al acreage rest	ricted by conservation ease	ments	2b		•
			fied historic structure included in		,	
			n (c) acquired after 8/17/06			. <u> </u>
3 Nur	mber of conser	vation easements modified,	transferred, released, extinguist	ned, or terminated by the o	rganization during the ta	x
yea		· ·	- · ·	,		
			onservation easement is located			
5 Doe	es the organiza	tion have a written policy re	garding the periodic monitoring, at it holds?	inspection, handling of vio	lations,	1
and	d enforcement a	of the conservation easemer	at it holds?		Yes	No
ь Sta duri	ing the year P	r nours devoted to monitori	ng, inspecting, and enforcing co	ISELATION EQSCIPCING	<u>. </u>	
7 Am duri	ount of expensing the year >	es incurred in monitoring, li	specting, and enforcing conserv	vation easements \$	·	
170)(h)(4)(B)(i) and	d 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ		Yes	No
incli	Part XIV, describ lude, if applicat servation ease	ple, the text of the footnote :	s conservation easements in its rev to the organization's financial sta	venue and expense statemen atements that describes the	t, and balance sheet, and e organization's accounti	ng for
	Organizati	ons Maintaining Colle	ctions of Art, Historical T	reasures, or Other Sir	nilar Assets	
	Complete	if the organization ans	wered 'Yes' to Form 990, F	Part IV, line 8.		
trea the	asures, or other lext of the fool	r similar assets held for pub Inote to its financial stateme	r SFAS 116, not to report in its r lic exhibition, education, or rese ents that describes these items.	arch in furtherance of publi	ic service, provide, in Pa	IL AIV,
trea amo	esures, of other ounts relating t	similar assets held for pub o these items:	SFAS 116, to report in its reven ic exhibition, education, or rese	arch in furtherance of public	ic service, provide the fol	llowing
(i) ///	Revenues include	uded in Form 990, Part VIII, d in Form 990, Part X	line 1	••••••	►\$ ►\$	
2 If th	ne organization	received or held works of a to be reported under SFAS	rt, historical treasures, or other	similar assets for financial	·	
a Rev	enues included	l in Form 990, Part VIII, line	1		▶\$	
b Ass	ets included in	Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •		

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

Schedule D (Form 990) 2009 TRI-CITIES VI	SITOR & CONVENT	ION BUREAU ical Treasures, or C	91-0859 Other Similar Asse	
 3 Using the organization's acquisition accession items (check all that apply); a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's coll Part XIV. 5 During the year, did the organization solicit or assets to be sold to raise funds rather than to 	and other records, check d Loan of e Other lections and explain how receive donations of art, be maintained as part of	A any of the following the r exchange programs they further the organiz historical treasures, or f the organization's colle	at are a significant use ation's exempt purpos other similar ction?	e of its collection e in Yes . No
Part IV Escrow and Custodial Arrangen 9; or reported an amount on For	m 990, Part X, line 2	<u></u>		
1 a Is the organization an agent, trustee, custodia included on Form 990, Part X?			r assets not	Yes
 b If 'Yes,' explain the arrangement in Part XiV a c Beginning balance d Additions during the year e Distributions during the year 	·····		1c 1d 1e	Amount
f Ending balance 2a Did the organization include an amount on Fo	rm 990, Part X, line 21?.	· · · · · · · · · · · · · · · · · · ·		Yes No'
b If 'Yes,' explain the arrangement in Part XIV. Part V Endowment Funds Complete if o	rabnization answere	d 'Yes' to Form 990	Part IV, line 10.	
(a) Current		(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	2			
c Net Investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance		<u></u>		
 3a Are there endowment funds not in the posses organization by: 				Yes No
(i) unrelated organizations.				3a(i)
(i) related organizations.				3a(ii) 3b
b If 'Yes' to 3a(ii), are the related organizations	listed as required on Sc			
4 Describe in Part XIV the intended uses of the Part VI Investments-Land, Buildings, a	organization's enuowine	Form 990 Part X	line 10	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land b Buildings c Leasehold improvements d Equipment				
e Other	354,530.	93,550.	45,515.	402,565.
Total. Add lines 1a through 1e (Column (d) must en		olumn (B), line 10(c).)	Þ	402,565.
BAA			Sched	ule D (Form 990) 2009

Schedule D (Form 990) 2009 TRI-CITIES VISITOR	R & CONVENTION B		-0859630 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	valuation market value
Financial derivatives			
Closely-held equity interests			
Other			
		· · · · · · · · · · · · · · · · · · ·	
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			······
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►	arm 000 Part V lin	ne 13) N/A	
Part VIII Investments-Program Related (See I	(b) Book value	(c) Method of	valuation
(a) Description of investment type	(D) BOOK Value	Cost or end-of-yea	r market value
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	· -		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ► Part IX Other Assets (See Form 990, Part X,	line 15) N/A		<u></u>
	escription		(b) Book value
(a) De	:senption	····	
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Total. (Column (b) must equal Form 990, Part X, col.(B), I	line 15)	<u></u>	. •
Part X Other Liabilities (See Form 990, Part			terra a sector de la composición de la
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
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		-1	
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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Schedule D (Form 990) 2009 TRI-CITIES VISITOR & CONVENTION BUREAU 9	1-085	9630	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	1	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			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn	N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments 2a		•	
b Donated services and use of facilities		-	
c Recoveries of prior year grants			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d.	2e		
3 Subtract line 2e from line 1	3		<u> </u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form.990, Part I, line 12.)			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retur	n N/A	·····
1 Total expenses and losses per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments 2b			
c Other losses			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b 4a	i		
b Other (Describe in Part XIV)	<u> </u> ,		
c Add lines 4a and 4b		· · ·	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
Part XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O (Form 990)	Supplemental Information to Form 990		0MB №, 1545-0047
(Form 550)	Complete to provide information for responses to specific question	s on	2009
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific question: Form 990 or to provide any additional information. ► Attach to Form 990.		Open to Public Inspection
Name of the organization TRI-CITTES VIS	ITOR & CONVENTION BUREAU	Employer identification 91-085963	
		· · · · · · · · · · · · · · · · · · ·	
	RT VI. LINE 11 - FORM 990 REVIEW PROCESS		
	NT/CEO REVIEWS THE RETURN PRIOR TO FILING.	•	
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE	·
DOCUMENTS,	POLICIES AND STATEMENTS ARE AVAILABLE TO THE PUBLIC	UPON REQU	<u>EST</u>
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	TOTAL DEPRECIATION			93,550							93,550	31,700			13,815

PAGE 2	91-0859630	10:29AM CURRENT DEPR	13,815	
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L BOOK DEPRECIATION SCHEDULE	EAU	SALVAG /BASIS REDUCT	0.	
TION	TRI-CITIES VISITOR & CONVENTION BUREAU	PRIOR DEC. BAL DFPR	0	
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FEDERAL WORKSHEETS

TRI-CITIES VISITOR & CONVENTION BUREAU

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2009

FORM 990, PART IX, LINE 24 OTHER EXPENSES

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		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT <u>& GENERAL</u>	(D) <u>FUNDRAISING</u>
BUSINESS TAX CONTRACT LABOR TELEPHONE	TOTAL	2,179. 3,518. 14,901.		\$0.	<u>\$0.</u>
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Form	990

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

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

Dej Inte	partmen ernal Be	t of the Treasury venue Service			penent trust or priva		•		
			dar vear.	The organization may have to use a or tax year beginning		isty state repor 8, and endir		SE	en to Public Inspection
В	Check	if applicable: ddress change lame change hitial return	Please use IRS label or print or type, See specific Instruc-		COUNCIL INC		D Empl 91 E Telep	-605.	
		ermination mended return	tions.						
		pplication pending	F Name a	and address of principal officer:			G Gross H(a) is this a group rel		
<u> </u>				AS C ABOVE	<u> </u>		H(b) Are all affiliates in If 'No,' attach a lis		Yes No
1		k-exempt statu bsite: ► WW		(c) (6)	4947(a)(1) or	527			
ĸ	Туре	e of organization:	X Corpora		Other > L	Year of Forma	H(c) Group exemption		► i legai domicile: WA
Ð	ărt II	🕅 Summa	ary		-				
Activities & Governance		Check this bo	× ►	janization's mission or most sign	ts operations or disr				
ත් ත්	4	number of inc	iependen	bers of the governing body (Part t voting members of the governir	ng body (Part VI, ling	e 1b}		4	40
ivîtie	5	lotal number	of employ	yees (Part V, line 2a)				F	<u> </u>
Act	7a	Total dross un	or volunt	eers (estimate if necessary) usiness revenue from Part VIII, I	line 12 column (C)		• • • • • • • • • • • • • • • • • • • •	. <u>6</u> .7a	· 0
	b	Net unrelated	business	taxable income from Form 990-	<u>T, line 34</u>	· · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	. <u>7a</u> 7b	
Ô	· ·			ts (Part VIII, line 1h)			Prior Yea	r	Current Year
Revenue	9	Program servi	ce reveni	ue (Part VIII, line 2g)			2.018		<u>289,448.</u> 1,248,771.
Rev	10 11	Investment in	come (Pa	rt VIII, column (A), lines 3, 4, an	ad 7d)				96,485.
	12	Total revenue	– add lir	ll, column (A), lines 5, 6d, 8c, 9c nes 8 through 11 (must equal Par	t, TUC, and TTe)				272,028.
	13	Grants and sir	nilar amo	punts paid (Part IX, column (A), I	lines 1-3)		2,668,		<u>1,906,732.</u> 49,777.
	14	Benefits paid	to or for r	members (Part IX, column (A), lii	ne 4)				
0	15	Salaries, othe	r compen	610,	298.	871,809.			
Expenses				g fees (Part IX, column (A), line		· · · · · · · · · · · · · · ·	MANAGE BUL (MATTACK) TANA A	alla e anti Villa	
Ц Ц				ses (Part IX, column (D), line 25	國民國的國際	新加速			
	17 18	Total expense	s (Part) s Add lin	X, column (A), lines 11a-11d, 11t les 13-17 (must equal Part IX, co			678,431.		
	19	Revenue less	expenses	Subtract line 18 from line 12.	липпт (A), ппе 25)	• • • • • • • • • • • •	2,929,		<u>1,600,017.</u> 306,715.
a or 1000							Beginning of	• • • • • • • • • • • • • • • • • • • •	End of Year
Not Assots or Fund Balances	20	Total assets (F	^p art X, lin	e 16)			3,685,		3,999,311.
Vot a				line 26)				828.	9,819.
12.93-92	22 httl:	Net assets or I	und bala	nces. Subtract line 21 from line 2	20		3,682,	777.	3,989,492.
Sig Hei	jn		officer	F. Adrian, Pres	cluding accompanying sche is based on all information a 1 d ewt	edules and stat of which prepa	ements, and to the best rer has any knowledge, :	of my kr	nowledge and belief, it is ここの分
_ ,		i ype or prin				Date		16	reparer's Idonii6.ina
Pai Pre)	Preparer's signature	RAND	Y SHOOP CPA Randy	11	11/12/09	Check if self- employed	·	reparer's Identifying number ee instructions)
par Use	rer's P	Firm's name (or		R & GILES, P.S. CPA'	S I I		·	11	/ Л
On		yours if self- employed), address, and	▶ 202	N. THIRD P.O. BOX 70			EIN ► Ì	I/A	
		ZIP + 4	PASC				Phone no. >	1	9) 547-0544
May RA/		C discuss this	return w	ith the preparer shown above? (s vork Reduction Act Notice, see t	see instructions).				X Yes No
0717	1.00	Envacy Act di	ia i aperv	roin neulicilon Act Notice, see t	me separate instruc	tions.	TEEA0112	L 12/22	/08 Form 990 (2008)

	990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966 Page 2
	Briefly describe the organization's mission:	
1	ECONOMIC DEVELOPMENT	
2	Did the organization undertake any significant program services during the year which were not liste	ed on the prior
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.	Yes 🕅 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	If 'Yes,' describe these changes on Schedule O.	n services? Yes X No
4		vices by expenses Section 501(a)(2)
	Describe the exempt purpose achievements for each of the organization's three largest program ser and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant expenses, and revenue, if any, for each program service reported.	is and allocations to others, the total
	(Code: including grants of \$	· · · · · · · · · · · · · · · · · · ·
40	(Code:) (Expenses \$ including grants of \$ ECONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK, & RIC) (Revenue \$)
	SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PRO	HLAND) AND THE
	AND DIVERSIFICATION OF THE ECONOMIC BASE. IMPROVEMENT OF FRONC	MTC CONDEPTIONS AND
	BUSINESS OPPORTUNITIES TO ALMOST 500 MEMBERS. DIRECT CONTACTS	WTTH MILTIPLE
	COMPANIES WITHIN TARGETED INDUSTRIES TO RECRUIT NEW INDUSTRY A	ND FOSTED FCONOMIC
	DEVELOPMENT TO FURTHER DIVERSIFY THE LOCAL ECONOMY PARTICIDAT	
	AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS C	ANFEDENCES DIDECT AND
	INDIRECT BUSINESS RECRUITMENT. RESPONDED TO ALMOST 100 DIRECT	TNOITDIES FROM DUCINECC
	SEEKING INFORMATION ON THE LOCAL AREA INLCUDING LAOR FORCE, SI MARKET DATA.	TE_SELECTION_AND_OTHER
4h	(Code: (Exposed & Lock to the second	
40	(Code:) (Expenses \$ including grants of \$	
-		
	·	
-		
-		
-		
4c ((Code: keyenses \$ including grants of \$	· · · ·
		_) (Revenue \$)
-		
_		
-		
-		
-		
-		
-		
_		
	Other program services. (Describe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·
	Expenses \$ including grants of \$) (Revenue	\$ •)
4e 1	Fotal program service expenses ► \$ (Must equal Part IX, Line 25, colum	

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Form 990 (2008)

			,	
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	[Yes	No
2		1		X X
3	Did the organization engage in direct or indirect political compalian activities as help if it is the state of the	2		<u> </u>
4	for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
5		4		
6		5	X	
v	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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		 X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? 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		x
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		X
1 7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G. Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G. Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20 21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	21	Х	·
		22		<u>X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.	23	x	
24a	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 questions 24b-24d and complete Schedule K. If 'No, go to question 25			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
	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?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II,	26		x

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III.....*

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Form 990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC

				Yes	No
	28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	机编		
	ä	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X X
			204		
	Ľ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.	28b		х
	C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		X
	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		X
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes</i> ,' <i>complete Schedule M</i>	30		X
	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		Х
	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	x	
	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	x	
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
_	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
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Form 990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966		Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			age .
	<u>-</u>	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		繁發	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	8		
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	ortable gaming	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12 家族		
2b if at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2h	X	: CORES
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see i	nstructions)	CONTRACTOR	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	by		
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q			X
4a At any time during the calendar year, did the organization have an interval to the second			<u> </u>
account, Securities account, or other financial ac	count)?		X
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba Financial Accounts.	ank and		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1830.82	inikis X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trapsact	tion7 Eh		X
 c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re Prohibited Tax Shelter Transaction? 6a Did the errorization calculate and the second /li>	egarding		
6a Did the organization solicit any contributions that was not to be table a			
6a Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions deductible?	s or gifts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).	1000		1999 C
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more the	nan \$75?	STATISTICS.	er en
p in res, aid the organization notity the donor of the value of the goods or services provided?	71		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	required to file		
d If 'Yes,' indicate the number of Forms 8282 filed during the year		<u>सङ्ख्य</u> ्र	Partose
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	1 7 0	194456151	PATE A
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	-t? 7 f		<u> </u>
g for all contributions of qualified intellectual property, did the organization file Form 8899 as required?	70		<u> </u>
n For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1008			
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 5 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organ excess business holdings at any time during the year?	09(a)(3) nization, have 8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	The second se	教 密	ন্যান্দ্র উন্নিদ্র
a Did the organization make any taxable distributions under section 4966?	9-1	995-90E	323 <u>375</u> 01
b Did the organization make any distribution to a donor, donor advisor, or related person?			
IU Section 501(c)(7) organizations. Enter:			建制度
a Initiation fees and capital contributions included on Part VIII, line 12		和影	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		積極	
11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders		調節	關議
b Gross income from other sources (Do not net amounts due or paid to other sources and it is a strong and it		影響	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12a	1492USE	FERENCES
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			激励
	Form	990 (2008)
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Page 6 Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

50	ction A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
1	a Enter the number of voting members of the governing body) 22		
	b Enter the number of voting members that are independent?	12 13 12 13 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			
6	Does the organization have members or stockholders?SEE, SCHEDULE, O.	5	X	<u>X</u>
7:			• •	<u> </u>
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X	Í
I	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:			
i	a The governing body?	82		WFF COLUMN STATE
ł	Each committee with authority to act on behalf of the governing body?	8b	X	
98	a Does the organization have local chapters, branches, or affiliates?	9a		X
ł	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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990SEE. SCHEDULE. O	10		x
11	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	11		х
Sec	tion B. Policies	-ll		
			Yes	No
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
ł	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	

to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe a Schedule O how this is done	in 12c	x	
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 independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	ıt 👫		
a The organization's CEO, Executive Director, or top management official?	15a	X	2011011-12-
b Other officers of key employees of the organization?	15b		X
Describe the process in Schedule O. (see instructions)	9988	感激	建制的
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tax entity during the year?	able		
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exertised with respect to such arrangements?	ation		
Section C. Disclosures		L	

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

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

Own website X Upon request Another's website

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 ► TRIDEC 7130 W GRANDRIDGE BLVD KENNEWICK WA 99336-7725 509-735-1000

91-6053966 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VI Employees, and Independent Contractors

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

1 a Complete this table for all persons required to be listed. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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) or more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) (c) (D) Average Position (check all that apply) Reportable Po			(E)	(F)					
Name and Jige	hours per week	or director	Institutional trustee	Officer	a Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CARL ADRIAN								·,		
PRESIDENT & CEO	55			Х	X			160,073.	0.	24,744
MIKE SCHWENK										
CHAIRMAN	4	X		Х				0.	·0.	0
FRAN FORGETTE										
PAST CHAIRMAN	2	Х		Х				0.	ο.	0.
FRANK ARMIJO										
VICE CHAIR C&I	2	Х		X				0.	0.	0.
KATHY BALCOM										
VICE CHAIR ADM	2	X		X				0.	0.	0.
BILL LAMPSON										0.
VICE CHAIR HANF	2	X		X			. :	0.	ο.	0.
CHRIS_BURROWS										
VICE CHAIR PR	2	X		X				0.	0.	0.
CON MURPHY					1					
TREASURER	2	X		X				0.	0.	0.
RUFUS_FRIDAY										
SECRETARY	2	X	ľ	X			Ī	0.	0.	0.
JOHN FULTON									```	
DIRECTOR	1	X		X				0.	0.	0.
DAVID HANSON										0
DIRECTOR	1	X	ĺ	X	'			0.	o.	0.
JOHN FOX									<u>v</u> ,	
DIRECTOR	1	X		X				Ο.	` o.	0.
JARED BALCOM										
DIRECTOR	1	X				[0.	0.	0.
MAX BENITZ							-			0.
DIRECTOR	1	X						0.	0.	0.
JOHN BOOKWALTER						- 1	\neg		; -	0.
DIRECTOR	1	Х						0.	o.	0.
ERNIE BOSTON							-		,	
DIRECTOR	1	X			ſ			0.	o.	0.
KEN BRUTZMAN										0,
DIRECTOR	1	X						ο.	· 0.	0.

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Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)										
(A)	(A) (B) (c) (D) (E)					(F)				
Name and Title	Average hours			chec	k all I	lhat a	pply)	Reportable compensation from	Reportable	Estimated
	per week	or d	la la	Officer	Key	em Higi	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organization	amount of other s compensation
		vídua	Institutional trustee	ğ	Key employee	Highest compensated	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		일본	nal		bloye	e con				and related organizations
		stee	trust		ä	репз				
•			ĉ			ated				
									· · · · · · · · · · · · · · · · · · ·	
VICKY_CARWEIN										
DIRECTOR	1	X	·					0.). 0.
GEORGE_CLARE		•								
DIRECTOR	1	X						0.		0.
BILL ELKINS									•	
DIRECTOR	1	X				<u> </u>		0.	C	0.
RICH EMERY								_		
DIRECTOR	1	X			<u> </u>	<u> </u>	<u> </u>	0.	(0.
DON ENGLEMAN										
DIRECTOR	1	X						0.	C	0.
MIKE GARRISON										
DIRECTOR	1	X						0.		0.
SHAWN HANCOCK	-								Ť	
DIRECTOR	1	X				L	 	0.). 0.
SCOT HANSEN										
DIRECTOR	1	X				<u> </u>		0.		0.
JAMES HEMPSTEAD										
DIRECTOR	1	X				<u> </u>		0.). 0.
DALE JACKSON										
DIRECTOR	1	X	·			L		0.	(). 0.
BARBARA JOHNSON										
DIRECTOR	1	X						0.	(). 0,
ROY KECK										
DIRECTOR	1	X						0.		0.
CRAIG MAYFIELD								_		
DIRECTOR	1	X						0.	0	
1b Total	• • • • • • • • • •		••••			• • •		160,073.	C	
2 Total number of individuals (including those in 1a)	vho rece	eivec	l mo	ore t	han	\$1(0,00	00 in reportable c	ompensation fror	n the
organization 🏲 1										
· · ·										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	ey e	emp	loye	ю, с	or hig	ghest compensate	ed employee	
										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable	0.00	nper 07 l·	nsat f 'Y∉	ion es' r	and	othe	er compensation : Schedule I for s	from	
individual					••••		••••	·····		4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atior	ı fro	ma	เกง เ	unre	late	d organization for	services	
rendered to the organization? If 'Yes,' complete Sch	iedule J	for	such	i pe	rsor	יייט ז				5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. 	ed inder	bend	ent	con	trac	tors	that	t received more th	1an \$100,000 of	
(A) Name and business addres	¢							(B) Description d) of Sondoor	(C)
KIRKPATRICK & LOCKHART PRESTON GATES 1601 K			N W2	V C II.	тыс	ሞርሶኦ		LEGAL/CONSULT		Compensation
VAIL INTERNATIONAL 312 N 20TH AVE. PASCO, WA		-	¥ ¥¥2	лоп.	140	TON	<u> </u>	AUCTION/ WHSE		138,569.
LOCKHEED MARTIN SERVICES INC P.O. BOX 950 RI			<u>a</u> a a	935	2			ASSET TRANSIT		<u>180,434.</u> 145,200.
TANIAR DARTION INC 1.0. DOX 950 RI		1 111		ر ل د د م	4			TICHANI LIGON	TOU	140,200.
			:							·
2 Total number of independent contractors (including	those in	1) \	vho	rece	eive	d m	ore i	than \$100 000 in		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 3

TEEA0108L 10/13/08 Form 990 (2008)

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Section A, line 1a.		Open to Public Inspection
	Employler Identification	n number

TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966 Rand Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (F) (E) Estimated amount of other compensation from the organization and related organizations Position (check all that apply) Name and Title Average hours per week Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Individual t or director Officer Highest compensated Institutional employee Former Key employee trustee trustee RICK MILLER DIRECTOR Х 1 0 0 0. JOHN NEILL DIRECTOR 1 Х 0 0 0. SHIRLEY OLINGER DIRECTOR 1 Х 0 0. 0. DAVID RICHARDSON DIRECTOR 1 Х 0 0 0. JEAN RYKMAND DIRECTOR 1 Х 0 0 0. BOB TIPPETT DIRECTOR 1 Х 0 0 0. KRIS WATKINS DIRECTOR 1 Х 0. 0. 0 JIM WATTS DIRECTOR 1 Х 0. 0 0. MIKE WEIS DIRECTOR 1 Х 0 0 Ο. RAND WORTMAN DIRECTOR 1 Х 0. 0 Ο.

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

Schedule J-2 (Form 990) 2008

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91-6053966

Page 9

R	M VIII Statement of Revenue					i age 3
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c. Fundraising events 1 c					
IONS, GIF	d Related organizations 1d e Government grants (contributions) 1e	289,448.				
ONTRIBUT	f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contribus included in lns 1a-1f:\$					
	h Total. Add lines 1a-1f	<u> </u>	289,448.		这些新生产 。	
μ		Business Code		SUME DE LA CARA	化的和效的的的错误	新加速和依 定的合
. E	2a FEES & CONTRACTS GOV AGENCIES		238,942.	238,942.		
. 22	b MEMBERSHIP DUES & ASSESSMENTS	· · · · · · · · · · · · · · · · · · ·	838,323.	838,323.		· · · · ·
KC	c WA MANUFACTURING SERVICES		23,990.	23,990.	······································	
Ĕ	d MEMBERSHIP MEETINGS & CON		32,099.	32,099.		<u> </u>
M	e SMARTMAP MANUFACTURE EXPO		69,422.	69,422.		
GRZ	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f.		45,995.	45,995.	Mental Antipation and a state of the	NAME AND POST OF A POST OF A POST OF
<u></u>	 3 Investment income (including dividends, other similar amounts) 	interest and	<u>1,248,771.</u> 96,485.			96,485.
	4 Income from investment of tax-exempt t	ond proceeds 🕨		······································		507 2001
	5 Royalties		······			
	(i) Real	(ii) Personal	AND		12001月20日1月1日1日日日日日日日日日日日日日日日日日日日日日日日日日日	REPORTS FOR LONG AND A
	6a Gross Rents		Constant And			
					机电热电影 用于	
	b Less: rental expenses.		的基本的基本的基			· 学校学校、学校学校、学校学校、
	c Rental income or (loss)				2010 (PH 28 10 K)	
	d Net rental income or (loss)	<u></u>	18,825.			18,825.
	7 a Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	••••••••••••	la della Manada i Barda di Denda Marti Barranda de Distante		191. L.	
OTHER REVENUE	8a Gross income from fundraising events (not including, \$		an an an ann an Anna Taonach an anna anna			
Ę	of contributions reported on line 1c).				for a second s	
K	See Part IV, line 18a				化的名称中的	
E H	b Less: direct expenses b					建设的 是在19
-	c Net income or (loss) from fundraising ev	ents ►				
	9a Gross income from gaming activities. See Part IV, line 19a					
	b Less: direct expenses, b					
	c Net income or (loss) from gaming activit	ies 🕨				
	10 a Gross sales of inventory, less returns and allowancesa	596,834.				
	b Less: cost of goods sold b	367,573.				陸軍國國家和科学
	c Net income or (loss) from sales of invent	ory 🕨	229,261.			229,261.
.	Miscellaneous Revenue	Business Code				
	11 a MISCELLANEOUS INCOME/INFO		3,742.		ine the set of press products of the set	3,742.
	b REFUNDS & EXP REIMBURSEMT		20,200.			20,200.
	c					20,200.
	d All other revenue			_ ·		
	e Total. Add lines 11a-11d	A	00.040	AND	IST TRACK TO BE AND THE TO BE	an a
			23,942.		國語品的理想能用的	的原始的影响
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 10c, and 11e	6d, 7d, 8c, 9c,	1,906,732.	1,248,771.	0.	368,513.
BAA		terment a second				

Partix Statement of Functional Expenses

Page 10

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). (A) Total expenses (B) **(D)** Fundraising (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.... 49,777 . Grants and other assistance to individuals in the U.S. See Part IV, line 22..... 2 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..... Compensation of current officers, directors, 5 trustees, and key employees 184,817 Compensation not included above, to 6 ł disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)..... 0 7 Other salaries and wages 471,126 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 8 22,322 Other employee benefits 9 119,283 10 Payroll taxes..... 74,261. 11 Fees for services (non-employees)..... a Management..... 13,512. b Legal 15,879. c Accounting..... 12,570. d Lobbying..... 90,528. e Prof fundraising svcs. See Part IV, In 17..... 的现在分词是一种问题的问题。 f Investment management fees g Other..... 42,102 67,948. 12 Advertising and promotion..... 13 10,071. Office expenses 14 Information technology..... 10,731. 15 Royalties..... 16 Occupancy..... 125,952 Travel 17 59,214 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. 120,323. 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates..... 21 22 Depreciation, depletion, and amortization..... 17,518. 23 Insurance..... 15,816 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a EQUIPMENT RENT & MAINTENANCE 21,365. **b** DUES & SUBSCRIPTIONS 15,411. c TELEPHONE 14,385 d TRAINING & EMPLOYEE RELATIONS 9,509 e SUPPLIES 6,729. f All other expenses..... 8,868. 25 Total functional expenses. Add lines 1 through 24f ... 1,600,017. Joint Costs. Check here ► | | if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint

costs from a combined educational campaign and fundraising solicitation.

91-6053966

				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		68,307.	1	204,545.
	2	Savings and temporary cash investments		2,893,503.	2	2,821,381.
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key empor other related parties. Complete Part II of Schedule L	oloyees,		5	
	6	Receivables from other disqualified persons (as defined under section 495	58(f)(1))			
А	[and persons described in section 4958(c)(3)(B). Complete Part II of Scher	dule L ; ,		6	i ane a la construir de la cons
A S S E T S	7	Notes and loans receivable, net			7	
Ĕ	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges.			9	
	108	a Land, buildings, and equipment: cost basis	,218.	新新会会的新生活 。	除 能	公前的国际 的公司公司
		b Less: accumulated depreciation. Complete Part VI of				
		Schedule D	,933.	240,796.	10 c	243,285.
	11	Investments – publicly-traded securities	• • • • • • • •		11	
	12	Investments – other securities. See Part IV, line 11			12	
	14	Investments - program-related. See Part IV, line 11	• • • • • • • • •		13	
	14	Intangible assets	• • • • • • • • •		14	
	16	Other assets. See Part IV, line 11	• • • • • • • • • •	482,999.	15	730,100.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	<u></u>	3,685,605.	16	3,999,311.
	18	Accounts payable and accrued expenses	• • • • • • • •	2,828.	17	9,819.
	19	Grants payable	• • • • • • • • •		18	
Ļ	20	Deferred revenue		19		
Å	21	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D	• • • • •,• • •		20	
A B [L	22	Payables to current and former officers directors trustees have any live		NEW MAIN MARKEN PROVINCE AND	21	TRANSPORTATION OF THE PARTY OF THE PARTY OF THE
L 		Payables to current and former officers, directors, trustees, key employee highest compensated employees, and disqualified persons. Complete Part	s, t II			
Ē	22	of Schedule L			22	
• 3	23 24	Secured mortgages and notes payable to unrelated third parties	• • • • • • • • •		23	
	24 25	Unsecured notes and loans payable.	• • • • • • • • •		24	
	25 26	Other liabilities. Complete Part X of Schedule D.			25	
	20	Total liabilities. Add lines 17 through 25.	· · · · · · · · ·	2,828.	26	9,819.
N E T		Organizations that follow SFAS 117, check here ► X and complete line 27 through 29 and lines 33 and 34,	ies			以1943年1月1日日1月1日 1月1日日 - 1月1日日 - 1月1日日 1月1日日 - 1月1日日 - 1月
	27	Unrestricted net assets			認知道	
ASSEL	28	Temporarily restricted net assets	•••••	1,371,429.	27	1,487,818.
- T	29	Permanently restricted net assets		2,311,348.	28	2,501,674.
Ŗ					29	
		Organizations that do not follow SFAS 117, check here ► ∐and com lines 30 through 34.	piete	an an an an an		
FUND	30	Capital stock or trust principal, or current funds				
BA	31	Paid-in or capital surplus, or land, building, and equipment fund			30 31	· · · · · · · · · · · · · · · · · · ·
51	32	Retained earnings, endowment, accumulated income, or other funds			32	
4 Z C E S	33	Total net assets or fund balances		3,682,777.	33	3 000 100
S	34	Total liabilities and net assets/fund balances		3,685,605.	33 34	<u>3,989,492.</u> 3,999,311.
Pa	rt XI	Financial Statements and Reporting		5,005,005.	94	5,999,011.
• •					·	Yes No

:

		res	
1 Accounting method used to prepare the Form 990: 🛛 Cash 🛛 🗌 Accrual 🗍 Other		國北京	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	12 h 16 h 2 h 1 h	X
b Were the organization's financial statements audited by an independent accountant?	26	X	
c If 'Yes' to 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	x	
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	 X	
b If 'Yes,' did the organization undergo the required audit or audits?	3b	X	
BAA	Form	990	(2008)

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SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► To be completed by organizations described below. ► Attach to Form 990 or Form 990-EZ.									
If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.										
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. 										
Name of organization <u>TRI-CITY DEVEL</u> <u>Part</u> A <u>To be co</u> See the	OPMENT mpleted instructio	COUNCIL INC by all organizations exempt undens for Schedule C for details.			56					
2 Political expendit 3 Volunteer hours.	ures	organization's direct and indirect political by all organizations exempt under		►¢	3					
See the 1 Enter the amount 2 Enter the amount 3 If the organization 4a Was a correction b If 'Yes,' describe	instructio t of any exc t of any exc n incurred a made? in Part IV.	ns for Schedule C for details. sise tax incurred by the organization under sise tax incurred by organization manager a section 4955 tax, did it file Form 4720 fo	s section 4955s under section 4955. r this year?		····· Yes No ····· Yes No					
See the	Instructio	by all organizations exempt under ns for Schedule C for details. pended by the filing organization for secti								
		g organization's funds contributed to othe xempt function expenditures. Add lines 1			5					
4 Did the filing orga	nization fil	e Form 1120-POL for this year? and employer identification number (EIN) d and indicate if the amount was paid fror lirectly delivered to a separate political or al space is needed, provide information in	· · · · · · · · · · · · · · · · · · ·	····· ► ♀	Yes X No					
(a) Name		(b) Address	(¢) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, if none, enter -0					
<u></u>										
	<u></u>		-							
BAA For Privacy Act a	nd Paperw	ork Reduction Act Notice, see the Instruc	tions for Form 990	Schedule C /Eas	m 990 or 990-EZ) 2008					

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Schedule C (Form 990 or 990-EZ) 2008 TRI-CITY DEVELOPMENT COUNCIL, INC.

Part II-A. To be comp	on 501(h)). See the	ions exempt unde	r section $501(c)(2)$	that filed Form 576	3966 Page 2 88 (election
	ing organization belong				
					•
B Check ► if the filing organization checked box A and 'limited control' provisions apply. Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)				(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. if the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable amount is: 0ver \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. 0ver \$1,000,000 but not over \$17,000,000 \$1225,000 plus 5% of the excess over \$1,600,000. 0ver \$17,000,000 \$1,000,000.					
g Grassroots nontaxable h Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount ot section 4911 tax for this (Som	ne 1a. Enter -0- if line on the 1c. Enter -0- if line f ther than zero on either the syear?	g is more than line a Is more than line c line 1h or line 1i, did t	he organization file Fo		Yes No
		g Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	······································
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures				<u></u>	<u></u>
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures		:	· · · · · · · · · · · · · · · · · · ·		

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Schedule C (Form 990 or 990-EZ) 2008

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Page 3

Schedule C (Form 990 or 990-EZ) 2008 TRI-CITY DEVELOPMENT COUNCIL, INC 91-6053966 Partill Bill To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?			和中國國家的主要	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
d Mailings to members, legislators, or the public?	~~~		· · · · · · · · · · · · · · · · · · ·	
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
I Other activities? If 'Yes,' describe in Part IV	•			
j Total lines 1c through 1i	的情况	area a		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	iken:			
b If 'Yes,' enter the amount of any tax incurred under section 4912	i Metra	影影高剧		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			· · · · · · · · · · · · · · · · · · ·	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	12.E.1%	建設設設	References a service and	
BartIII A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	n 50	1(c)(!	5), or section	
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			2 V	
Partill(B) To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III answered 'Yes.' See Schedule C Instructions for details.	n 60	1/~)//	i) or cootion	
1 Dues, assessments and similar amounts from members		1	838,323.	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year,	[2a	138,621.	
b Carryover from last year		2b		
c Total	[2c	138,621.	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3	159,281.	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4		
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	0.	
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	Part	II-B, I	ine 1i.	
	•			

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Schedule C (Form 990 or 990-EZ) 2008 TRI-CITY DEVELOPMENT COUNCIL INC

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SCHEDULE D (Form 990)	OMB No. 1545-0047 2008 Copenito Bublic			
Department of the Treasury Internal Revenue Service	answered 'Y	Form 990. To be completed by 'es,' to Form 990, Part IV, lines	6, 7, 8, 9, 10, 11, or 12.	l inspection
Name of the organization	ADVENIE COUNCEL THE	, , ,	<u>.</u>	Employer Identification number
	OPMENT COUNCIL INC		Charles Front Carbo	91-6053966
the organi	zation answered 'Yes' t	r Advised Funds or Other o Form 990, Part IV, line	6.	counts Complete If
·····		(a) Donor advised fu		Funds and other accounts
1 Total number at e	end of year		· · · · · · · · · · · · · · · · · · ·	
	outions to (during year)			
	from (during year) :			
4 Aggregate value	at end of year		L	
funds are the org	anization's property, subject	nor advisors in writing that the a to the organization's exclusive I	egal control?	d Yes 🗌 No
6 Did the organizati used only for cha impermissible pri	ion inform all grantees, dono ritable purposes and not for t vate benefit??	rs, and donor advisors in writing the benefit of the donor or dono	y that grant funds may be r advisor or other	
Partal Conservat	ion Easements Comple	ete if the organization ans	wered 'Yes' to Form 9	990, Part IV, line 7.
1 Purpose(s) of cor Preservation Protection of Preservation	nservation easements held by of land for public use (e.g., r natural habitat of open space	y the organization (check all tha ecreation or pleasure)	t apply). Preservation of an histor Preservation of certified	ically important land area historic structure
 Complete lines 2a of the tax year. 	a-2d if the organization held a	a qualified conservation contribution	ition in the form of a conse	ervation easement on the last day
b Total acreage res c Number of conset d Number of conset 3 Number of conset year ►	tricted by conservation easer vation easements on a certif vation easements included in vation easements modified,	ments fied historic structure included in n (c) acquired after 8/17/06 transferred, released, extinguis	2b a (a) 2c	Held at the End of the Year
		nservation easement is located		
		garding the periodic monitoring, nolds?		d Yes 🗌 No
		, inspecting, and enforcing ease specting, and enforcing easem		
8 Does each conser	vation easement reported or	line 2(d) above satisfy the requ	irements of section	
9 In Part XIV, descrit include, if applica	be how the organization reports ble, the text of the footnote t	conservation easements in its re o the organization's financial st		Yes No
conservation ease Part III Organizat Complete		ctions of Art, Historical T wered 'Yes' to Form 990,	reasures, or Other Si	milar Assets
1a If the organization treasures, or othe	elected, as permitted under similar assets held for public	SEAS 116 not to report in its	evenue statement and hal	ance sheet works of art, historical lic service, provide, in Part XIV,
anouns relativo	to these tientis:			ance sheet works of art, historical lic service, provide the following
(i) Revenues inc	luded in Form 990, Part VIII,	line 1		····· ►\$
(II) Assets Include	ed in Form 990, Part X			▶Ş
amounts required	to be reported under SFAS 1	rt, historical treasures, or other 116 relating to these items:		Sent provide the following
b Assets included in	i Form 990, Part X	۰۰۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰	•••••••••••••••••••••••••••••••••••••••	≻\$
TV97				

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

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Schedule D (Form 990) 2008 .

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Schedule D (Form 990) 2008 TRI-CIT	Y DEVELOPMI ng Collections	ENT COUNCI	L INC	91-605 or Other Similar As	3966 sets (contir	Page 2
3 Using the organization's accession a that apply):						
a Public exhibition		d 🗌 Loan	or exchange programs			
b Scholarly research		e 🗌 Othe			*	
c Preservation for future generation	ns		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
4 Provide a description of the organiza Part XIV.						
5 During the year, did the organization assets to be sold to raise funds rathe	solicit or receive	donations of a	rt, historical treasures,	or other similar	-	
Patrix Truct Ecorow and Custo	er trian to be main	itained as part	of the organization's c	ollection?	Yes	No
Rant IV. Trust, Escrow and Custo IV, line 9, or reported an	amount on Fo	orm 990, Pai	rt X, line 21.	answered 'Yes' to	Form 990, I	Part
1 a Is the organization an agent, trustee, included on Form 990, Part X?	custodian, or oth	ner intermediar	y for contributions or of	ther assets not	Yes	No
b If 'Yes,' explain the arrangement in F	Part XIV and com	plete the follow	/ing table:			Laut
					Amount	
c Beginning balance	•••••••••••••••			1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an amou	int on Form 990,	Part X, line 21	?	•••••	Yes	No
b If 'Yes,' explain the arrangement in P	'art XIV,	•				
Part V Endowment Funds Compl	ete if organiza	ation answei	red 'Yes' to Form 9	90, Part IV, line 10		
	(a) Current year	(b) Prior yea				ars back
1 a Beginning of year balance			CAN FORMER PART	CONTRACTOR OF THE		
b Contributions		利证法定利用				
c Investment earnings or losses.		No. A statistic			1 20 10 10 10 20 10	
d Grants or scholarships		ALTING A	Volus Independent for the			1846-046-03-07 1849-06-06-07
e Other expenditures for facilities and programs		P. Privela		<u>ense tredestre of enserv</u> en <u>An de Sandelse Sandelse so</u> MAR professioner andere		
f Administrative expenses		iter al antipa			1 /19/94/95/26/9 	AB SARA
g End of year balance				CARLEY AND A CONTRACT OF A CONTRACT		
2 Provide the estimated percentage of t						
a Board designated or quasi-endowmer	ne year enu baia Nt ⊫⊳			•		
b Permanent endowment	* <u></u> *	°				
c Term endowment	[°] 8					
3a Are there endowment funds not in the organization by:	- possession of the	e organization	that are held and adm	inistered for the		
(i) unrelated organizations					Yes	No
(ii). related organizations	••••••	••••••		••••••	. 3a(i)	-
b If 'Yes' to 3a(ii), are the related organ	izations listed as	roquirod on C		*****************	. <u>3a(11)</u>	
4 Describe in Part XIV the intended use	s of the organiza	Hon's ordown	ont funda	••••••	. 3b	
Rant VI Investments-Land, Build	ings, and For	inment Sea	a Form 990 Part Y	line 10		
Description of investment	(a) Cost	or other basis	(b) Cost or other			·····
		(estment)	basis (other)	(c) Depreciation	(d) Book V	/alue
1 a Land				NATE AND A STORE STORE	40	,767.
b Buildings			346,608.	218,730.		,878.
c Leasehold improvements			35,269.	9,334.		,935.
d Equipment		;	104,574.	55,869.		,705.
e Other					40	,105.
Total. Add lines 1a-1e (Column (d) should e		Part X. column	(B), line 10(c))	·	213	,285.
BAA		see a containing	(2), 100 10(0).)			
				Sched	aid n (Lottu a	5UJ ZUUX

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TEEA3302L 12/23/08

Schedule D (Form 990) 2008 TRI-CITY DEVELOPM	ENT COUNCIL INC	2	91-6053966	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) M Cost or er	lethod of valuation nd-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·	
Other				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ►				Series 1951
Part VIII Investments-Program Related (See I	Form 990 Part X	line 13) N/A	的基督教·西班牙和国家中国著名任基本了2020年	第1983年4月1日 第1983年4月11日 第1983年4月11日 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1993年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983年51 第1983 51 71 71 71 71 71 71 71 71 71 71 71 71 71
(a) Description of investment type	(b) Book value		lathed of voluction	
		Cost or er	lethod of valuation nd-of-year market value	
		· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			·······	
· · · · · · · · · · · · · · · · · · ·	· ·	· · · · · ·	7	
en e			1+0-7-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	`
		·····		
8/////////////////////////////////////				
· · · · · · · · · · · · · · · · · · ·	·····			
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)				
Bart IX: Other Assets (See Form 990, Part X,	Line 15)	14-15年1年1月1日日日日本14年1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	國家和政治部分的國家的意思	國法律這種語言
	scription		(h) Deals	
REVOLVING LOAN FUNDS & DEF GRANTS	Scription		(b) Book	3,702.
TRI-CITY REGIONAL BUSI AND VISITOR CT	 g			
ROUNDING		·····	40	6,396.
				2.
No	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		······	
Total. Column (b) Total (should equal Form 990, Part X, co	I.(B), line 15)		> 73	0,100.
Part X Other Liabilities (See Form 990, Part		fair at source to be shown a source state of a source of the		
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
• •				
				部。他们可以
				的影响。
			and a second	
				和問題
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	Þ			新能师
		一一一一日本的日本市的日本市的市场市场的	1.06.45%3.44%3.53%3.63%4.63%4.63%4.63%4.63%4.63%4.63%4.6	स्टर्भ वर्षन स्टेन्स्

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

Sche	edule D (Form 990) 2008 TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966	Page 4
Pă	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,906,732.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,600,017.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		306,715.
4	Net unrealized gains (losses) on investments.		000,710.
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 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.		306,715.
Par	tXII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	300,715.
1	Total revenue, gains, and other support per audited financial statements		2 274 205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••	2,274,305.
	Net unrealized gains on investments		
b	Donated services and use of facilities.		
c	Recoveries of prior year grants		
d		72	
	Add lines 2a through 2d	73.	265 552
3	Subtract line 2e from line 1		367,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	1,906,732.
	Investments expenses not included on Form 990, Part VIII, line 7b		
. n			
~ c	Other (Describe in Part XIV)		
. 5	Add lines 4a and 4b.		
Par	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.).	5	1,906,732.
1	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
2	Total expenses and losses per audited financial statements		1,967,590.
~	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
о С	Prior year adjustments		
с 	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV) SEE . PART. XIV	73.	
3	Add lines 2a through 2d.		367,573.
л	Subtract line 2e from line 1.	3	L,600,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;		
а г	Investments expenses not included on Form 990, Part VIII, line 7b		
a	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	·
୍ର - ଜନ୍ମ	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 1	L,600,017.
	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par ; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	t IV. lines 1b and	2b: Part V
iine 4	Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
	· · · · · · · · · · · · · · · · · · ·		
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Schedule	D	(Form	990)	

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Part XIV Supplemental Information (continued)

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Page 5

2008	SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMAT	IONPAGE 6
CLIENT 2915	TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966
11/12/09		08:10AM
OTHER REVI	), PART XII, LINE 2D ENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
DISPOSAL C	DSTS AND COMMISSIONS $\frac{\$}{\$}$	<u>367,573.</u> 367,573.
	. IOIAL <u>S</u>	361,513.
SCHEDULE D OTHER EXPE	), PART XIII, LINE 2D INSES AND LOSSES PER AUDITED F/S	
DISPOSAL C	OSTS AND COMMISSIONS	367,573.
	TOTAL $\underline{\underline{\$}}$	367,573.
,		
	:	_
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	· · ·	-
	· · · ·	
	$\cdot$	

SCHEDULE I (Form 990)		Сr	ants and Oth Government	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.	o Organization Is in the U.S.	ູ່ທີ		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Complet	e if the organizatio	<ul> <li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li> <li>Attatch to Form 990.</li> </ul>	orm 990, Part IV, lines I.	21 or 22.		Opento Publics Inspection
Name of the organization TRI-CITY DEVELOPMENT COUNCIL INC	OPMENT COUNCIL	L INC					Employer identification number 91–6053966	tion number 6
1 Does the organize the selection crite	ation maintain record	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	unt of	the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for th	aligibility for the grants or assistance		X Yes No
z Describe in Part I Battill Grants and 990, Part IV an	IV the organization's d Other Assistar IV, line 21 for an d Schedule [-1 (F	The In Part IV the organization's procedures for monitoring the use of grant funds Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,( Part IV and Schedule I-1 (Form 990) if additional space is needed	oring the use of graits and Organization of the content of the con	Z Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	states. <b>Id States.</b> Complet his box if no one r	te if the organizati ecipient received i	on answered 'Ye more than \$5,000	ss' on Form 0. Use
<ol> <li>(a) Name and address of organization or government</li> </ol>	sss of organization Iment	(c) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA BASIN COLLEGE 2600 N 20TH AVE PASCO, WA 99301	LLEGE	910824589		49,777.	-0			ECONOMIC DEVELOPMENT - HUB
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) a Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	Janizations					- 1
-	and Paperwork Redu	ction Act Notice, see	the Instructions fo	or Form 990.	TEEA3901L 12/19/08	12/19/08	Schedu	Schedule I (Form 990) 2008

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Schedule I (Form 990) 2008 TRI-CITY DEVE	ELOPMENT COUNC	IL INC		16	
Use Schedule I-1 (Form 990) if additional space is	Individuals in the dditional space is	United States. Col needed.	nplete if the orgar	ization answered 'Yes' (	It Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. (Form 990) if additional space is needed.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			-		
Bate V Supplemental Information. Complete this part to provide the information required in Part I	lete this part to pr	ovide the informati	on required in Par	, line	2, and any other additional information.
	77 AND MALA ANDA AND				
		<b>**</b> •••• ••• •*• ••• ••• ••• ••• ••• •••			
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	۵۰	MA ALL THE OLD ALL ALL THE ALL ALL THE ALL		* ** ** ** ** ** ** ** ** ** ** **	
		977 980 MM AL AN LL 880	*** *** *** *** *** ***		
BAA					Schedule I (Form 990) 2008

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TEEA3902L 10/02/08

SCHEDULE J	Compens	ation Information		DMB No. 1545-0047
(Form 990)	For certain Officers, Director Compe	s, Trustees, Key Employees, and Highe nsated Employees	est	2008
Department of the Treasury Internal Revenue Service	Attach to Form 990. To answered 'Yes' t	be completed by organizations that to Form 990, Part IV, line 23.		Open to Public
Name of the organization			Employer identification n	umber
	OPMENT COUNCIL INC		91-6053966	
Part Questions	s Regarding Compensation			
, n	iate box(es) if the organization provided any of ne 1a. Complete Part III to provide any relev charter travel			Yes No
		Housing allowance or residence fo		
Travel for co	ication and gross-up payments	Payments for business use of pers		
	spending account	Health or social club dues or initial Personal services (e.g., maid, cha		
b If line 1a is check of the expenses of	red, did the organization follow a written po described above? If 'No,' complete Part III to	icy regarding payment or reimbursement or reimbursement of the second second second second second second second	nt or provision of all	1 b
2 Did the organizat trustees, and the	ion require substantiation prior to reimbursi CEO/Executive Director, regarding the item	ng or allowing expenses incurred by all s checked in line 1a?	officers, directors,	2
3 Indicate which, if CEO/Executive D	any, of the following organization uses to e irector. Check all that apply.	stablish the compensation of the organi	zation's	
X Compensatio	n committee	X Written employment contract	•	
Independent	compensation consultant	Compensation survey or study		
X Form 990 of a	other organizations	X Approval by the board or compens	ation committee	
	did any person listed in Form 990, Part VII,	Section A, line 1a:		
	nce payment or change of control payment			
	receive payment from, a supplemental non			
	receive payment from, an equity-based con			4c X
	4a-c, list the persons and provide the applic			
	d 501(c)(4) organizations must complete li			
	I in Form 990, Part VII, Section A, line 1a, or revenues of:	lid the organization pay or accrue any o	compensation	
	· · · · · · · · · · · · · · · · · · ·			5a
	nization?	• • • • • • • • • • • • • • • • • • • •		5b
If 'Yes' to line ba	or 5b, describe in Part III.			
contingent on the		· · · ·	•	
				6a
	ization? or 6b, describe in Part III.	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	6b
7 For person listed described in lines	in Form 990, Part VII, Section A, line 1a, di 5 and 6? If 'Yes,' describe in Part III	d the organization provide any non-fixe	d payments not	7
contract exception	s reported in Form 990, Part VII, paid or ac n described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III		8
BAA For Privacy Act a	nd Paperwork Reduction Act Notice, see t	he Instructions for Form 990.	Schedule .	J (Form 990) 200

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Page 2 eeded.	n the instructions on		(F) Compensation	Form 990 or																			Schedule J (Form 990) 2008
91-6053966 if additional space is needed	For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (i). Do not list any individuals that are not listed on Form 990, Part VII.		(E) Total of columns	(D)-(D)	184,817.			 															Schedu
Schedule J-1	w (i) and from related o	ine 1a.	(D) Nontaxable	benefits	16,740.																		
ed Employees. Use	the organization on rov	or column (E) amounts on Form 990, Part VII, line 1a.	(C) Deferred	compensation	8,004.							 -			· · · · · · · · · · · · · · · · · · ·								1/08
II. INC Highest Compensated Employees.	ort compensation from	column (E) amounts oi	IISC compensation	(iii) Other compensation	2,785.																		TEEA4102L 08/11/08
ounc	ted in Schedule J, repo i Form 990, Part VII.	plicable column (D) or	(B) Breakdown of W-2 and/or 1099-MIS((ii) Bonus and incentive compensation	24,500.													· · ·					
Schedule J (Form 990) 2008 TRI-CITY DEVELOPMENT C	ensation must be repor ils that are not listed or	Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D)	(B) Breakdown of	(I) Base compensation	<u>132,788.</u> 0.																		
90) 2008 , Director	whose comp	(B) (C)			e e	ee	E		Θ	€ (<u></u>	e	8	00	e	E	εı	<u></u>	е С	8	E	: 2@	
Schedule J (Form 990) 2008 Partille Officers, Direct	For each individual w row (ii). Do not list a	Note. The sum of col		(A) Name	CARL ADRIAN					:							•			1999 A. S.			ВАА

Schedule J (Form 990) 2008 TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966 Page 3
prmation, explanation, or descriptions required for Part I, lines 1a, 1b,	4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete
BAA	Schedule J (Form 990) 2008
TEEA4103L 06/30/08	

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SCHEDULE R (Form 990) Department of the Tressury	 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 	Organizations and Unrelated Partnerships ed by organizations that answered 'Yes' to Form 990, Part IV, li	Unrelated Partn wered 'Yes' to Form 95	lerships 0, Part IV, lines 33, 34,	35, 36, or 37.	OMB No. 1545-0047 2008 Operito Publica
TRI-CLTY DEVELOPMENT COUNCIL	COUNCIL INC	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ISH ACHORS.		Employer identification number 91–6053966	ication number
Part I Identification of Disregarded Entities	Disregarded Entities					
Name, address, and	Name, address, and ElN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TRI-CIIY ASSET REINVESTMENT 7130 W GRANDRIDGE BLVD ST A	ESTMENT COMPANY LLC					
KENNEWICK, WA 99336-7725 91-2007853	7125	SALE OF SURPLUS PROPERTY	WA	605,895.	399,534.	N/A
999 Abo 100 Abo					-	
			•			
Parille Identification of Re	Parties Identification of Related Tax-Exempt Organizations	SU				
Name, address, and E	(A) and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
BAA For Privacy Act and Papen	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.		TEEA5001L 12/23/08	Schedul	Schedule R (Form 990) (2008)

Schedule R (Form 990) 2008 TRI-CITY DEVELOPMENT COUNCIL	L-CITY DEVI	TOPMENT	COUNCIL INC	J				91-6053966	Page 2
Part III Identification of Related Organizations Taxable as	Related Organ	izations T	axable as a Pa	a Partnership					
(A) Name, address, and EIN of Prelated organization	Primary Activity	C Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?	Code V-UBI Ecode V-UBI amount in Box 20 of Schedule (Form 1065)	(J) General or managing partner?
TRI-CITIES REGIONAL BU 7130 W GRANDRIDGE BLVD KENNEWICK, WA 99336	SI. &	VISITOR CTR	E/N	RELATED RENTS	59,578.	1,061,690.			
					:				
Rate IV: Identification of Related Organizations Taxable as	Related Orgar	izations	m	Corporation or Trust	ist .				
(A) Name, address, and EIN of related organization) of related organiz	ation	Primary Activity	y Legal domicile Direct (C) (D) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Direct Direct controlling entity (C cor	Type of entity (C corp, S corp, (C or trust)		(G) Share of end-of-year assets	(H) Percentage ownership
			r						

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Schedule R (Form 990) (2008)

BAA

	COUNCIL INC	
chedule R (Form 990) 2008 TRI-CITY DEVELOPMENT artive Transactions With Related Organizations	TRI-CITY DE	artive Transactions With Related Organizations

Page 3 91-6053966

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1 During the tex woor did the commission of the rest II, III, or IV.			Yes No
a Receipt of (1) interest (1) annuities (11) more than any or the following transactions with one or more related organizations listed in Parts II-IV:	~		\$ 2
b Gift. drant: or canital contribution to other accontration to	••••••••••••	1a	X
		4	X
e dury grant, or capital contribution from other organization(s)			*
a Loans or loan guarantees to or for other organization(s)			¢
e Loans or loan quarantees by other organization(s)		1d	X
		1e	X
			調末間時間日の時間
g Purchase of assets from other organization(s).		11	X
		1g	X
		14	>
Lease of lacinges, equipment, or other assets to other organization(s)			\$
			C C C C C C C C C C C C C C C C C C C
J Lease of facilities, equipment, or other assets from other organization(s)			
k Performance of services or membership or fundraising solicitations for other consultation for		1	×
1 Performance of services or membership or fundralsing collection shows by other constraints.		1k	X
m Sharing of facilities. equinment mailing inter or other contautors by quiller organization(s)		11	Х
R Sharing of and and other states of outer assets		1 m	×
		-	
			V No.
o Reimbursement paid to other organization for expenses			
p Reimbursement paid by other organization for expenses	*******	10	×
		1p	X
d Other transfer of cash or nonnerty to other organization (2)			
r Other transfer of cash or property to date of galactical (s)	****************	19	×
2 If the answer to any of the above is NV-1		1	
in the answer to any or the above is 'res,' see the instructions for information on who must complete this line, including covered relationships	and transaction thresholds.		
(A) Name of other organization	(B) Transaction	(C) Amount involved	olved
	type (a-r)		
(1) TRI-CITIES REGIONAL BUSI. & VISITOR CTR	м	400	400,000
(4)		•	
(2)			
(9)			
3AA TEEA5003L 07/02/08	Schedule	Schedule R (Form 990) (2008)	(2008)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ship through which t ding exclusion for c	the organization cond certain investment par	ucted more th tnerships.	ian five percent of its ac	tivities (mea	sured by total asset or	gross
Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) ornanizations?	End-of-year assets	(F) Dispropor- tionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No		Yes No
	-	-					
			-				
							<u> </u>
			•				
			;		_	•	
						-	,
		·				·	
BAA		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	1 990) (2008)

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Schedule R (Form 990) 2008 TRI-CITY DEVELOPMENT COUNCIL INC Rations Unrelated Organizations Taxable as a Partnership

	:		
SCHEDULE O (Form 990)	Supplemental Information to Form 990		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by organizations to provid additional information for responses to specific questions for the Form 990 or to provide any additional information.	e	2000
Name of the organization TRI-CITY DEVEL	OPMENT COUNCIL INC	Employer Identifica 91-605396	
	RT VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAF	-	<u> </u>
	IS OPEN TO COMMERCIAL AND NON PROFIT ORGANIZATIONS,		IDUALS.
	RT_VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE		
	CT THOSE CHARGED WITH GOVERNANCE BASED UPON THE SLAT		
NOMINATING_	COMMITTEE.		
FORM 990, PA	RT VI, LINE 10 - FORM 990 REVIEW PROCESS		
A POST ISSU	ANCE REVIEW OF THE FORM 990 WILL BE PERFORMED BY THE	AUDIT	
COMMITTEE, R	EVIEWED BY CEO AND DIRECTOR OF FINANCE PRIOR TO FILI	NG.	
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE	
FORM 1023 A	ND FORM 990 ARE AVAILABLE UPON REQUEST. GOVERNING DO	CUMENTS, (CONFLICT OF
INTEREST AN	D FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION	UPON REQUI	EST.
	;		
······································			
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Form 8868 (Rey April 2009)	Application for Extension of Time To File an Exempt Organization Return	OM8 №. 1545-1709
Department of the Treasury Internal Revenue Service	File a separate application for each return.	
If you are filing for an Au	utomatic 3-Month Extension, complete only Part I and check this box	►X
Do not complete Part II unle	dditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo ess you have already been granted an automatic 3-month extension on a previously filed	
Rant Mark Automatic 3-	Month Extension of Time. Only submit original (no copies needed).	
A corporation required to file	e Form 990-T and requesting an automatiα 6-month extension — check this box and com	plete Part I only 🕨 🗌
All other corporations (inclue income tax returns.	ding 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an	extension of time to file
returns noted below (6 mont the additional (not automatic Form 990-T, Instead, you mu	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension hs for a corporation required to file Form 990-T). However, you cannot file Form 8868 el- c) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a con ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more detail <i>efile</i> and click on <i>e-file for Charities & Nonprofits</i> .	ectronically if (1) you want monsite or consolidated

		Name of Exempt Organization	Employer identification number
Туре	or		
print		TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966
File by due da	nte for	Number, street, and room or suite number. If a P.O. box, see instructions.	
filing y return,	our	7130 W GRANDRIDGE BLVD A	
instruc	tions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	······································
		KENNEWICK, WA 99336-7725	
Chec	k type c	f return to be filed (file a separate application for each return):	
XF	orm 990	Form 990-T (corporation)	20
F	Form 990	-BL Form 990-T (section 401 (a) or 408(a) trust)	27
٦F	Form 990	-EZ Form 990-T (trust other than above) Form 600	59
F	orm 990	PF Form 1041-A Form 88	70
• T	he books	are in the care of . TRIDEC	
		No. ► 509-735-1000 FAX No. ► 509-735-6609	
•	f the org	anization does not have an office or place of business in the United States, check this box	▶□
•	f this is f	or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If	this is for the whole group,
С	heck this	s box . ▶ 🗌 . If it is for part of the group, check this box . ▶ 🗌 and attach a list with the names a	and ElNs of all members
t	ne exten	sion will cover.	
1	I reques	at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
		8/15, 20_09_, to file the exempt organization return for the organization named above.	
	The ext	ension is for the organization's return for:	
	► X	calendar year 20_08_ or	
		tax year beginning, 20, and ending, 20	
2			Change in accounting period
	ii tiis ta		
Зa	If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nonrefu	ndable credits. See instructions	3a \$ 0.
b	If this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	
	made. I	nclude any prior year overpayment allowed as a credit	<u>3b</u> \$0.
_	Deleve	Due Cukkest line Ob from line On Instante warm neurosci utile itin forma and if warden it	
C	deposit	• Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
.	See ins	tructions	3c \$ 0.
		u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	m 8879-EO for
		ructions.	
BAA	For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)

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·	(Rev 4-2009)		Page 2
If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete on	ly Part II and check t	his box►X
Note. Only	complete Part II if you have already been granted an automatic 3-month ext	ension on a previous	ly filed Form 8868.
📕 IT you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	e 1).	
PartII	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).
	Name of Exempt Organization	V-SMC-000-00-00-00	Employer Identification number
Type or			
print	TRI-CITY DEVELOPMENT COUNCIL INC		91-6053966
	Number, street, and room or suite number. If a P.O. box, see Instructions,		For IRS use only
File by the extended due date for	BAKER & GILES, P.S. CPA'S		· · · · · · · · · · · · · · · · · · ·
filing the	202 N. THIRD P.O. BOX 704		In the second second second second second second second second second second second second second second second
return, See Instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	PASCO, WA 99301		
Check type	e of return to be filed (File a separate application for each return):	San and a state of the second second	
X Form 9	90 Form 990-PF		[m-1
Form 9		Form 1041-A	Form 6069
Form 9		Form 4720	Form 8870
··		Form 5227	
• The hoo	not complete Part II if you were not already granted an automatic 3-month e ks are in care of. TRIDEC	xtension on a previo	ously filed Form 8868.
		609	· · · · · · · · · · · · · · · · · · ·
• If this is	rganization does not have an office or place of business in the United States,	, check this box	····· ►
	s for a Group Return, enter the organization's four digit Group Exemption Nur	nber (GEN)	If this is for the
members th	p, check this box ► If it is for part of the group, check this box ► .	and attach a list wit	h the names and EINs of all
4 I requ	lest an additional 3-month extension of time until <u>11/15</u> , 20 (na	
5 Forca	alendar vear 2008 or other tay year beginning	2.	~ ^
6 If this	alendar year <u>2008</u> , or other tax year beginning, 20 tax year is for less than 12 months, check reason:Initial return		, ²⁰
7 State	in detail why you need the extension <u>TAXPAYER RESPECTFULLY</u>	Final return	Change in accounting period
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND	REQUESTS ADL	ATTIONAL TIME TO
	AND THE OTHER TO ME AND THE A COMPLETE AND	ACCORATE TAX	<u>RETURN.</u>
Q o lf thio		·······	
nonrei	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent fundable credits. See instructions	ative tax, less any	Radi
b If this	application is for Form 990 PF 990 T 4720 or 6060 onter any fundation	Pr	
payme with F	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c ents made. Include any prior year overpayment allowed as a credit and any a orm 8868	amount paid previous	l tax sly 8b\$
c Balan	ce Due. Subtract line 8b from line 8a. Include your payment with this form, o TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r if required depent	· · · · · · · · · · · · · · · · · · ·
	Signature and Verification	n	
Under penalties correct, and con	of perjury, I declare that I have examined this form, including accompanying schedules and statement mplete, and that I am authorized to prepare this form.	s, and to the best of my kno	owledge and belief, it is true,
Signature 🕨	Franky Shoop Title > C.P.A.		Date 8/14/89

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Form 8868 (Rev 4-2009)

	Form 990						Jil	ede	lectrons	cally	OMB No. 1	545-004	7
	Form 330		Return of Orgar								200	09	
			Under section 501(c) (except black	, 527, c i luna b	or 4947(a)(1) Denefit trust	of the Int or private	ternal Rever e foundation	nue Co n)	de	数数数			<u>kove</u> t
Depart	ment of the Treasury I Revenue Service		► The organization may have							Open	to Publi	c Insp	ection
		dar year,	or tax year beginning				and ending			;			
З с	heck if applicable:	Please use	С					6				ıber	
	Address change	IRS label or print	TRI-CITY DEVELOR 7130 W GRANDRIDO			_ 1NC		S.	E Telepho	50539 ne numbe			
	Name change	or type. See specific	KENNEWICK, WA 99			Ø	r)/ r		1				
ŀ	Termination	Instruc- tions,					and the second second						
ŀ	Amended return								G Gross re			817,	<u>975.</u>
[Application pending	1		CARL	ADRIAN			••	s a group returr 11 affiliates incli		ites?	Yes	X No
	Tax-exempt statu		AS C ABOVE I(c) (6) ◄ (insert n	~)	4947(a)	(1) or [527		,' attach a list.		uctions)	lies	140
			DEC.ORG	0.)	[] 4547(a)			ł(c) Groue	o exemption nu	mber 🏲			
(Form of organization:	X Corpor		on C	Other 🏲	LY	ear of Formatic				al domicile	wA	
	ti Summ	ary											
	1 Briefly descr	be the or	ganization's mission or mo	ost sigr	nificant activi	ties: <u>E(</u>	CONOMIC	DEVE	LOPMENT				
g													···· ··· ···
Activities & Governance													
love	2 Check this b		if the organization discon										
୦ ୪	3 Number of v	oting men	nbers of the governing boo nt voting members of the g	dy (Par	t VI, line 1a) na hody (Pa	rt VI ling	 1b)	• • • • • • •		3			
lies			oyees (Part V, line 2a)							5			13
	6 Total numbe	r of volun	teers (estimate if necessa	ry)			· · · · · · · · · · · · · · ·			6			(
¥			business revenue from Pa							7a 7b			
	b Net unrelate	d busines	s taxable income from For	rm 990-	-1, line 34					<u> 76</u>			
	Contribution	and gray	nts (Part VIII, line 1h)						Prior Year 289,4	148			
i i			nue (Part VIII, line 2g)						1,248,7				
	10 Investment i	ncome (P	art VIII, column (A), lines	3, 4, a	nd 7d)				96,4	185.	2009 2009 atto Public Inspection fication Number 966 Per -1000 2,817,975. Hates? Yes X No ructions) Yes No ructions) Yes No egal domicile: WA 		
č			/III, column (A), lines 5, 60						272,0				
+			ines 8 through 11 (must e						1,906,7		<u> </u>		
			nounts paid (Part IX, colun [,] members (Part IX, colum					F	49,1			<u></u>	190.
			insation, employee benefit						871,8	309.		857,	880.
Ses		-	ng fees (Part IX, column (ť	
Expenses			enses (Part IX, column (D)					がたが			的现在分词 [4] 计算法 [4]		
Щ			IX, column (A), lines 11a-						678,4		<u></u>		
		``	ines 13-17 (must equal Pa						1,600,0)17.	1,	579,	376.
	19 Revenue les	s expense	es. Subtract line 18 from li	ine 12.		· · · · · · · · · · ·			306,7	/15.		706,	076.
80									inning of \				
Fund Balancos	20 Total assets	(Part X, I	line 16)	• • • • • • •			•••••	·	3,999,3	311. 319.	4,		
P		•	<pre><, line 26)</pre>						3,989,4				
I ·		r fund ba ure Blo	lances. Subtract line 21 fr	om ine	20			<u>. </u>	5,505,	± 54 • [<u> </u>	.095,	JU1.
				is return,	Including accom	panying sch	edules and state	ements, a	nd to the best	of my kno	wledge and	l belief, i	t is
	true, correct,	and complet	e. Declaration of preparer (other th	ian officer	') is basĕd on all	information	of which prepa	rer has ar	ny knowledge.				
Sig	n ▶								D. 1				
ler	-	of officer	. 3.7						Dale	c črza	h		
		ADR1A anint name a						LKF	SIDENT		·		
							Date		Check if	Pre	aparer's ide	ntifying	number
Paie	d Bropararia		_	~	1				self- employed		o moquetto		
Pre			NDY SHOOP CPA	5/	hoop.		11/15/1	0		[N,	/A		
par Use	er's Firm's name yours if self-	·	KER & GILES, P.S.						_	7 / 7			
Onl		▶ <u>202</u>		30X 7	04					V/A) E 4 77		A
			SCO, WA 99301 with the preparer shown		lean instru	tione			Phone no. 🕨				
ivlay	the IKS discuss t	nis return	with the preparer shown	avove:	vace mona						1411 LG	· • •	1 110

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

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TEEA0113L 12/29/09 Form 990 (2009)

	Pä	MIII Statement of Program Service Accomplishments	91-6053966	ĥ
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 990-E27	1	Briefly describe the organization's mission:		
Form 990 or 990-E27. IV Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? IV Yes, 'describe these changes on Schedule 0. 4 Decidible the secret purposes achievements for each of the organization's three largest program services by expenses. Section 501(c) expenses, and revenue, if any, for each program service reported. 4a (Code: IV Yes, 'EXPENDENCE, '		ECONOMIC DEVELOPMENT		
Form 990 or 990-E27. IV Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? IV Yes, 'describe these changes on Schedule 0. 4 Decidible the secret purposes achievements for each of the organization's three largest program services by expenses. Section 501(c) expenses, and revenue, if any, for each program service reported. 4a (Code: IV Yes, 'EXPENDENCE, '				
Form 990 or 990-E27. IV Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? IV Yes, 'describe these changes on Schedule 0. 4 Decidible the secret purposes achievements for each of the organization's three largest program services by expenses. Section 501(c) expenses, and revenue, if any, for each program service reported. 4a (Code: IV Yes, 'EXPENDENCE, '			· · · · · · · · · · · · · · · · · · ·	
Form 990 or 990-E27. IV Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? IV Yes, 'describe these changes on Schedule 0. 4 Decidible the secret purposes achievements for each of the organization's three largest program services by expenses. Section 501(c) expenses, and revenue, if any, for each program service reported. 4a (Code: IV Yes, 'EXPENDENCE, '	2	Did the organization undertake on similar the second	· · · ·	
If 'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Form 990 or 990-E72	sted on the prior	[17]
 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		If 'Yes' describe these new services on Schedule O	Yes	X
If 'Yes,' describe these changes on Schedule 0.	3			
4 Describe the exerning purpose achievements for each of the organization's three largest porgram services by expenses. Section 501(c) and 501(c)40 organizations and section 4947(c)(t) tusts are required to report the amount of grants and allocations to others, the to expenses, and revenue, if any, for each program service reported. 4a (Code:	-	If 'Yes,' describe these changes on Schedule O		Δ
4a (Code:	4		services by expenses. Section 5	01(c)(
PCONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK & RICELAND, AND THE SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PROMOTION, RECRUITMENT, AND DIVERSIFICATION OF THE CONVICT BASE. IMPROVEMENT OF ECONOMIC CONDITIONS, AND BUSINESS OPPORTUNITIES TO ALMOST 500 MEMBERS, DIRECT CONTACTS WITH MULTIPLE COMPANIES WITHIN TARGETED INDUSTRIES TO RECRUIT NEW INDUSTRY AND FOSTER ECONOMIC DEVELOPMENT TO FURTHER DIVENSIFY THE LOCAL ECONOMY. PARTICIPATED IN MULTIPLE TRADE AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDURECT BUSINESS RECRUITMENT. RESPONDED TO ALMOST 100 DIRECT INDUIRIES FROM BUSINES SEEKING INFORMATION ON THE LOCAL AREA INCLUDING LABOR FORCE, SITE SELECTION AND OTH MARKET DATA.		and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	ants and allocations to others, t	he tota
PCONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK & RICELAND, AND THE SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PROMOTION, RECRUITMENT, AND DIVERSIFICATION OF THE CONVICT BASE. IMPROVEMENT OF ECONOMIC CONDITIONS, AND BUSINESS OPPORTUNITIES TO ALMOST 500 MEMBERS, DIRECT CONTACTS WITH MULTIPLE COMPANIES WITHIN TARGETED INDUSTRIES TO RECRUIT NEW INDUSTRY AND FOSTER ECONOMIC DEVELOPMENT TO FURTHER DIVENSIFY THE LOCAL ECONOMY. PARTICIPATED IN MULTIPLE TRADE AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDURECT BUSINESS RECRUITMENT. RESPONDED TO ALMOST 100 DIRECT INDUIRIES FROM BUSINES SEEKING INFORMATION ON THE LOCAL AREA INCLUDING LABOR FORCE, SITE SELECTION AND OTH MARKET DATA.	Δ;	(Code: (Evpapsor \$ inclusing graph of \$	۰	
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ILAUDIADA M BICHORD BEADE OF S ADDISON OF S			nuo ė	、
	40	Total program service expenses 🕨		

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- 9T	- 6	05	39	66

			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		2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		<u>x</u>
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, 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			
	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X</li> <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>			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	10		<u> Princ</u>
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	12    線電	輸業	X
		13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
ł	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? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		X
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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	19		X
∠U	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	_20	l <u></u>	<u>X</u>

	and the second des (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	x	
24-		23	~	
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĺ
	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		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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 ·	-	x
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	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? <i>If 'Yes,' complete Schedule L, Part IV</i>			
	was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV			X
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? <i>If 'Yes,' complete Schedule M</i> .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33	Х	
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)? 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
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Form 990 (2009)	TRI-CITY	DEVELOPMENT	COUNCIL	INC	
Part V Sta	tements Red	arding Other IF	<b>RS Filings</b>	and Tax Compliance	
1-24220 - March 19494-19891					

	<u> </u>	/es	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.       1a         Information Returns. Enter -0- if not applicable       1a			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return       2a       13		自然	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
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?	Зa		<u>X</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	Зb		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	2.000	X
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		記述	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		<u>X</u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<u>x</u>
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			1. 22 位 1. 33 位
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	۵. M	嘉紹
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		L
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	潮臺	語型	流感
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		<b> </b>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u></u>	নির্মার ভাইর
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	1988		國際
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:	<b>製薬</b>	認認	聽察
a Initiation fees and capital contributions included on Part VIII, line 12		1023年	
b Gross Receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities 10b		時代会社	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders	麗麗		
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them.)	12a	ny::Erici	12262202
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year, 12b		感感	<b>自然</b> 制
Dir Tes, enter the allount of tax-exempt interest received of accreding the your receiver tay	Porestries,	********	aller and the

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**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
	a Enter the number of voting members of the governing body	)麗麗		
ł	Enter the number of voting members that are independent	列級	142 清正 142 月 14	
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?			X
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?		 	x
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? SEE. SCHEDULE.Q.	6	Х	
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?SEE.SCHEDULE.O.		x	
Ŀ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	1378376333
Ł	Each committee with authority to act on behalf of the governing body?	8b		
	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		3	x
ec	tion B. Policies (This Section B requests information about policies not required by the Internet	1		,,

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

		Yes	No
,	10a		X
	1 <b>0</b> b		
11 Use the executive term of the term $(11)$ $(11)$ $(11)$ $(11)$ $(11)$ $(11)$	11		Х
	1.85		i an an an an an an an an an an an an an
10 - Date the experimentary for the second of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	12a		
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
	13		X
11 Dood the examination have a swittle decomposite to $11$ and $11$ and $12$	14	Х	
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 examination of the Direct states of the OTH CONTRACT of	15a	X	BESSES
h Other officers of law environment ()	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<b>3</b> 22		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable			
	16a	ada. Angel	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
Section C. Disclosures	16b		
17 List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <u>WA</u>			

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

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TRIDEC 7130 W GRANDRIDGE BLVD KENNEWICK WA 99336-7725 509-735-1000

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

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

1 a 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) Average	Pos	ition (		с) сан я	hat app	5.A	(D)	(E)	(F)
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE SCHWENK										· · · · · · · · · · · · · · · · · · ·
CHAIRMAN	4	X		X				0.	0.	0.
FRAN FORGETTE										
PAST CHAIRMAN	2	X		X			L	0.	0.	0.
FRANK ARMIJO			·							
DIRECTOR	2	X		X			ļ	0.	0.	0.
KATHY BALCOM										
VICE CHAIR MBR	2	X		Х				0.	0.	0.
BILL LAMPSON										
VICE CHAIR HANF	2	X		Х				0.	0.	0.
CHRIS_BURROWS										
VICE CHAIR PR	2	X		Х	<u> </u>			0.	0,	0.
GARY_CRUTCHFIELD										
DIRECTOR	2	<u>X</u>		X	L			0.	0.	0.
RUFUS FRIDAY							1			
SECRETARY	2	X		Х				0.	0.	0.
BILL JOHNSON										
TREASURER	1	X		X				0.	0.	0.
BOB LINK										
VICE CHAIR C&I	1	X		Х				0.	0.	0.
JOHN FOX										
DIRECTOR	1	X						0.	0.	0.
JARED BALCOME										
DIRECTOR	1	X						0.	0.	0.
JIM BEAVER										
DIRECTOR	1	X			l			0.	0.	0.
JOHN BOOKWALTER										
DIRECTOR	1	X				·		0.	0.	0.
ERNIE BOSTON							•			
DIRECTOR	1	X						0.	0.	0.
KEN BRUTZMAN						1				
DIRECTOR	1	Х			L			0.	0.	0.
VICKY CARWEIN										
DIRECTOR	1	X						0.	0.	0.

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91-6053966

Form 990 (2009) TRI-CITY DEVELOPMENT COUN								-	91-605396	6 Page 8
Part VII Section A. Officers, Directors, Trus	tees, k	۲ey	En	iplo	oye	es,	an	d Highest Con	pensated Emp	oloyees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		tion (					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key	Highest compensated employee	Forn	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		recto	utio	Ŭ,	employee	est c	ner	(112100011100)	(11-2/1055-11100)	organization and related
		Ĕ	nai t		loye	i ciulio				organizations
		stee	ruste		â	ensa				
			ŏ			ated				
		<u> </u>		<u> </u>						
JOHN LEHEW		.,	1						`	
DIRECTOR BILL EKINS	1	X		X	_			0.	0.	0.
DIRECTOR	1	v								
RICH EMERY	1	X			<b> </b>			0.	0.	0.
DIRECTOR	1	v		ľ					0	
VALORIA LOVELAND	1	X			┣			0.	0.	0.
DIRECTOR	1	x							0	
MIKE GARRISON	1				-			0.	0.	0.
DIRECTOR	1	x		X					0	
SHAWN HANCOCK	1.	<u>^</u>		<u> </u>				0.	0.	0.
DIRECTOR	1	x						0	0	
RICH CUMMINS	1						•••••	0.	0.	0.
DIRECTOR	1	x	1					0.	0.	0
JAMES HEMPSTEAD	<u>+</u>							. U.	0.	0.
DIRECTOR	1	x						0.	0.	0
DALE JACKSON	<u> </u>							0.	0.	0.
DIRECTOR	1	x						0.	0.	0.
BARBARA JOHNSON	<u> </u>							0.	0.	· · · ·
DIRECTOR	1	x						0.	0.	
ROY KECK	<u> </u>	~		<u> </u>	+			0.	0.	0.
DIRECTOR	1	x		x				0.	0.	0.
CRAIG MAYFIELD	<u> </u>							<u> </u>	0.	<u>0.</u>
DIRECTOR	1	x						0.	0.	0.
RICK MILLER	<u> </u>							0.	<u> </u>	U.
DIRECTOR	1	x		ŀ				Ο.	0.	0.
1b Total	<u> </u>	1		I		1	▶	164,068.	0.	26,440.
2 Total number of individuals (including but not limite	d to tho	se li	ster	l aho	ove	who	n re			
from the organization <b>&gt;</b> 1			0,00		<b></b> ,					able compensation
										Yes No
3 Did the organization list any former officer, director										
on line 1a? If 'Yes,' complete Schedule J for such in	ndividua	il	key	emt	лоу 	ее, с 	л н 	ignest compensate	ea employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t										
the organization and related organizations greater t individual	han \$15	50,00	0?	lf 'Y	'es'	com	plet	e Schedule J for s	such	
				• • • •	• • • •	• • • •	• • • •		• • • • • • • • • • • • • • • • • • • •	<b>4</b> X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sci	ompens	ation	n fro	om a	any	unre	late	d organization for	services	5 X
Section B. Independent Contractors	icuae s	101	340	n pe	2130		•••			
1 Complete this table for your five highest compensat	ed inde	penc	lent	con	ntrac	tors	tha	t received more th	an \$100.000 of	······
compensation from the organization.								r		
(A) Name and business addres								(B)		(C)
								Description c	of Services	Compensation
KIRKPATRICK & LOCKHART PRESTON GATES 1601 K		, NV	V WZ	ASH	ING	ron,	D			118,791.
VAIL INTERNATIONAL 312 N 20TH AVE. PASCO, WA								AUCTION/ WHSE		219,930.
LOCKHEED MARTIN SERVICES INC P.O. BOX 950 RI	CHLAND	, WZ	1 99	9352	2			ASSET TRANSIT	ION	121,265.
2 Total number of independent contractors (including	hut not	limii	- 	to th	1000	lict		hove) who read	nd more that	
\$100,000 in compensation from the organization		nifAl	ou I	0.0	1036		JU d	inove) who receive		
	-								1. 新城	网络斯尔尔斯斯斯尔尔斯斯斯斯斯

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#### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See instructions for Form 990.



Department of the Treasury Internal Revenue Service										Inspection
Name of the Organization			•						Employler Identification num	ber
TRI-CITY DEVELOPMENT COU	JNCIL INC								91-6053966	
Part Scontinuation: Officers Employees	, Directors,	Trus	tees	s, K	ey	Emp	loy	ees, and Highest	Compensated	
(A)	(B)	Γ		(0	>>			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition (			ihat appl	y)	Reportable compensation from		Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
JOHN NEILL										<u>.</u>
DIRECTOR	1	X	ļ			ļ		0.	0.	0.
CALVIN DUDNEY	_									0
DIRECTOR	1	X	<u> </u>			<u> </u>		0.	0,	0.
DAVID_RICHARDSON DIRECTOR	1	x						0.	0.	0.
BRUCE HANNI	······································							<u>.</u>		<u>~</u>
DIRECTOR	1	X						0.	0.	0.
BOB TIPPETT					-					
DIRECTOR	1	X						0.	0.	0.
DAVID LIPPES			1				1			
DIRECTOR	1	X					1	0.	0.	0.
BRENT RIDGE										
DIRECTOR	1	X					·	0.	0.	<u> </u>
JIM SANDERS										
DIRECTOR	1	X		ļ	<b>_</b>			0.	0.	0.
RAND WORTMAN										0
DIRECTOR	1	X		<u> </u>	<u> </u>		ļ	0.	0.	0.
CARL ADRIAN		-						164.050		06 440
PRESIDENT & CEO	55			X	X	·		164,068.	0.	26,440.
, , , , , , , , , , , , , , , , , , ,								-		
	· ·									
						+				<u></u>
			1							
						ļ				
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Schedule J-2 (Form 990) 2009

91-6053966

Page 9

Pa	NVIII Statement of Revenue		<u></u>	<u> </u>	rage 9
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, CIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns       1 a         b Membership dues       1 b         c Fundraising events       1 c         d Related organizations       1 d				
TRIBUTIONS, G	e Government grants (contributions) 1e 238,206. f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribus included in lns 1a-1f; \$				
AN	h Total, Add lines 1a-1f.	238,206.		<b>业</b> 使建筑合作;	
	Business Code		· 建塑合在地位为电子和目标的 第一次,在1996年代		A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A
PROGRAM SERVICE REVENUE	2 a MEMBERSHIP DUES & ASSESSMENTS	812,911.	812,911.		TAN MANAGEMENT
RE	b FEES & CONTRACTS GOV AGENCIES	200,727.	200,727.	· · · · · · · · · · · · · · · · · · ·	
1CE	c SMARTMAP MANUFACTURE EXPO	71,550.	71,550.		
Ĕ.	d ECONOMIC OUTLOOK CONF	47,615.	47,615.		
S M S	e MEMBERSHIP MEETINGS & CON	29,313.	29,313.		····
GRy	f All other program service revenue	65,988.	65,988.		
РКО	g Total. Add lines 2a-2f►			行法犯罪國權權法將	教制的总统教育家的学
<u></u>	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	55,864.			55,864.
	5 Royalties				<u> </u>
	(i) Real (ii) Personal			國保護總統國家將主義	中的建筑和建筑学校的中心
	6a Gross Rents,				
	b Less: rental expenses.				
	c Rental income or (loss)	10.10.000.000			
	d Net rental income or (loss)		1973年1996年19月1日日日 1997年19月1日日 1997年19月1日日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997年19月1日 1997 1997 1997 1997 1997 1997 1997 19	A-3-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	MARTINERS
	7 a Gross amount from sales of (i) Securities (ii) Other				
	a cross amount from sales of assets other than inventory. 790,000.		<b>动的。</b> 在3月16日	Million Addition	
			的现在分词使用		
	b Less: cost or other basis and sales expenses 210,020.				
	c Gain or (loss)		and Sectors		
	d Net gain or (loss)►	579,980.	In the second second second second second second second second second second second second second second second		579,980.
OTHER REVENUE	8a Gross income from fundraising events (not including, \$				373, 980.
EVE	of contributions reported on line 1c).				
E E E	See Part IV, line 18 a				
HE	b Less: direct expenses b				
Ŭ	c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expensesb			化长常经理解分析的	
	c Net income or (loss) from gaming activities	A DECEMBER 2019 CONTRACTOR	THE REAL PROPERTY AND INCOME.	RAMBONE MADE	1 The fair of the second second
	<b>10 a</b> Gross sales of inventory, less returns and allowancesa 505, 801.				
	b Less: cost of goods soldb 322,503.				
	c Net income or (loss) from sales of inventory►	102 200			
	Miscellaneous Revenue Business Code	183,298.	Constant State State State	183 8	183,298.
ł	11a MISCELLANEOUS INCOME/INFO				
	b REFUNDS & EXP_REIMBURSEMT				
	d All other revenue				
	e Total. Add lines 11a-11d		CONTRACTOR OF THE OWNER	NAMES AND MARKED	
ļ	12 Total revenue. See instructions	2,285,452.	1,228,104.	0.	819,142.
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Part X Statement of Functional Expenses

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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).

	All other organizations must com		(B)	(C)	
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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	94,790.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			利益率加於非常許能	的性情的是"最高级的"的
5	Compensation of current officers, directors, trustees, and key employees	190,508.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	449,337.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,095.			
9	Other employee benefits	124,570.			
10	Payroll taxes	71,370.	•		
11	Fees for services (non-employees)				
E	Management	15,485.			
Ł	Legal		ï		
	Accounting				•
¢	Lobbying	118,791.			
e	Prof fundraising svcs. See Part IV, In 17			<b>新新新新教室</b> 有新教育	
f	Investment management fees				
ç	J Other	15,916.			
12	Advertising and promotion	49,546.			
13	Office expenses.	7,712.			
14	Information technology	13,632.			
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	54,491.			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,796.			
23	Insurance	18,087.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	EQUIPMENT RENT & MAINTENANCE	18,024.	and the second second second second second second second second second second second second second second second		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
	TELEPHONE	15,415.			
	DUES & SUBSCRIPTIONS	14,434.	······································		
	TRAINING & EMPLOYEE RELATIONS	7,091.			
	PRINTING AND PUBLICATIONS	6,416.			
	All other expenses	4,804.			
25	Total functional expenses. Add lines 1 through 24f	1,579,376.			
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

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Form 990 (2009)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,545.	1	204,120
	2	Savings and temporary cash investments			2,821,381.	2	3,196,094
	3	Pledges and grants receivable, net			· · ·	3	<u> </u>
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I		5			
	6	Receivables from other disqualified persons (as define	d und	ler section 4958(f)(1))			和認識部態的為於
		and persons described in section 4958(c)(3)(B). Comp	lete F	Part II of Schedule L		6	
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	
	10 a		10a	112,623.	建设建立建立中心的		的资源和资源外的公
		Complete Part VI of Schedule D			2. 如何的现在分词	<b>新花</b>	<b>之语的最合化</b> (1034
Ì	b	Less: accumulated depreclation.	10b	65,665.	243,285.	10 c	46,958
	11	Investments – publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	·····
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			730,100.	15	1,270,903
	16	Total assets. Add lines 1 through 15 (must equal line	34)		3,999,311.	16	4,718,075
ł	17	Accounts payable and accrued expenses			9,819.	17	22,508
	18	Grants payable				18	
ł	19	Deferred revenue ,				19	
	20	Tax-exempt bond liabilities			····	20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part N		21			
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per					
		of Schedule L		· · · · · · · · · · · · · · · · · · ·		22	Contraction designer course are reacted to relative
	23	Secured mortgages and notes payable to unrelated this	rd pa	rties	·	23	
	24	Unsecured notes and loans payable to unrelated third		24			
Į	25	Other liabilities, Complete Part X of Schedule D				25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25.	9,819.	26	22,508		
		Organizations that follow SFAS 117, check here 🕨	X ar	d complete lines	<b>建设的时间的</b>		<b>花子茶肉</b> > 46 行
		27 through 29 and lines 33 and 34.					線は線はよる後() 温度、200米の一
	27	Unrestricted net assets			1,487,818.	27	2,071,627
	28	Temporarily restricted net assets			2,501,674.	28	2,623,940
	29	Permanently restricted net assets			·····	29	//////
		Organizations that do not follow SFAS 117, check her		and complete	A CARLES OF	の語名	
		lines 30 through 34.			<b>的</b> 这些话,我们还能能能	业主义	\$2.2.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	30	Capital stock or trust principal, or current funds				30	. May determine the set of the set of the set of the set
		Paid-in or capital surplus, or land, building, and equipr			······································	31	
ĺ		Retained earnings, endowment, accumulated income,				32	
		Total net assets or fund balances			3,989,492.	33	4,695,567
		Total liabilities and net assets/fund balances			3,999,311.	34	4,718,075

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Form 990 (2009) TRI-CITY DEVELOPMENT COUNCIL INC 91-6053	66	Pa	ge 1 <b>2</b>
Part XI Financial Statements and Reporting		•	
		Yes	No
1 Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 🔲 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	22	l	<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	21		<u>X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audreview, or compilation of its financial statements and selection of an independent accountant?	it,		
If the organization changed either its oversight process or selection process during the tax year, explain in 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 consolidated basis, separate basis, or both:	a 25%		時代に
Separate basis Consolidated basis Both consolidated and separate basis	1988		-18.82
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?	3:	1	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit 3	<u>،</u>	<u> </u>

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Form 990 (2009)

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SCHEDULE C (Form 990 or 990-EZ)		Political Campaign and I	Lobbying Activi	ties	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527			d section 527	2009
Dependence of the Transition		▹ Complete if the organization	• •		Open to Public
Department of the Treasury Internal Revenue Service		► Attach to Form 990 or Form 990-EZ			inspection.
If the organization ans	wered 'Yes	,' to Form 990, Part IV, line 3, or Form 990	-EZ, Part VI, line 46 (Po	litical Campaign Activ	/ities), then
Section 501(c)(3) of Section 501(c) (c)	organization:	s: complete Parts I-A and B. Do not comp	lete Part I-C.		
<ul> <li>Section 501(c) (oth</li> <li>Section 527 organi:</li> </ul>	ier man sec zations: con	tion 501(c)(3)) organizations: complete Pa	arts I-A and C below. Do	not complete Part I-E	3,
		' to Form 990, Part IV, line 4, or Form 990	-EZ. Part VI. line 47 (Lo	bbving Activities), the	en
Section 501(c)(3) o	organization	s that have filed Form 5768 (election unde	r section 501(h)): Comp	lete Part II-A, Do not	complete Part II-B.
		s that have NOT filed Form 5768 (election			
		' to Form 990, Part IV, line 5 (Proxy Tax),	then		
Section 501(c)(4), ( Name of organization	(5), or (6) o	rganizations: Complete Part III.			
TRI-CITY DEVEL	ODMENT	COUNCIL INC		Employer identification 201-6053966	
Part I-A Complet	e if the or	rganization is exempt under secti	$\frac{1}{1}$ on 501(c) or is a se	ction 527 organiz	ation
		organization's direct and indirect political			auon.
Part I-B Complet	e if the or	ganization is exempt under secti	on 501(c)(3),		
<ol> <li>Enter the amount</li> </ol>	t of any exci	ise tax incurred by the organization under	section 4955	▶\$	
2 Enter the amount	t of any exci	ise tax incurred by organization managers	under section 4955	►\$	
3 If the organization	n incurred a	section 4955 tax, did it file Form 4720 for	r this year?		Yes No
		•••••••••••••••••••••••••••••••••••••••			Yes No
b If 'Yes,' describe		······			
		ganization is exempt under secti			
1 Enter the amount	t directly exp	pended by the filing organization for section	on 527 exempt function	activities 🕨 \$_	
<ol> <li>Enter the amount function activities</li> </ol>	t of the filing	g organization's funds contributed to other	organizations for section	on 527 exempt ► \$_	
3 Total of exempt fi line 17b	unction exp	enditures. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,	▶\$	
. 4 Did the filing orga	anization file	Form 1120-POL for this year?		- 	Yes X No
5 Enter the names, made. For each o contributions rece or a political action	addresses organization eived that wo on committe	and employer identification number (EIN) listed, enter the amount paid from the fill ere promptly and directly delivered to a se e.(PAC). If additional space is needed, pr	of all section 527 polition ng organization's funds. aparate political organiza pvide information in Par	al organizations to w Also enter the amour ation, such as a separ t IV.	nich payments were nt of political rate segregated fund
(a) Name		(b) Address	(c) EIN (	d) Amount paid from filing organization's funds. If none, enter-0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
<u>-</u>					If none, enter -0
			、		
DAA FOR Privacy Act a	ind Paperwo	ork Reduction Act Notice, see the Instruc	uons tor Form 990.	Schedule C (Forr	n 990 or 990-EZ) 2009

### Schedule C (Form 990 or 990-EZ) 2009 TRI-CITY DEVELOPMENT COUNCIL INC

Partill-A Complete if section 501(	the organization h)).	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check 🕨 🗌 if the filin	ig organization belo	ngs to an affiliated group.			
🛛 B Check 🕨 🗌 if the filin	ng organization chec	ked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mea	g Expenditures — is amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence pul	olic opinion (grass roots lo	bbying)		
b Total lobbying expenditu		· · · · · · · · · · · · · · · · · · ·			
c Total lobbying expenditu		·			
d Other exempt purpose e	•				
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the am	ount from the following tab	ole in		
If the amount on line 1e, colu	umn (a) or (b) is: T	he lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			· · · · · · · · · · · · · · · · · · ·
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	\$1,000,000.			
g Grassroots nontaxable a h Subtract line 1g from lir					
i Subtract line 1f from lin					
j If there is an amount ot	her than zero on eit	her line 1h or line 1i, did t	he organization file For	m 4720 reporting	
Section 4911 tax for this					165 NO
(Som	e organizations tha	4-Year Averaging Period I t made a section 501(h) el s below. See the instructi	ection do not have to c	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(</b> a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) ⊺otal
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					•
f Grassroots lobbying expenditures					

BAA

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Schedule C (Form 990 or 990-EZ) 2009

91-6053966

Page 3

# Schedule C (Form 990 or 990-EZ) 2009 TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(;	a)	(b)	
	Yes	No	Amount	
<ol> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> </ol>				
h Daid stoff or management (include annually in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state in the second state i			新代的《·新教》(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999年)(1999	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
d Mailings to members, legislators, or the public?				
a Mainings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
I Other activities? If 'Yes,' describe in Part IV		100000-00100-001		
j Total. Add lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912	建制			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			和最大的 化合金	
Bant III A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or s	ection 501(c)(6).	
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X	
Part III B Complete if the organization is exempt under section 501(c)(4), section 501( if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	is a	nswe	ered 'Yes.'	
1 Dues, assessments and similar amounts from members		1	812,911.	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2a	144,663.	
b Carryover from last year		2b		
<b>c</b> Total		2c	144,663.	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	154,453.	
A If polices were cart and the ansate it of the target of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	S			
experiance next year?		4	0.	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	0.	
Pan IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an Also, complete this part for any additional information.	d Part	II-B,	line 1i.	
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# Schedule C (Form 990 or 990-EZ) 2009 TRI-CITY DEVELOPMENT COUNCIL INC

SCHEDULE D (Form 990)		Sun	nlomental Financial C	1-1			OMB No	. 1545-0047
(10	nn 550)	Sup ≻ Comple	Supplemental Financial Statements					109
Interr	rtment of the Treasury nal Revenue Service	≻ Att	ete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. tach to Form 990.   ► See separate instructions				seinspeo	o Public tion
	<b>_</b>					Employer Id	entification n	umber
τr	I-CIII DEVED	OPMENT COUNCIL INC				91-605	3966	
Pa	rtil <b>Organizati</b> the organi	ions Maintaining Dono zation answered 'Yes' t	r <b>Advised Funds or Other</b> o Form 990, Part IV, line 6	Similar Fund	Is or Acco	ounts Co	mplete	if
		······································	(a) Donor advised fur	·····	<b>(b)</b> F	unds and o	other acco	unts
1 2 3 4	Aggregate contrib Aggregate grants	end of year butions to (during year) from (during year) at end of year						
5	Did the organizati funds are the org	ion inform all donors and dor anization's property, subject	nor advisors in writing that the as to the organization's exclusive le	sets held in dor	nor advised	Γ	]Yes	No
6	Did the organizati	on inform all grantees, dono ritable purposes and not for	rs, and donor advisors in writing the benefit of the donor or donor filt??	that grant funds	s may be	L	Yes	
Pa	ttill Conservat	ion Easements Comple	ete if the organization answ	vered 'Yes' to	Eorm 99	0. Part I		
1	Purpose(s) of cor Preservation Protection of Preservation	iservation easements held by of land for public use (e.g., r natural habitat of open space	v the organization (check all that ecreation or pleasure)	apply). Preservation of Preservation of	an historica certified his	ally importa storic struc	ant land ar ture	ea
2	Complete lines 2a last day of the tax	a through 2d if the organizati < year.	on held a qualified conservation	contribution in t		onserva	tion easen	nent on the
	The factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of th	0				Held at th	e End of t	he Year
								····
			nents ied historic structure included in					
			n (c) acquired after 8/17/06,					
3	Number of conser	vation easements modified.	transferred, released, extinguish	ed or terminate	d by the ord	anization	during the	tav
	year 🕨			out of torriniato	a by the org	Janization	uunng me	lan
4	Number of states	where property subject to co	nservation easement is located	►				
5 6 7	during the year >	er hours devoted to monitorir	garding the periodic monitoring, it it holds? g, inspecting, and enforcing con specting, and enforcing conserva	servation easen	nents	ntions,	Yes	□ No
8	Does each conser 170(h)(4)(B)(i) an	vation easement reported on d 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	irements of sect	lion		Yes	- No
9	In Part XIV, describ include, if applicat conservation ease	be how the organization reports ble, the text of the footnote t ments.	conservation easements in its reve o the organization's financial sta	enue and expense tements that de	e statement, scribes the	and baland organizatio	e sheet, a n's accou	nd nting for
Pai	Complete	ions Maintaining Collect if the organization answ	c <mark>tions of Art, Historical Tr</mark> vered 'Yes' to Form 990, P	easures, or C Part IV, line 8	Other Sim	ilar Asse	ets	<u></u>
1a	l If the organization treasures, or othe the text of the foo	elected, as permitted under r similar assets held for publ tnote to its financial stateme	SFAS 116, not to report in its re ic exhibition, education, or resea nts that describes these items.	evenue statemer rch in furtheran	nt and balan ce of public	ce sheet v service, p	vorks of a rovide, in	t, historical Part XIV,
ł	If the organization treasures, or othe amounts relating t	i elected, as permitted under r similar assets held for publi to these items;	SFAS 116, to report in its reven c exhibition, education, or resea	ue statement ar rch in furtherand	nd balance s ce of public	sheet work service, p	s of art, h rovide the	istorical following
	(I) Revenues incl	uded in Form 990, Part VIII,	line 1	•••••	• • • • • • • • • • • • •	►\$_		
2	If the organization	received or held works of ar	t, historical treasures, or other s	imilar assets for	financial ga	►\$_ ain, provid	e the follo	wing
а	Revenues included	d in Form 990. Part VIII. line	1			ъć		
ŀ	Assets included in	Form 990, Part X	••••••	••••••••••••••••••••••••••••••••••••••	••••••	≻ş_		······

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Schedule D (Form 990) 2009 TRI-CITY D	EVELOPMENT COUNCIL	INC	91-6053	966 Page <b>2</b>
Partill Organizations Maintaining C	ollections of Art, Histori	ical Treasures, or (	Other Similar Asse	ts (continued)
<ul> <li>3 Using the organization's acquisition acces items (check all that apply):</li> <li>a Public exhibition</li> </ul>	d 🗌 Loan or	exchange programs		of its collection
b 🔄 Scholarly research	e 🗌 Other		. <u> </u>	
c 🗌 Preservation for future generations				
4 Provide a description of the organization's Part XIV.				
5 During the year, did the organization solic assets to be sold to raise funds rather that	n to be maintained as part of	the organization's colle	ction?	Yes No
Part IV Escrow and Custodial Arran 9, or reported an amount on	gements Complete if or	anization answere	d 'Yes' to Form 99	0, Part IV, line
<b>1a</b> Is the organization an agent, trustee, cust included on Form 990, Part X?			r assets not	Yes No
b If 'Yes,' explain the arrangement in Part >	Version of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	g table:	I I I I I I I I I I I I I I I I I I I	
				Amount
c Beginning balance			1c 1d	44
d Additions during the year				
e Distributions during the year				
f Ending balance 2a Did the organization include an amount o	n Earm 000 Dart V line 212			Yes No
-				
b if 'Yes,' explain the arrangement in Part ) Part V Endowment Funds Complete	if organization answere	d 'Yes' to Form 990	), Part IV, line 10,	
	urrent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions		· · · · · · · · · · · · · · · · · · ·		
c Net Investment earnings, gains, and losses				
d Grants or scholarships			自然在前和中的思想	國國語主要認知
e Other expenditures for facilities and programs				
· · · · · · · · · · · · · · · · · · ·				
g End of year balance		(A) 國際基金 用 總統 的		[]] 化加强合金属合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合合
2 Provide the estimated percentage of the				
a Board designated or quasi-endowment				
b Permanent endowment ► c Term endowment ► %	*ō			
3a Are there endowment funds not in the po organization by:	ssession of the organization t	hat are held and admin	istered for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organiza	tions listed as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended uses o	f the organization's endowme	nt funds.		
Part VI Investments-Land, Building			line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements		110 000	CE CCE	16 050
d Equipment		112,623.	65,665.	46,958.
e Other	intervel Form 000 Bart V ar	lump (B) line 10(a)		46,958.
Total. Add lines 1a through 1e (Column (d) me	ізтециаі голті 990, мал. Х. СС	Mumm(D), mem(U), O	Scher	lule D (Form 990) 200
BAA			Scher	alo <b>D</b> (Form 550) 200

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Schedule D (Form 990) 2009 TRI-CITY DEVELOPM	ENT COUNCIL IN	<u>C 91-605</u>	3966 Page <b>3</b>
Part VIII Investments-Other Securities See Fo			
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			和原始的原始的方法
Part VIII Investments-Program Related (See I			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion .
		Cost of end-or-year mar	ket value
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
INSTALLEMENT SALE RECEIVABLE			745,535.
REVOLVING LOAN FUNDS			49,459.
TRI-CITY REGIONAL BUSI AND VISITOR CT	'R		475,909.
• · · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)		1,270,903.
Part X Other Liabilities (See Form 990, Part		Edition and the second second second a second second second second second second second second second second se	
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
•			
	· · · · · · · · · · · · · · · · · · ·		
·			
Total (Column (b) must equal Form 990 Part X, col. (B) line 25)			

 Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25)
 ►

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

Sche		91-6053966	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<u>N/A</u>	
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		<u></u>
7	Prior period adjustments		
8	Other (Describe in Part XIV)		<b>.</b>
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		
Par	tXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return N/A	
1	Total revenue, gains, and other support per audited financial statements	·· 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d.	<u>2e</u>	
	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
Ŀ	Other (Describe in Part XIV)		
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	tXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ber Return N/A	
1	Total expenses and losses per audited financial statements	]	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		
	Prior year adjustments		
c	Cother losses		
c	I Other (Describe in Part XIV)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	<u>3</u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.		
-	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Pai	TXXXX Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Page 5

SCHEDULE I (Form 990)		Gov	ants and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization: the United Sta	s, tes		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Complete	e if the organization	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.	rm 990, Part IV, lines 2 I.	1 or 22.		Open to Public
Name of the organization	zation DRVET.OPMENT COUNCIL	INC					Employer identification number 91-6053966	ution number G
Parking General Information on Grants and Assistance	formation on Gra	ints and Assista	nce					
1 Does the organiza the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	s to substantiate the grants or assistanc	amount of the gran	the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for th	e grants or assistance	e, and Xes	X Yes No
2 Describe in Part I	V the organization's p	procedures for monit	~.	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	States.			or to Earm
Parking Grants and Other Assistance to Governments and 990, Part IV, line 21 for any recipient that received Part IV and Schedule I-1 (Form 990) if additional sp	Grants and Other Assistance to Governments and Organizations i 990, Part IV, line 21 for any recipient that received more than \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	ce to Governme recipient that re orm 990) if addit		Grants and Other Assistance to Governments and Organizations in the United States. Complete in the organization answered ites to nominate the second second answered ites to nominate the second second second more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Complet his box if no one r	e it tre organizau ecipient received i	more than \$5,00	0. Use
<ol> <li>(a) Name and address of organization or government</li> </ol>	sss of organization Iment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RICHLAND 505 SWIFT BLVD RICHLAND, WA 99352		91-6015119		10,818.	- 0	•		STRATEGIC FUNDING CTED
CONAGRA FOODS LAMB WESTON 2013 SAINT STREET RICHTAND, WA 99354	B_WESTON	20-88833559 20-88833559		61,472.	.0			STRATEGIC FUNDING CIED
TRI-CITIES RESEARCH DISTRICT 3100 GEORGE WASHINGTON WAY	CH DISTRICT NGTON WAY	91-15039401501 (C) (6	501 (C) (6)	20,000.	.0			INNOVATION PARTNERSHIP ZONE
1	Enter total number of section 501(c)(3) and government organization	) and government o	rganizations					1
3 Enter total number of other organization section Act Notice, see the Instructions for Form 990.	Enter total number of other organizations. For Privacy Act and Paperwork Reductio	ction Act Notice, se	e the Instructions 1	or Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

•															
91-6053966 Page 2	'Yes' to Form 990, Part IV, line 22.	(f) Description of non-cash assistance					2, and any other additional information.								Schedule I (Form 990) 2009
0	ization answered 'Yes'	(e) Method of valuation (book, FMV, appraisal, other)					line .								
	mplete if the organi d.	(d) Amount of non-cash assistance					tion required in Par			 					
IL INC	<b>United States.</b> Co nal space is neede	(c) Amount of cash grant				THE PROPERTY AND A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A	rovide the informa	<b>777 500 600 -1</b>	···· ··· ··· ··· ··· ··· ··· ··· ··· ·		**** *** =** -** *** *** *** *** -	 *** *** *** *** *** ***	- Anna 1999 - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna - Anna -	, maa waa maa maa maa maa a	
ELOPMENT COUNC	Individuals in the prm 990) if addition	(b) Number of recipients					olete this part to p	n ana mu tr ana ana		3 wa fi				r	
Schedule I (Form 990) 2009 TRI-CITY DEV	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					Batt N Supplemental Information. Complete this part to provide the information required in Part I,								BAA

TEEA3902L 02/10/10

SCI	IEDULE J	Compen	sation Information		MB No, '	1545-004	47
	m 990)	For certain Officers, Directo Com	ors, Trustees, Key Employees, and Highe pensated Employees	st	20	09	
Depar Intern	tment of the Treasury al Revenue Service	Complete if the organizatio	n answered 'Yes' to Form 990, Part IV, lin 990.   ► See separate instructions.	. 07 Same	Dpen to Inspe	Publ	
	of the organization			Employer Identification n	umber	62.90 Heider	14433444
		OPMENT COUNCIL INC		91-6053966		_	
Par	tel Questions	Regarding Compensation	•				
1a	Check the appropr VII, Section A, lir	iate box(es) if the organization provided any e 1a. Complete Part III to provide any re	of the following to or for a person listed in Fo levant information regarding these items.	orm 990, Part		Yes	No
	First-class or	charter travel	Housing allowance or residence fo	r personal use			
	Travel for co	npanions	Payments for business use of pers			推动	國黨
		cation and gross-up payments	Health or social club dues or initiat	tion fees			
	Discretionary	spending account	Personal services (e.g., maid, cha	uffeur, chef)		招感	的原
E	If any of the boxe reimbursement o	es on line 1a are checked, did the organiz r provision of all of the expenses describe	ation follow a written policy regarding pay ad above? If 'No,' complete Part III to expl	ment or ain	1 b	A.S.	
2	Did the organizat trustees, and the	ion require substantiation prior to reimbur CEO/Executive Director, regarding the ite	rsing or allowing expenses incurred by all ems checked in line 1a?	officers, directors,	. 2	-	
3	Indicate which, if CEO/Executive D	any, of the following the organization use irector. Check all that apply.	es to establish the compensation of the or	ganization's		の学校に	(14) (14) (14) (14) (14) (14) (14) (14)
	X Compensatio	n committee	X Written employment contract		<b>外的</b>		的行行
		compensation consultant	Compensation survey or study				自己的
	X Form 990 of a	other organizations	X Approval by the board or compens	ation committee			
							彩云
4	or a related organ	nization:	II, Section A, line 1a with respect to the fi		いたり		
			nt?				X
			onqualified retirement plan?				X
c			ompensation arrangement?		4c		X
	•		e applicable amounts for each item in Pa	rt III.			
	Only section 501	(c)(3) and 501(c)(4) organizations must c	omplete lines 5-9.				
	contingent on the	revenues of:	a, did the organization pay or accrue any o				
			•••••••••••••••••••••••••••••••••••••••		<u>5</u> a		
b			•••••••••••••••••••••••••••••••••••••••		5b	Elements:	ana ana
	If 'Yes' to line 5a	or 5b, describe in Part III.					
	contingent on the	net earnings of:	a, did the organization pay or accrue any o				
					<u>6a</u>		<u> </u>
a		or 6b, describe in Part III.			6b		
7	For person listed described in lines	in Form 990, Part VII, Section A, line 1a, 5 and 6? If 'Yes,' describe in Part III	did the organization provide any non-fixe	d payments not			
8	Were any amount contract exception	s reported in Form 990, Part VII, paid or a described in Regs. section 53.4958-4(a)	accrued pursuant to a contract that was s (3)? If 'Yes,' describe in Part III	ubject to the initial	8		
9	If 'Yes' to line 8, o section 53.4958-6	did the organization also follow the rebutt (c)?	able presumption procedure described in	Regulations	9		
BAA	For Privacy Act a	nd Paperwork Reduction Act Notice, see	e the Instructions for Form 990.	Schedule	J (Forr	n 990)	2009

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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	comp dividu	pensation must be repo als that are not listed o	orted in Schedule J, repo on Form 990, Part VII.	ort compensation from	the organization on row	(i) and from related (	organizations described i	n the instructions on
Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D)	s (B)(i	)-(iii) must equal the a	pplicable column (D) or	column (E) amounts o	or column (E) amounts on Form 990, Part VII, line 1a.	e 1a.		
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(D)(B)	reported in prior Form 990 or Form 990-EZ
CARL ADRIAN	Θ	141,728.	19,926.	2,414.			190,508.	0.
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BAA				TEEA4102L 02/C	02/02/10		Schedu	Schedule J (Form 990) 2009

Page 2

schedule J (Form 990) 2009 TRI –CITY DEVELOPMENT COUNCIL INC Dational Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Schedule J (Form 990) 2009 TRI-CITY DEVELOPMENT COUNCIL INC EPARTINE Supplemental Information	91-6053966 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, this part for any additional information.	bb, 6a, 6b, 7, and 8. Also complete
BAA	Schedule J (Form 990) 2009

TEEA4103L 06/23/09

SCHEDULE R (Form 990)	Related (	Related Organizations and Unrelated Partnerships	Unrelated Partn	erships		OMB No. 1545-0047
		Complete If the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Attach to Form 990. Yes separate instructions.	Form 990, Part IV, lines separate instructions.	33, 34, 35, 36, or 37.	Employer identification number	Open-to:Public Comparison dentification number
TRI-CITY DEVELOPMENT COUNCIL INC	ICIL INC Inded Entities (Complete	if the organization aneworod	uorod 'Yoo' to Form	ouil // Hed Door	22.) 22.)	66
		וו עוכי טופמווובמוטוו מווא			(	•
(A) Name, address, and EIN of disregarded entity	disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TRI-CITY ASSET REINVESTMENT 7130 W GRANDRIDGE BLVD ST A	NT COMPANY LLC					
<u>KENNEWICK, WA 99336-7725</u> 91-2007853		SALE OF SURPLUS PROPERTY	WA	509,300.	237,899.	N/A
<b>Description</b> Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	Tax-Exempt Organizatio exempt organizations dur	ns (Complete if the organization answered ing the tax year.)	ganization answered	'Yes'	to Form 990, Part IV, line 34 because it had	ecause it had
(A) Name, address, and EIN of related organization	elated organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
BAA For Privacy Act and Paperwork Rei	Paperwork Reduction Act Notice, see the Instru	structions for Form 990.	TEE	TEEA5001L 02/05/10	Schedule	Schedule R (Form 990) (2009)

INC
COUNCIL
DEVELOPMENT
TRI-CITY
990) 2009
(Form
hedule R

Page 2 91-6053966

Page 2	-+	(J) General or managing partner?	No					 				····
	le 34	Gen par	Yes				×					
91-6053966	90, Part IV, Iii	Code V-UBI amount in box 20 of Schedule	(Form 1065)			:	N/A					
01	' to Form <u>5</u>	(H) Dispropor- tionate allocations?	Yes No			:	×		 	-	 	
	ion answered 'Yes ar.)	(G) are of end-of-year assets					474,761.					
	s a Partnership (Complete if the organization treated as a partnership during the tax year.)	Share of total income Share of end-of-year assets					45,987.					
NC	<b>²artnership</b> (Compl ted as a partnershir	(E) Predominant income (related, unrelated, excluded	sections 512-514)				RENT 512B3					
T COUNCIL I	Taxable as a l anizations trea						N/A					
VELOPMEN	nizations lated ord	(C) Legal domicile (state or	roreign country)	- <u>×</u> -		,	WA	 				
TRI-CITY DEV	f Related Orga	(B) Primary Activity		. & VISITOR CI			OFFICESPACE					
Schedule R (Form 990) 2009 TRI-CITY DEVELOPMENT COUNCIL INC	<b>Dation</b> Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	(A) Name, address, and EIN of related organization		TRI-CITIES REGIONAL BUSL. & VISITOR CIR	7130 W GRANDRIDGE BLVD	KENNEWICK, WA 99336	26-1840966					

Name, address, and ElN of related organization       Primary Activity       Legal controling entity       Upper (E) truth       Instruct (E) truth       Primary Activity       Instruct (E) truth       Instruct (E) truth       Primary Activity       Instruct (E) truth       Instruk       Instruct (E) truth	<b>Dation</b> Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor d organizations	rporation or Tr treated as a c	r <b>ust</b> (Complete corporation or t	if the organiz rust during th	zation answered 'Y e tax year.)	es' to Form 990, Pa	art IV,
	of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
TEEA5002L 02/05/10								
TEA5002L 02/05/10								
				-				
TEEA5002L 02/05/10	L							
			TEEA5002L 02	2/05/10			Schedule R (Form 990) (2009)	6002) (066

COUNCIL INC
DEVELOPMENT (
TRI-CITY
Schedule R (Form 990) 2009

91-6053966 Page 3

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Bartw Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No	0
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			闣
a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity	• • • • • • • • • • • • • • • • • • • •	1a X	
b Gift, grant, or capital contribution to other organization(s)	-	1 b X	1
c Gift, grant, or capital contribution from other organization(s)		<b>.</b>	L
d Loans or loan guarantees to or for other organization (s)			
e Loans or Ioan guarantees by other organization(s)		1e X	اب
			33
f Sale of assets to other organization(s)		1f X	
g Purchase of assets from other organization(s)	· · · · · · · · · · · · · · · · · · ·	1a X	
Exchange of assets			
i Lease of facilities, equipment, or other assets to other organization(s).		11	
j Lease of facilities, equipment, or other assets from other organization(s)		1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X	
I Performance of services or membership or fundraising solicitations by other organization(s)		11 X	
m Sharing of facilities, equipment, mailing lists, or other assets	•	1m X	L
n Sharing of paid employees			
			諁
o Reimbursement paid to other organization for expenses		10 X	
p Reimbursement paid by other organization for expenses	• • • • • • • • • • • • • • • • • • • •	Tp X	1 A
d Other transfer of cash or property to other organization(s)			31 31
r Other transfer of cash or property from other organization(s)			.1.
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nd transaction thresh	-	] [
(A) Name of other organization	<b>(B)</b> Transaction type (a-r)	<b>(C)</b> Amount involved	
			1
(1) TRI-CITIES REGIONAL BUSI. & VISITOR CIR	щ	49,379.	_•
(2) TRI-CITIES REGIONAL BUSI. & VISITOR CIR	Ē.	4,061	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
(4)			í
(5)	,		I
(6)			
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	ାଳ

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	rding exclusion for c	ertain investment pa	rtnerships.				,
(A) Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No		Yes
						••••••	
			<u>.</u>				
							• • • • • •
	_						
					_		

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Page 4

91-6053966

Schedule R (Form 990) 2009 TRI-CITY DEVELOPMENT COUNCIL INC 91-605. Backwile Unrelated Organization answered "Yes" to Form 990, Part IV, line 37.)

SCHEDULE O Supplemental Information to Form 990			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or to provide any additional information. ► Attach to Form 990.	on	Open to Public
Name of the organization <u>TRI-CITY</u> DEVEL		Employer Identifica 91–605396	
FORM 990, PA	RT VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAR	EHOLDE	
MEMBERSHIP	IS OPEN TO COMMERCIAL AND NON PROFIT ORGANIZATIONS,	AND_INDIV	IDUALS.
FORM 990, PA	RT_VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BOD	<u> </u>
MEMBERS_ELE	CT_THOSE_CHARGED_WITH_GOVERNANCE_BASED_UPON_THE_SLAT	E_OFFERED	BY_THE
NOMINATING	COMMITTEE.		
FORM 990, PA	RT VI, LINE 11 - FORM 990 REVIEW PROCESS		
A POST ISSU	ANCE REVIEW OF THE FORM 990 WILL BE PERFORMED BY THE	AUDIT	
COMMITTEE.R	EVIEWED BY CEO AND DIRECTOR OF FINANCE PRIOR TO FILI	NG	
FORM 990, PA	RT VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, E	XEC. DIR., OR TOP MG
EXECUTIVE C	OMMITTEE ESTABLISHES PAY AND BENEFITS OF CEO		
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV		
FORM 1023 A	ND FORM 990 ARE AVAILABLE UPON REQUEST. GOVERNING DO	CUMENTS,	CONFLICT OF
INTEREST AN	D FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION	UPON REQU	EST
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
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BAA For Privacy Act and paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966
IRI-CIII DEVELOPMENT COONCIL INC	154 0000000
· · · · ·	

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## Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

2010

Depa Inter	artment of the nal Revenue S	Treasury Service	The organization m	ay have to use a copy of th	his return to satisfy sta	ite reporting re	equirements.	的法的现	Inspection	
			year, or tax year beginni	ng	, 2010, and	lending		<u> </u>		<u> </u>
	Check if appli					đ	D Employe			
	Address	chance TI	RI-CITY DEVELOPM		NC			05396	6	
	Name ch	1200e 71	130 W GRANDRIDGE	BLVD A			E Telephon			
	Initial re		ENNEWICK, WA 993	36-7725			509-	735-1	000	
	Termina					9				
	Amende						G Gross re	ceipts \$	2,039,2	82.
			Name and address of principal o	fficer:		H(a)	Is this a group return	for affiliate	is? Yes	XNo
	Applicat		AME AS C ABOVE			H(b)	Are all affiliates inclu		Yes [	No
	Tau ovom		501(c)(3) X 501(c) ( 6	) 🚽 (insert no.)	4947(a)(1) or	527	If 'No,' attach a list. (	see instruc	tions)	
<u>+</u>	Tax-exemp		TRIDEC.ORG				Group exemption nur	nber 🏲		
<u> </u>	Website			Association Other ►	L Year	of Formation:			domicile: WA	
K			Corporation Trust	Association Union		or ronnadon	2001 1000			
Pa		Summary	the organization's mission	n or most significant	activities: ECON	JOMTC DI	EVELOPMENT			
	1 Brie	my describe	the organizations mission	1 OF THOSE SIGNMOUTH		TOTIED DE				
Se										
Governance										
ver	2 Che	ck this box	► if the organization	discontinued its oper	rations or dispose	d of more I	than 25% of its r	net assei	ts.	
	3 Nun	nher of votin	na members of the aovern	ing body (Part VI, lin	ie 1a)			3		41
Activities &	4 Nur	nber of inde	pendent voting members	of the governing bod	y (Part VI, line 1b)	)		4		40
itie	5 Tota	al number of	f individuals employed in	calendar year 2010 (l	Part V, line 2a)	• • • • • • • • • •		5		$\frac{10}{0}$
žîV	6 Tota	al number of	f volunteers (estimate if n	ecessary)		• • • • • • • • • •		6		0.
ĕ	7 a Tota	al unrelated	business revenue from P	art VIII, column (C),	line 12	••••		7a 7b		0.
	<b>b</b> Net	unrelated b	ousiness taxable income fr	om Form 990-T, line	34	<u></u>	Dulan Voor	-/	Current Yea	
			,				Prior Year 238,2	06	<u>168,</u>	
Revenue	8 Cor	ntributions a	nd grants (Part VIII, line 1	:h)		·····	1,228,1	00.1	1,293,	
	9 Pro	gram servic	e revenue (Part VIII, line	2g)			635,8			723.
	10 Inv	estment inco	ome (Part VIII, column (A)	), lines 3, 4, and 70)		·····	183,2		269,	
œ	11 Oth	ier revenue	(Part VIII, column (A), line	es 5, 60, 80, 90, 100,	anu i rej	12)	2,285,4		1,816,	
	12 Tot	al revenue -	- add lines 8 through 11 (	must equal Fait Vill,	2)	12)	94,7			000.
	1 <b>3</b> Gra	ants and sim	illar amounts paid (Part I)	, column (A), lines i	-3)					
	14 Ber	nefits paid to	o or for members (Part IX	, COLUMNIA (A), MIC 4).	Jump (A) lines 5.	10)	857,8	80	826.	621.
Ø		aries, other	compensation, employee	belients (Fartin, co	iunin (-y, incs o-					
Expenses	16a Pro		indraising fees (Part IX, co			4	united and a state of the second second second second second second second second second second second second s	98862 SF		
pe	. <b>b</b> Tot	al fundraisir	ng expenses (Part IX, colι	ımn (D), line 25) 🕨 _		-	·特别及4.20名词。4949		21221-0-1222-0-12 7 1 4	700
Ш	11/ Utt	ner expenses	s (Part IX, column (A), lin	es 11a-11d, 11f-24f).		· · · · · · · · · · · · · · · ·	626,7			768.
	18 Tot	al expenses	s. Add lines 13-17 (must e	qual Part IX, column	(A), line 25)		1,579,3		1,545,	
	19 Rev	venue less e	expenses. Subtract line 18	5 from line 12	<u></u>		706,0			348.
5	1					<u> </u>	Beginning of Currer		End of Yea	
Net Assots of E-md Eelencoo	20 Tot	al assets (P	Part X, line 16)			••••••	4,718,0		4,990,	<u>909.</u> 994.
- Šä	21 Tot		(Part X, line 26)				22,5			
2 i	22 Ne	t assets or f	und balances. Subtract lir	e 21 from line 20	<u></u>		4,695,5	67.	4,966,	915.
P	art II 🛞	Signature	Block		<u></u>				<u></u>	<u></u>
Un	ider penalties	of perjury, I dec	clare that I have examined this return er (other than officer) is based on	m, including accompanying	schedules and statement	nts, and to the	best of my knowledg	e and belie	f, it is true, correct,	, and
00 	mplete. Decla	ration of prepare	If (other than onicer) is based on a							
	,	P					Date			
	gn	Signature					PRESIDENT	5. CFO		
H	ere		ADRIAN		i an an an an an an an an an an an an an	:	LEEDIDENI			
			rint name and title.	Dranavarla signatives		Date	Charle		TIN	
		Print/Type pre		Preparer's signature		1/14/11	Check	_"	/A	
	aid	RANDY S	SHOOP CPA	D C CDIIC	-γ2 ¹¹	17/14/1	self-employ	110 110	····	
	reparer	Firm's name	► BAKER & GILES		<u></u>		Firm's EiN	ג/ז\ געזיי		
U	se Only	Firm's address						(509)	) 547-054	4
		<u> </u>	PASCO, WA 993	<u>101</u>			Phone no.		X Yes	No
M	ay the IRS	discuss this	s return with the preparer	shown above? (see	Instructions)			<u></u>	Form 990	1
_			I. D. A. ANALSA CO.	no coparato incritict	INDE	IFEAU	11131 17171110			

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

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	n 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966	Page 2
Pai	TILL Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III	<u></u>	
1	Briefly describe the organization's mission: <u>ECONOMIC</u> <u>DEVELOPMENT</u>	- <u></u>	_ <b></b>
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
2	Did the organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set If 'Yes,' describe these changes on Schedule O.	rvices?,	Yes 🔀 No
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	es by expenses. Se nd allocations to ot	ection 501(c)(3) hers, the total
42	a (Code:) (Expenses \$including grants of \$) (ECONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK, & RICHL SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PROMO AND DIVERSIFICATION OF THE ECONOMIC BASE. IMPROVEMENT OF ECONOMI BUSINESS OPPORTUNITIES TO ALMOST 500 MEMBERS. DIRECT CONTACTS WI COMPANIES WITHIN TARGETED INDUSTRIES TO RECRUIT NEW INDUSTRY AND DEVELOPMENT TO FURTHER DIVERSIFY THE LOCAL ECONOMY. PARTICIPATED AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CON INDIRECT BUSINESS RECRUITMENT. RESPONDED TO ALMOST 100 DIRECT IN SEEKING INFORMATION ON THE LOCAL AREA INCLUDING LABOR FORCE, POT AND OTHER RELEVANT MARKET DATA.	AND) AND THE TION, RECRUI C CONDITIONS TH MULTIPLE FOSTER ECON IN MULTIPLE FERENCES, DI QUIRIES FROM	TMENT, AND JOMIC TRADE RECT AND 4 BUSINESS
41	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-	
40	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
40	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		Y

91-6053966

Page 3

	Form 990 (2010)	TRI-CITY	DEVELOPMENT	COUNCIL	INC
-	Part IV Chec				

Par	tive Checklist of Required Schedules	T	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1		 X
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	_	<u></u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	x	
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? <i>If 'Yes,' complete Schedule D, Part I</i>	6		<u>X</u>
7	environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Fart II	7		<u>X</u>
8	and the second	8		<u>X</u>
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		<u>_X</u>
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>It</i> 'Yes,' complete Schedule D, Part V	1. 1. 1. 1. 1.	65.Ma	X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	<u>11a</u>	X	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	<u>11 b</u>		X
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	<u>11 c</u>		<u>x</u>
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	121 13	<u>,</u>	X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	142	. <u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?		<u> </u>	
	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, Parts I and IV	141	<u>)</u>	<u> </u>
15	or entity located outside the United States? If 'Yes,' complete Schedule F, Fans II and IV	15		<u>x</u>
16	individuals located outside the United States? If Yes, complete Schedule F, Parts II and TV	16	_	<u>x</u>
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	<u> </u>	<u> </u>
18	3 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		-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19	<u> </u>	<u>X</u>
20	0 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		b	

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Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC Part IV Checklist of Required Schedules (continued)

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72.1.	- U		.) 7	$\mathbf{u}\mathbf{u}$	

Page 4

•			Yes	No
2 1	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	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 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	X	:
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		<u></u>
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ĉ	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
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)?	35	Х	
8	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 XYes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2010)

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Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC 91-605	53966	Pa	<u>ge 5</u>
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u></u>	
	i Distant	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ng 1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1895
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	1 1		NANO X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u> </u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?	r,a 4a	Real of the	X
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 - 10-21 -	terifiked i	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	·····		
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?			<u>X</u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	·····		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		<u>itti ti</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year			RUSA
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7ç	<u></u>	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<mark>7</mark> 1	12000	满城市
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dic supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	1 the 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	98		
b Did the organization make a distribution to a donor, donor advisor, or related person?		0 0 4060333	Sugar 64
10 Section 501(c)(7) organizations. Enter:			1945年5日 第二日日 第二日日日
a Initiation fees and capital contributions included on Part VIII, line 12 10a		刘东南部	國際
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		· 四方方法 · 一方法法	
11 Section 501(c)(12) organizations. Enter:			(1973年) (1993年) (1993年)
a Gross income from members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		a 8 8 30 (*	· 杨秋秋
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		-	e noi 7449.
a is the organization licensed to issue qualified health plans in more than one state?	茶 酒		教授
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
		a	X
 14 a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 	14		1
bit Yes, has it filed a Form 720 to report these payments: in 100, provide an explanation in constant of the			

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	Check if Schedule O contains a response to any question in this Part VI	<u></u>	• • • <u>• • • •</u> • • •	<u>.</u>	<u>. X </u>
Secti	on A. Governing Body and Management			<u> </u>	<u></u>
				Yes	No
1a I	Enter the number of voting members of the governing body at the end of the tax year	1a 4			
bf	Enter the number of voting members included in line 1a, above, who are independent	1b4	0 😳 🔄	建建筑	
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	. 2		X
3	Did the organization delegate control over management duties customarily performed by or p of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervisior	. 3		х
4	Did the organization make any significant changes to its governing documents		4		X
:	since the prior Form 990 was filed?		•		37
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's assets?	. 5		<u>X</u>
6	Does the organization have members or stockholders?SEE. SCHEDULE . 0		. 6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or governing body?SEE. SCHEDULE.O	more members of the			
b	Are any decisions of the governing body subject to approval by members, stockholders, or c	other persons?	. 7b	12	X
8	Did the organization contemporaneously document the meetings held or written actions und the following:	ertaken during the year by	. 8a	X	
a	The governing body?				
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	annot be reached at the	. 05		
-	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		. 9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue Code.)		1	<u> </u>
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		. <u>10 a</u>	<u> </u>	X
b	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	. 106		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	. <u>11a</u>		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 99	0. SEE SCHEDULE C		0.403	
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		. 12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	s that could give rise	. 125	x	
C	Does the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this is doneSEE. SCHEDULE . O	olicy? If 'Yes,' describe in	. 120	x	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision?			
a	The organization's CEO, Executive Director, or top management official SEE . SCHEDUL	E0	15a		
þ	Other officers of key employees of the organization	• • • • • • • • • • • • • • • • • • • •	151) Sastantin	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		2014200 2014 2014 2014 2014 2014 2014		1260-30 1063-32
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	ar arrangement with a	16 a	3 (232.85) 1	X X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken step organization's exempt status with respect to such arrangements?	on to evaluate its is to safeguard the	161		
Sec	tion C. Disclosure	······································			
	List the states with which a copy of this Form 990 is required to be filed > <u>WA</u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) availal	ole for	public
19	Own website Another's website X Upon request	uments, conflict of interest	policy, a	and fin	ancial
	statements available to the public. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the				
 #	TRIDEC 7130 W GRANDRIDGE BLVD KENNEWICK WA 99336-7725 50	09-735-1000			· -
		······································	For	n 990	(2010)
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Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC

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91-6053966

 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.

 Check if Schedule O contains a response to any question in this Part VI.

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form 990 (2010)	TRI-CITY	DEVELOPMENT	COUNCIL	INC

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• 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, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization	(B)	Telate	u ui	<u>yan</u> ((mpe	(D)	(E)	(F)
(A)		Posi	tion (hat appl	V)	Reportable		Estimated amount of other
Name and iitle	Average hours per week (describe hours for related organiza- tions In Schedule O)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated	Former	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
						<u> </u>				
_(1)_MIKE_SCHWENK	4			*7				0.	ο.	0.
PAST CHAIRMAN	2	<u>X</u>		X				<u> </u>	<u> </u>	0.
(2) FRAN_FORGETTE	-							0.	0.	0.
VICS CHAIR ADM	2	X		X				0.		
(3) FRANK ARMIJO	-1	x						0.	0.	0.
DIRECTOR		<u>^</u>								
(4) KATHY BALCOM VICE CHAIR MBR	2	x		X				0.	0.	0.
(5) BILL LAMPSON	<u> </u>		<u> </u>							
VICE CHAIR HANF	2	x		x			1	0.	0.	0.
(6) CHRISTINA BROWN				<u> </u>		1				
DIRECTOR	-1	X	1					0.	0.	0.
(7) RUFUS FRIDAY		1						And the second sec		
SECRETARY	2	X	·	X				0.	0.	0.
(8) BARBARA JOHNSON										_
TREASURER	2	X		X	<u> </u>			0.	0.	0.
(9) BOB LINK]		l			
VICE CHAIR C&I	2	X		<u>X</u>		ļ		0.	0.	0.
(10) JOHN FOX	_			ŀ						0
DIRECTOR	1	X	.	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(11) STEVE YOUNG								0	0.	0.
DIRECTOR	11	X		<u>x</u>		-		0.	<u> </u>	<u> </u>
(12) GENE_WAGNER	- 1	v						0.	0.	0.
DIRECTOR		<u> </u>					-	0.		<u> </u>
(13) JARED BALCOME	- 1	x						0.	0.	o.
DIRECTOR (14) JIM BEAVER			1				+	<u></u>		
DIRECTOR	1	x					1	0.	o.	0.
(15) ERNIE BOSTON		1	<u> </u>	1					····	
DIRECTOR	1	X		X				0.	0.	0.
(16) JOHN LEHEW	<u> </u>		1			1				
DIRECTOR	1	X		X				0.	0.	0.
(17) KEN BRUTZMAN		1								
DIRECTOR	1	<u>x</u>				1		0.	. 0.	0.
DA A			TEC	V0107	1 1	2/21/18				Form 990 (2010)

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91-6053966 Page 7

Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont) (A) (B) (D) (E) (F) (c) Average Position (check all that apply) hours per week of clinic the employee describe of clinic the employee hours for clinic the employee related to organi-Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated Name and title amount of other Highest compens employee compensation from the organization nstitutional employee and related organi-zations organizations trustee l trustee Sch O) Isale. (18) VICKY CARWEIN DIRECTOR Х 0. 0. 0. 1 (19) GARY CHERVENELL DIRECTOR 1 Х 0 0 0. (20) NEIL BROSEE DIRECTOR 1 Х 0 0 0. (21) RICH EMERY 0. CHAIRMAN 4 Χ Χ 0 0 (22) BILL DRESS Х 0. 0. Ο. DIRECTOR 1 (23) MIKE GARRISON DIRECTOR Х 0 0. 1 Ο. (24) SHAWN HANCOCK 0. DIRECTOR 1 Х 0 0 (25) RICH CUMMINS 0. DIRECTOR 1 Х 0 0. (26) FRANK RUSSO DIRECTOR 1 Х 0. 0 0. (27) CHUCK SPENCER DIRECTOR 0. 1 Х 0. 0. (28) ROY KECK DIRECTOR 1 Х 0. 0. 0. (29) TOM MACKAY Ο. DIRECTOR Х 0. 0 0. 0. 0. 1 b Sub-total 159,670. 0. 30,151. c Total from continuation sheets to Part VII, Section A..... d Total (add lines 1b and 1c)..... 159,670. 0. 30,151. ► 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization - 1 Yes No 1911 1,457,354 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual..... 3 Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for 4 4 Х such individual 727 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If 'Yes,' complete Schedule J for such person Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) **(B)** (C) Name and business address Description of services Compensation 122,788. KIRKPATRICK & LOCKHART PRESTON GATES 1601 K STREET, NW WASHINGTON, D LEGAL/CONSULTING AUCTION / WHSE RENT 263,784. VAIL INTERNATIONAL 312 N 20TH AVE. PASCO, WA 99301

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2

Form 990

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966 PartVIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees								I <u></u>			
(A)	(B)		u	(C		ho t	6.0	(D)	(E)	(F)	
Name and Title	Average hours per week			F	They employee	hat app Highest employe	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee		iployee	Highest compensated employee				organizations	
CRAIG_MAYFIELD	-								0.	0.	
DIRECTOR	1	X	<u> </u>					0.	<u> </u>	<u> </u>	
MATT_MCCORMICK		v						0.	0.	0.	
DIRECTOR	11	X	-				-	<u> </u>	0.	0.	
DONNA_NOSKI		v						0.	0.	0.	
DIRECTOR	1	X				<u> </u>	\vdash	<u>v.</u>	0.		
BRAD PECK		x						0.	0.	0.	
DIRECTOR							-	<u>.</u>		·····	
DAVID RICHARDSON		x	1					0.	0.	0.	
BRUCE RATCHFORD			╁╌╼			}	<u> </u>				
DIRECTOR	1	x						0.	0.	0.	
BOB TIPPETT		1				1					
DIRECTOR	1	X						0.	0.	0.	
DAVID LIPPES			1		-	1	Γ				
DIRECTOR	1 1	X						0.	0.	0.	
BRENT RIDGE										-	
DIRECTOR	1	X						0.	<u> </u>	0.	
JIM SANDERS		1									
DIRECTOR	1	X		ļ		ļ	_	0.	0.	0.	
RAND WORTMAN	_									0.	
DIRECTOR	1	X		<u> </u>		<u> </u>		0.	0.	0.	
CARL ADRIAN								159,670.	0.	30,151.	
PRESIDENT & CEO	55			<u> X</u>	<u>x</u>	X		159,070.	<u> </u>	00/1011	
	4										
	-										
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Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC Part VIII Statement of Revenue

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91-6053966

Page 9

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 168,782 f All other contributions, gifts, grants, and similar amounts not included above 1 f 1 f g Noncash contributions included in Ins 1a-1f: \$	 2. ▶ 168,782. 			
PROGRAM SERVICE REVENUE	In Form. Add times failth. Business Code 2a MEMBERSHIP_DUES & ASSESSMENTS b FEES & CONTRACTS GOV AGENCIES c SMARTMAP_MANUFACTURE EXPO	918,885. 918,885. 172,196. 83,045. 40,000. 31,500. 47,830.	918,885. 172,196. 83,045. 40,000. 31,500. 47,830.		
PRO	 g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	 1,293,456. 84,723. 			84,723.
	6a Gross Rents				
	7a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other b Less: cost or other basis and sales expenses. c Gain or (loss).				
OTHER REVENUE	d Net gain or (loss) 8 a Gross income from fundraising events (not including. \$				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	1. 1.			269,776.
	11 a b b c c c d All other revenue. c e Total. Add lines 11a-11d c 12 Total revenue. See instructions c	► ► ■ 1,816,737.	1,293,456.	0.	354,499.

TRI-CITY DEVELOPMENT COUNCIL INC Form 990 (2010)

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 noi 6b. 7h	t include amounts reported on lines , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G a	rants and other assistance to governments nd organizations in the U.S. See Part IV,	104,000.			
• G	ne 21 arants and other assistance to individuals in ne U.S. See Part IV, line 22	201/0000		ning al service of the material Alternation of the service of the Alternation of the service of	
3 G 0 U	Frants and other assistance to governments, rganizations, and individuals outside the I.S. See Part IV, lines 15 and 16			에 이상 이상 이상 이상 1월 1월	
4 B	enefits paid to or for members				新加速者的改变的的 建设 的中心已
E C	compensation of current officers, directors, ustees, and key employees	189,821.			
6 C d s ir	Compensation not included above, to isqualified persons (as defined under ection 4958(f)(1)) and persons described n section 4958(c)(3)(B)	0.			
)ther salaries and wages	427,929.	·····		
8 F	Pension plan contributions (include	21,286.			•
	mployer contributions)			<u> </u>	
	Other employee benefits	118,407.		· · · · · · · · · · · · · · · · · · ·	·
	Payroll taxes	69,178.			
11 F	ees for services (non-employees):				
	Management	12,938.	······································		
	_egal	5,000.			
	Accounting	1,850.		· · · · · · · · · · · · · · · · · · ·	
	.obbying	117 788			
u .	Professional fundraising services. See Part IV, line 17		an an an an an an an an an an an an an a	來自己的自己的意思。	
			<u></u>		
	nvestment management fees	8,977.			
g (Other				
	Advertising and promotion	37,830.			· · · · · · · · · · · · · · · · · · ·
13 (Office expenses	8,116.			
14	nformation technology	22,113.			· · · · · · · · · · · · · · · · · · ·
15 E	Royalties			·	· · · · · · · · · · · · · · · · · · ·
16 (Occupancy	153,786.			
	Travel	49,971.			
18 I	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	99,886.			
	Interest				<u> </u>
	Payments to affiliates				
	Depreciation, depletion, and amortization	9,796.			
	Insurance	15,041.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
	EQUIPMENT RENT & MAINTENANCE	24,864.			
b	TELEPHONE DUES & SUBSCRIPTIONS	<u>16,128.</u> 11,052.			-
	PRINTING AND PUBLICATIONS	7,935.			
		4,417.			
•	YOUNG_PROFESSIONALS	7,280.			
	All other expenses		<u> </u>		····
25	Total functional expenses. Add lines 1 through 24f	1,545,389.	<u> </u>	+	
	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (201

Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC

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			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	204,120.	1	142,726.
	2	Savings and temporary cash investments	3,196,094.	2	3,684,807.
	3	Pledges and grants receivable, net.		3	<u> </u>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	Malania Malania Malania	<u>ि</u> 5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
S	7	Notes and loans receivable, net			
A S S E T	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		調整に	
		Less: accumulated depreciation 10b 75,461.	46,958.	10 c	37,162.
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,270,903.	15	1,126,214.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,718,075.	16	4,990,909.
	17	Accounts payable and accrued expenses	22,508.	17	23,994.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	- The second state of the second state of the second state of the second state of the second state of the second
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u></u>
	26	Total liabilities. Add lines 17 through 25	22,508.	26	23,994.
NET		Organizations that follow SFAS 117, check here ► X and complete lines			國家政府政府建
Ť		27 through 29 and lines 33 and 34.			
AS	27	Unrestricted net assets	2,071,627.		2,230,318.
4 S S M H−S	28	Temporarily restricted net assets	2,623,940.	28	2,736,597.
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here 🕨 🗌 and complete			
FUND		lines 30 through 34.		42Š.	
N D	30	Capital stock or trust principal, or current funds		30	<u> </u>
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	" ,
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	A 000 015
BALIANCES	33	Total net assets or fund balances	4,695,567.	33	4,966,915.
	34	Total liabilities and net assets/fund balances	4,718,075.	34	4,990,909.
BA	A				Form 990 (2010)

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Form 990 (2010) TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966	Page	12
Descensification of Not Assets		r	— 1
Check if Schedule O contains a response to any question in this Part XI.	<u></u>		
—	1 1		7
1 Total revenue (must equal Part VIII, column (A), line 12)		1,816,737 1,545,389	
2. Tatal exponence (must equal Part IX, column (A), line 25)	····· <u> </u>	271,348	
B Devenue loss evenences. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·	4,695,56	
4. Not assets or fund halances at beginning of year (must equal Part X, line 33, column (A))	······· -		$\frac{7}{0}$
5 Other changes in net assets or fund balances (explain in Schedule O)			<u>.</u>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		4,966,91	<u>5.</u>
Dut VII Einspeiel Statements and Reporting		I	
Check if Schedule O contains a response to any question in this Part XII	<u></u>	Yes	↓ No
 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. b Were the organization's financial statements audited by an independent accountant?. c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?. If the organization changed either its oversight process or selection process during the tax year, expline Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both: Separate basis 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 for the prior of a federal award, was the organization required to undergo an audit or audits as set for the prior for a federal award, was the organization required to undergo an audit or audits as set for the prior for th	rsight of the audit, plain • were issued on a	2a	x
 3a As a result of a federal award, was the organization required to analyze analyze and Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 	as the required audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such dual of the BAA		Form 990 (2	2010)

SCHEDULE C		Political Campaign and L	obbying Activ	/ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For	Organizations Exempt From Income Tax	5 6		2010
Department of the Treasury			Open to Public		
Department of the Treasury Internal Revenue Service		► Attach to Form 990 or Form 990-EZ.			Inspection
		,' to Form 990, Part IV, line 3, or Form 990 is: Complete Parts I-A and B. Do not comp		olitical Campaign Acti	vities), then
		tion 501(c)(3)) organizations: Complete Parts		Do not complete Part I	-B
 Section 527 organiz 			and o bolow.	bo not complete i art i	
If the organization ans	wered 'Yes	,' to Form 990, Part IV, line 4, or Form 990			
		is that have filed Form 5768 (election unde		-	
Part II-A.		s that have NOT filed Form 5768 (election		,	·
		,' to Form 990, Part IV, line 5 (Proxy Tax) c rganizations: Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax)	, then
Name of organization	(3), 01 (0) 0	rganizations. Complete r are m.		Employer identific	ation number
TRI-CITY DEVEL	OPMENT	COUNCIL INC		91-605396	
		rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1 Provide a descrip	otion of the	organization's direct and indirect political of	campaign activities in	Part IV.	- <u></u>
2 Political expendit	ures	•••••••••••••••••••••••••••••••••••••••		►ς	<u> </u>
3 Volunteer hours .	• • • • • • • • • • • • • •				
Part I-B Complet	e if the o	rganization is exempt under section	on 501(c)(3).		
1 Enter the amount	t of any exc	ise tax incurred by the organization under	section 4955	► ¢	
		sise tax incurred by organization managers			
-		a section 4955 tax, did it file Form 4720 for			
			• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••	Yes No
b If Yes, describe				L !! E01(-)/2)	
		rganization is exempt under section pended by the filing organization for section			
					۰ <u>.</u>
function activities	S	g organization's funds contributed to other		► ξ	\$
3 Total exempt fund line 17b	ction expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	Þ¢	5.
		e Form 1120-POL for this year?			
5 Enter the names, organization mad amount of politica	, addresses le payments al contributi	and employer identification number (EIN) s. For each organization listed, enter the a ions received that were promptly and direc	of all section 527 pol mount paid from the f tly delivered to a sep	itical organizations to v iling organization's fun arate political organiza	which the filing Ids. Also enter the tion, such as a separate
segregated fund	or a politica	al action committee (PAC). If additional spa	ace is needed, provid I	e information in Part IV	/.
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds.	(e) Amount of political contributions received and
				If none, enter-0-,	promptly and directly delivered to a separate
					political organization. If none, enter -0-,
(1)					
(2)					
(3)					
(4)					
·					
(5)					
(6)					
BAA For Paperwork Reduc	ction Act Noti	ice, see the Instructions for Form 990 or 990-EZ.		Schedule C (Fo	rm 990 or 990-EZ) 2010

990-F7) 2010 TRI-CITY DEVELOPMENT COUNCIL INC S

Part II-A Complete if the organization	is exempt under section 501(c)(3) and	filed Form 5768 (el	ection under
section 501(h)).			
A Check - If the filing organization be	ongs to an affiliated group.		
	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add I	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the a both columns.		and an experience of the second second second second second second second second second second second second s	and the standard and states for the
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.	网络马索勒马索索	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	了,你们不是你的问题,我们们在4.55%。 你们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	te tagine consequent
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		國際政府自由政府
Over \$17,000,000	\$1,000,000.	A.1.1.11111111111111111111111111111111	<u>和我的情况和社会分别的</u> "这种新知识"。
g Grassroots nontaxable amount (enter 25%	6 of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0		
i Subtract line 1f from line 1c. If zero or le	ss, enter -0		
j If there is an amount other than zero on section 4911 tax for this year?	either line 1h or line 1i, did the organization file Fo	rm 4720 reporting	Yes No
(Some organizations t	4-Year Averaging Period Under Section 501(h) nat made a section 501(h) election do not have to nns below. See the instructions for lines 2a throug	complete all of the five jh 2f.)	

Lobbying Expenditures During 4-Year Averaging Period (e) Total (d) 2010 Calendar year (or fiscal year beginning in) (c) 2009 (b) 2008 (a) 2007 2a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e))..... 15 c Total lobbying expenditures ... d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))..... P. It' f Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2010

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91-6053966

Page 3

Schedule C (Form 990 or 990-EZ) 2010 TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (-1) Т

	(;	a)	(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	L			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		a z Steval I.	·	
 j Total. Add lines 1c through 1i	. I			
 b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 	• 麗麗			
Part III A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5), or		
1 Were substantially all (90% or more) dues received nondeductible by members?			Yes No	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 			2	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'	16685	D. Or		
1 Dues, assessments and similar amounts from members		1	918,885.	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year b Carryover from last year	• • • • • •	2:		
c Total		20	117,788	
 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3 and point on the exceeds the amount on line 3. 	ess	3		
expenditure next year?		4	··· <u>0</u>	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Also, complete this part for any additional information.	and Pa	art (-E	3, line 1i.	
		•~		

Page 4

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•		1					OMB No. 1545-0047
	SCHEDULE D (Form 990) Supplemental Financial Statements						
(FU					2010		
Depar	epartment of the Treasury Aternal Revenue Service ► 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	
	of the organization	1	Alla		· ·	Employer	identification number
TR.	-CITY DEVEL	LOPMENT COUNCIL	INC			91-60	
Pai	ti Organizat	tions Maintaining De	onor est tr	Advised Funds or Other Similar Fun Form 990, Part IV, line 6.	ds or Acc	ounts. (complete If
				(a) Donor advised funds			l other accounts
1	Total number at	end of year			<u> </u>		
2	Aggregate contri	butions to (during year).					
З	Aggregate grants	s from (during year)					<u></u>
4	Aggregate value	at end of year					
5	funds are the org	ganization's property, sul	bject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	<i></i>		Yes No
6	Did the organizat used only for cha purpose conferri	tion inform all grantees, aritable purposes and no ng impermissible private	dono ot for t bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for fit?	ds can be any other		Yes No
Pai				ete if the organization answered 'Yes'			t IV, line 7.
1	Purpose(s) of co	nservation easements h	eld by	the organization (check all that apply).			
	Preservation	of land for public use (e	e.g., r				rtant land area
	Protection of	f natural habitat		Preservation of	of a certified	historic s	tructure
_		of open space		a ta statut at tablestas for	11 tt		ution accompation the
2	Complete lines 2 last day of the ta	2a through 2d if the organ ax year.	nizati	on held a qualified conservation contribution in			e End of the Tax Year
	a Total number of	conservation easements				tota ac ai	
				nents			
				fied historic structure included in (a)			
	d Number of conse	ervation easements inclu	ided i	n (c) acquired after 8/17/06, and not on a histo	ric		
3				transferred, released, extinguished, or termina		ganizatio	n during the
4				nservation easement is located			
5				garding the periodic monitoring, inspection, ha			Yes No
6	▶			ng, inspecting, and enforcing conservation eas			ar
7	►\$	·		specting, and enforcing conservation easemer		e year	
8	170(h)(4)(B)(i) a	ind section 170(h)(4)(B)((ii)?	n line 2(d) above satisfy the requirements of se		[Yes No
9	In Part XIV, desci include, if applic conservation eas	able, the text of the foot:	report: tnote	s conservation easements in its revenue and exper to the organization's financial statements that o	nse statemen describes the	, and bala organiza	ance sheet, and ation's accounting for
Pa	rt III Organiza	ations Maintaining (Colle ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Sir 8.	nilar As	ssets.
1	a If the organization art, historical tre in Part XIV, the	on elected, as permitted asures, or other similar text of the footnote to its	unde asset s fina	r SFAS 116 (ASC 958), not to report in its reve s held for public exhibition, education, or resea ncial statements that describes these items.	nue stateme irch in furthe	nt and ba rance of	alance sheet works of public service, provide,
	following amoun	its relating to these items	s:	r SFAS 116 (ASC 958), to report in its revenue Id for public exhibition, education, or research			
	(i) Revenues in	cluded in Form 990, Par	rt VIII,	line 1	• • • • • • • • • • • • •	►	\$
-	(ii) Assets inclu	ded in Form 990, Part X			for fine -t-t	*	Ş
2	If the organization amounts require	on received or held work of to be reported under S led in Ears 000, Dert VII	s of a SFAS	rt, historical treasures, or other similar assets 116 (ASC 958) relating to these items: e 1	ior tinancial	yaın, pro	vice the tottowing
	a revenues includ	ieu in Form 990, Part VII	11, 11110	;			۲ <u></u> Ś
BA	For Paperwork	Reduction Act Notice. se	ee the	Instructions for Form 990. TEEA3301L	. 11/15/10	Sc	

chedule D (Form 990) 2010 TRI-CI	TTY DEVELO	PMENT COUNCI	L INC			91-60539	166		ge Z
Part III Organizations Maintain	ning Collecti	ons of Art, Histo	orical Treas	sures, or C	ther S	Similar Asset	s (cont	inued	<u>) </u>
	n accession a	nd other records, ch	eck any of th	e following th	nat are a	a significant use	e of its co	llectior	ı
3 Using the organization's acquisition items (check all that apply):	n, accession, a	-							
a Public exhibition			or exchange						
b Scholarly research		e 🔤 Other		<u></u>			<u></u>		
c Preservation for future genera	tions						in		
 4 Provide a description of the organ Part XIV. 							111		
5 During the year, did the organizati	ion solicit or rea ther than to be	ceive donations of a maintained as part	rt, historical t of the organi	reasures, or zation's colle	other sin ction? .	milar 	Yes		No
assets to be sold to raise funds ra Part IV Escrow and Custodial 9, or reported an amou	Arrandeme	nts. Complete It	organizau	on answere	ed 'Yes	s' to Form 99	0, Part	IV, III 	1e
1 a Is the organization an agent, trust included on Form 990, Part X?	iee, custodian,	or other intermediar	y for contribu	itions or othe	r assets	not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ving table:						
D II Tes, explain the arrangement		•				<i>H</i>	\mount		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year							<u> </u>	<u> </u>	
C. H. B. S. Kalawan					. []]				<u> </u>
2 a Did the organization include an a	mount on Form	1 990, Part X, line 21	1?			, .	Yes		No
	1. D								
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co	mplete if the	e organization ar	nswered 'Y	es' to Forn	<u>1 990,</u>	Part IV, line	10.		
ratty Endownion : endo	(a) Current ye	ear (b) Prior y	ear (c)	Two years back	1 (4)	Tin co jouro buon		r years i	Jack
1 a Beginning of year balance							2. 100 - 1 2. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 10		8) (19)
b Contributions							A PARTIE	1993 <u>-</u> 3	3 (2) (9) 222 (1) (1)
	··· - ···							他的主义	();/(i) - \$
c Net investment earnings, gains, and losses					<u>ت</u>	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l La companya de la comp	注注] 潮源		shinanina Malanina
d Grants or scholarships						ne se gin de sente en sele Al de sente en selection de selection de selection de selection de selection de selection de selection de selec Al de selection de selection de selection de selection de selection de selection de selection de selection de s			en en en en en en en en en en en en en e
e Other expenditures for facilities					$-i\gamma - j$	an thaile an		动作员	$\sigma > \sigma$
and programs						<u>n paragonal de la c</u>		A di si di	
f Administrative expenses				<u> </u>				1023	
g End of year balance					120000		21-19-1 <u>9-29-29-29-</u> 29-29-29-29-29-29-29-29-29-29-29-29-29-2	44-1 <u>7</u> -128-12	<u>, (1997)</u>
2 Provide the estimated percentag	je of the year e	nd balance held as:							
a Board designated or quasi-endo	wment 🕨	¥	-						
b Permanent endowment ►	%								
c Term endowment	00								
3a Are there endowment funds not	in the possess	ion of the organizati	on that are h	eld and admi	nistered	l for the	Γ-	Yes	No
									, <u> </u>
(i) unrelated organizations	• • • • • • • • • • • • • • • •						3a(ii)		
(ii) related organizations							3b		
(ii) related organizations b If 'Yes' to 3a(ii), are the related	organizations I	isted as required on	Schedule K?				<u> </u>		
4 Describe in Part XIV the intende	ed uses of the d	See Form 000	Part V lin	e 10		·····			
Part VI Land, Buildings, and	Equipment	(a) Cost or other bas		t or other	(c) A	ccumulated	(d) B	ook va	lue
Description of investmer	ıt 🛛	(a) Cost or other bas (investment)	basis (b) Cos	(other)	de	preciation			
1 a Land					na produción Nat <u>ro</u> 29 d'a	<u>推荐的时代的信息的</u> 。			
b Buildings					<u>. </u>		<u> </u>		<u> </u>
c Leasehold improvements				110 000		75 161		- 77	,162
				112,623.	<u> </u>	75,461.			
d Equipment									
d Equipment e Other Total. Add lines 1a through 1e (Colur								27	,162

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Schedule D (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

Page 3

Part VII Investments-Other Securities. See Fo	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: rket value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u></u>			
<u>(D)</u>			
<u>(E)</u>		·····	<u>=</u>
<u>(F)</u>			
<u>(G)</u>			
(H)		l	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	t y dag a general system particular and the method of the statistical states and a state of the states of the s	
Total. (Column (b) must equal Form 990 Part X, column (b) line 12.).	Form 000 Port V	[1] A. M. B. M. M. M. M. B. B. B. M. B. M.	
	(b) Book value	(c) Method of value	ation
(a) Description of investment type	(D) BOOK Value	Cost or end-of-year ma	rket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			······································
(8)	·······	· · · · ·	
(9)			
		and we are the second second second second second second second second second second second second second second	n han state and a state of the
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	line 15)		·철북학(노라) 전철 전철 문건 문건) 문건이다.
Part IX Other Assets. (See Form 990, Part X,	scription		(b) Book value
(1) (a) Des	scription		(D) DOOK Value
(2) REVOLVING LOAN FUNDS		· · · · · · · · · · · · · · · · · · ·	100,001.
(3) TRI-CITY REGIONAL BUSI AND VISITOR	R CTTR	•	1,026,213.
(4)		••••••••••••••••••••••••••••••••••••••	1,020/1201
(5)			
(6)			
(7)			
(8)		- water and set	
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, column(B,			1,126,214.
Part X Other Liabilities. (See Form 990, Part	X, line 25)		
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			的现在分词使使感到
(3)			1993年7月1日日日日(1997年7月) 1月1日日 - 1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日
(4)			
(5)			
(6)			narsona on an
(7)			同種也得到自己認識
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			的目前研究和基本系统
		A Private Andrew Andre Andrew Andrew An Andrew Andrew Andr Andrew Andrew br>Andrew Andrew br>Andrew Andrew r>Andrew Andrew An	A substance of the second state of the seco

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Scho	dule D (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC	91-6	053966	Page 4
Dat	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Si	tatements	N/A	
1 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		
Pai	TXII Reconciliation of Revenue per Audited Financial Statements W	/ith Revenue per Retu	urn N/A	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	
, 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<u> </u>	a Net unrealized gains on investments	a		
	Donated services and use of facilities	b		
•	c Recoveries of prior year grants	c	1995 (1997) 1997 - 1997 1997 - 1997	
	d Other (Describe in Part XIV)	d	統款 現在	
	e Add lines 2a through 2d.		2e	
3	Subtract line 2e from line 1		3	
л	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
-	a Investments expenses not included on Form 990, Part VIII, line 7b	a		
	b Other (Describe in Part XIV.)	b		
	c Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	eturn N/A	
1	Total expenses and losses per audited financial statements		1	
2	CONTRACTOR OF THE OPPORTUNITY PROPERTY			
-	a Donated services and use of facilities	a		
	b Prior year adjustments	b		
	c Other losses	c		
	d Other (Describe in Part XIV.)	d		
	e Add lines 2a through 2d		2e	
3			3	
4	and the second part (V, Part OF, but not an line for			
-	a Investments expenses not included on Form 990, Part VIII, line 7b	a		
	b Other (Describe in Part XIV.)	b	4.311.2	
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	
Pa	rt XIV Supplemental Information		Barne 16 and Obs	
Cor	replate this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a and 4; Part IV,	ines in and 20;	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Page 5

Schedule D (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC

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SCHEDULE I (Form 990)		Gor	ants and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	Organizations the United Sta	s, tes	<u></u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Complete	s if the organizatior	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ➤ Attatch to Form 990.	m 990, Part IV, lines 2	1 or 22.	<u>1/20</u> /94/3423	Open to Public Inspection
Name of the organization TRT-CTTY DRVFLDDMFNT	OPMENT COUNCTI.	LNC					Employer identification number 91-6053966	ation number 66
Partil General Information on Grants and Assistance	Iformation on Gran	its and Assista	nce					
1 Does the organize the selection crite	ation maintain records eria used to award the	to substantiate the grants or assistanc	amount of the gra	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	antees' eligibility for th	le grants or assistance	e, and	X Yes No
2 Describe in Part I	IV the organization's pr	ocedures for monit		Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	states.			
Part II Grants and Other Assistance to Governments and Form 990, Part IV, line 21 for any recipient that recompart II can be duplicated if additional space is need	Grants and Other Assistance to Governments and Org Form 990, Part IV, line 21 for any recipient that received Part II can be duplicated if additional space is needed	e to Governme r any recipient dditional space	nts and Organi that received m is needed	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	d States. Complet neck this box if no	e if the organizati one recipient rece	on answered 'Y eived more than	es' to \$5,000.
 (a) Name and address of organization or government 	ess of organization	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	 Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								RELOCATION ASSISTANCE TITANIUM
				100,000.	0.			MFGT
(3)								
<u>(5)</u>								
(9)								
<u> </u>								
(8)								
	Enter total number of section 501(c)(3) and government organizations	and government o	rganizations	* • • • • • • • • • • • • • • • • • • •				1
BAA For Paperwork F	Enter total number of outer organizations	see the Instruction	s for Form 990.	· · · · · · · · · · · · · · · · · · ·	TEEA3901L 10/29/10	01/62/01	Schee	Schedule I (Form 990) 2010

Schedule I (Form 990) 2010 TRI-CITY DEVE	ELOPMENT COUNCI	CL INC		ົດ	91-6053966 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered Part III can be duplicated if additional space is needed.	Individuals in the ional space is need	United States. Cor led.	nplete if the orgar	ization answered 'Yes'	'Yes' to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
3					
4					
u					
υ					
L.					
Part IV Supplemental Information. Complete this part to provide the information required in Part	plete this part to pr	ovide the informat	tion required in Pa	rt I, line 2, and any other	er additional information.
			,		
		*** *** ** *** *** ***			
] 	v		
		2014 Ven een mo er, al al al al al al an een mo e			
BAA					Schedule I (Form 990) 2010

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TEEA3902L 10/29/10

	Compensation Info	ormation	OMB No. 1	545-004	7
SCHEDULE J (Form 990)	For certain Officers, Directors, Trustees, K Compensated Empl	ey Employees, and Highest	20	10	
Department of the Treasury Internal Revenue Service	 Complete if the organization answered 'Ye Attach to Form 990. 	s' to Form 990, Part IV, line 23. parate instructions.	Open to Inspe		
Name of the organization		Employer identification	number		
TRI-CITY DEVEL	OPMENT COUNCIL INC	91-6053966			
Part I Questions	Regarding Compensation	1000 000 - 1000 - 1000 000 - 1000 000 - 10000 - 10000 - 1000 - 10	r		
			12.000.00	Yes	No
1 a Check the appropr VII, Section A, lir	ate box(es) if the organization provided any of the following e 1a. Complete Part III to provide any relevant informati				
First-class or		allowance or residence for personal use			
Travel for co		ts for business use of personal residence		gan.	
Tax indemnif		r social club dues or initiation fees	大学は		
Discretionary	spending account Persona	l services (e.g., maid, chauffeur, chef)			
h if any of the boys	s on line 1a are checked, did the organization follow a v	vritten policy regarding payment or		<u> (2007)</u>	
reimbursement o	s on line 1a are checked, did the organization follow a v provision of all of the expenses described above? If 'No	o,' complete Part III to explain	. 1 b		
9 Did the executed	ion require substantiation prior to reimbursing or allowing	n expenses incurred by all officers, directors,			
trustees, and the	CEO/Executive Director, regarding the items checked in	line 1a?	. 2	Astronomics	WE A Shirts
3 Indicate which, if	any, of the following the organization uses to establish rirector. Check all that apply.				
		employment contract		影影	
X Compensatio	······································	antion survey or study	The second		
·		al by the board or compensation committee			
X Form 990 of	other organizations X Approva	a by the board of compensation committee			
4 During the year, or a related orga	did any person listed in Form 990, Part VII, Section A, li nization:	ne 1a with respect to the filing organization			
a Receive a severa	nce payment or change-of-control payment from the org	anization or a related organization?	<u>4a</u>		X
b Participate in, or	receive payment from, a supplemental nonqualified reti	ement plan?	<u>4b</u>		X
c Participate in, or	receive payment from, an equity-based compensation a	rrangement?	40	Léonados	X
If 'Yes' to any of	lines 4a-c, list the persons and provide the applicable a	mounts for each item in Part III.	語語語		
Only section 50	(c)(3) and 501(c)(4) organizations must complete lines	5-9.			建金
•	d in Form 990, Part VII, Section A, line 1a, did the organ				增加。 新聞 (約120)
a The organization	?		5a	1	
h Any related orga	nization?		5ł		
	or 5b, describe in Part III.		137 av		
6 For persons liste	d in Form 990, Part VII, Section A, line 1a, did the organ e net earnings of:	nization pay or accrue any compensation			
a The organization	?		6a		
h Any related orga	nization?		61	»	
	or 6b, describe in Part III.			和鮮的	1.44
7 Ear paragas lists	d in Form 990, Part VII, Section A, line 1a, did the orga s 5 and 6? If 'Yes,' describe in Part III	nization provide any non-fixed payments not			
P Mara any amou	nts reported in Form 990, Part VII, paid or accrued pursu on described in Regulations section 53.4958-4(a)(3)? If "	ant to a contract that was subject to the initia	l I		
9 If 'Yes' to line 8	did the organization also follow the rebuttable presump 6(c)?	tion procedure described in Regulations	9		
	Reduction Act Notice, see the Instructions for Form 990		e J (Fo	rm 990) 2010

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

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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions on row (i). Do not list any individuals that are not listed on Form 990, Part VII.	comp	ensation must be repo als that are not listed o	rted in Schedule J, rep n Form 990, Part VII.	ort compensation from	the organization on row	(i) and from related c	rganizations, described	in the instructions on
Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D)	(B) (I)-(iii) must equal the a		column (E) amounts c	or column (E) amounts on Form 990, Part VII, line 1a.	e 1a.		
		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	other deferred compensation	benetits	(n)-(i)(a)	Form 990 or Form 990 or Form 990-EZ
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Page 2

schedule J (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC Part.II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Schedule J (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC	91-6053966 Page 3	ωl
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information	5b, 6a, 6b, 7, and 8. Also complete	
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	Schedule J (Form 990) 2010	010

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SCHEDULE R (Form 990) Department of the Tressury	Related Org	Related Organizations and Unrelated Partnerships Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.	anizations and Unrelated Partnerships ation answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 3 ach to Form 990, * See separate instructions.	d Partnershi art IV, line 33, 34, structions.	<b>ps</b> 35, 36, or 37.		OMB No. 1545-0047 2010 Open to Fublic	1 1259-34
Internal revenue service Name of the organization TRI-CITY DEVELOPMENT	COUNCIL INC					Employer identificati 91-6053966	Employer identification number 91–6053966	
Part     Identification	sregarded Entities (Complete	if the	organization answered 'Yes' to Form 990,		Part IV, line 33.)	Ċ		
Name, addres	(a) Name, address, and ElN of disregarded entity	(b) Primary activity	y Legal domicile (state or foreign country)		(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	, I
(1) TRI-CITY ASSET REINVESTMENT 7130 W GRANDRIDGE BLVD ST A	DEE BLVD ST A							1
(2) <u>KENNEWICK</u> , <u>WA</u> 91-2007853	99336-7725	SALE OF SURPLUS PROPERTY	SUIC	WA	494,128.	417,125.	N/A	I
(3)								
(4)								1
<u> </u>								I
( <u>6</u> )								ı
<b>Part II Identificatior</b> one or more	Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		(Complete if the organization answered the tax year.)		' to Form 990,	'Yes' to Form 990, Part IV, line 34 because	because it had	<b>j</b> 1
Name, address, and	(a) Name, address, and EiN of related organization Prin	activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (ff section 501 (c)(3))	atus Direct controlling (0) entity	olling Sec 512(b)(13) controlled entity?	_
							Yes No	1 1
(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)_(1)								ſ
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Schedule R (Form 990) 2010 TRI-CITY DEVELOPMEN	DEVELOPMENT rganizations T	Taxable as a P	INC Partnership (Complete if the	uplete if the or	organization answered 'Yes'	/ered 'Yes'	91-6053966 to Form 990, Part IV, line	<u>91-6053966</u> 990, Part IV, line	Page 2 34
Decause it had one or more related organizations treated as a partnership during the tax year.       (a)     (b)     (c)     (d)     (e)     (f)     (g)       Name, address, and EIN of related organization     (b)     (c)     (d)     (e)     (f)     (g)       Name, address, and EIN of related organization     (b)     (c)     (d)     (e)     (f)     (g)       related organization     (state or controlling entity income (related, actuded from tax under foreign     (state or control)     sections 512-514)     asset	tated orga (c) domicile (state or foreign country)	anizations treate birect controlling entity	ed as a partner (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	snip auring the (f) Share of total income	tax year.) (g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	Code ()-UBI amount in box 20 of Schedule (Form 1065)	(D) General or managing partner? Yes No	(K) Percentage ownership
TRI-CITIES REGIO 7130 W GRANDRIDG KENNEWICK, WA 99 26-1840966 OFFICESPAC	MA	N/A	EXEMPT	19,922.	1,025,279.	×	N/A		34.37
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax vear.)	inizations more rela	: Taxable as a C	corporation or	a Corporation or Trust (Complete if the organization answing treated as a cornoration or trust during the tax vear.	e if the organiza trust during the	ation answe tax vear.)	red 'Yes' to Fo	orm 990, Pa	art IV,
Name, address, and EIN of related organization	ization	Primary activity	y Legal domicile (state or foreig country)	Legal domicile Direct (c) (d) (state or foreign controlling entity country)	Type of entity (C corp, S corp, or trust)	Share of total income	11	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership
									·
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INC	if the
COUNCIL	(Complete
TRI-CITY DEVELOPMENT COUNCIL	id Organizations (Complete if the or
TRI-CITY DEVELOPI	ith Related
Schedule R (Form 990) 2010	Part VI Transactions W

Part VI Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990,	orm 990, Part IV, line 34,	ine 34, 35, 35a, or	36.)
			Yes No
Note. Complete line 1 if any entity is listed in Parts II, IJ, or 1V or this schedule. 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ttions listed in Parts II-	22	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			
			4
c Gift, grant, or capital contribution from other organization(s)			
d Loans or loan guarantees to or for other organization(s)			
e Loans or loan guarantees by other organization(s)			
f Sale of assets to other organization(s)			
g Purchase of assets from other organization(s)			
h Exchange of assets			
i Lease of facilities, equipment, or other assets to other organization(s)			1.12 (J. 1997)
j Lease of facilities, equipment, or other assets from other organization(s)			
k Performance of services or membership or fundraising solicitations for other organization(s)			
I Performance of services or membership or fundraising solicitations by other organization(s)			
m Sharing of facilities, equipment, mailing lists, or other assets			
n Sharing of paid employees			
o Reimbursement paid to other organization for expenses			
p Reimbursement paid by other organization for expenses			×
q Other transfer of cash or property to other organization(s)			
			] 1r     X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including	ng covered relationships	os and transaction thresholds.	sholds.
(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) TRI-CITIES REGIONAL BUSI. & VISITOR CIR	æ	610,988.	CASH
קחר קרע אין אועריסקר מעדשיט דעש אין קרע אין אין אין אין אין אין אין אין אין אין	<u></u> д	1,837.	CASH
WOTTOTA & TODA			
(4)			
į			
(6) The Active State (1973/10		Sche	L Schedule R (Form 990) 2010

Part.VI Unrelated Organizations Taxable as a Partnershi	iip (Complete	e if the organizat	ion answere	p (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)	0, Part IV,	line 37.)		l
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross	through which the exclusion for c	he organization conc ertain investment pa	lucted more th rtnerships.	an five percent of its a	stivities (mea	sured by total assets	or gross	
Name, address, and EIN of entity	Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1055)	(h) General or managing partner?	20-
			Yes No		Yes No		Yes No	
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91-6053966

Schedule R (Form 990) 2010 TRI-CITY DEVELOPMENT COUNCIL INC

## Schedule R (Form 990) 2010 Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on		OMB No. 1545-0047
(FORM 990 OF 990-E2)			2010
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Employer identifica	Inspection
Name of the organization     Employer identification       TRI-CITY DEVELOPMENT COUNCIL INC     91-6053966			
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER			
MEMBERSHIP IS OPEN TO COMMERCIAL AND NON PROFIT ORGANIZATIONS, AND INDIVIDUALS.			
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY			
MEMBERS ELECT THOSE CHARGED WITH GOVERNANCE BASED UPON THE SLATE OFFERED BY THE			
NOMINATING COMMITTEE.			
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS			
A POST ISSUANCE REVIEW OF THE FORM 990 WILL BE PERFORMED BY THE AUDIT COMMITTEE.			
REVIEWED BY CEO AND DIRECTOR OF FINANCE PRIOR TO FILING.			
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS			
ANNUAL MONITORING AND DISCLOSURE OF CONFLICTS OF INTEREST			
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG			
EXECUTIVE COMMITTEE ESTABLISHES PAY AND BENEFITS OF CEO			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE			
FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS, CONFLICT OF			
INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.			