

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:
2. Address:
3. Email Address:
4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: [CARL F. ADRIAN](#)
2. Name of Organization(s) You are Representing at the Hearing:
[TRI-CITY DEVELOPMENT COUNCIL \(TRIDEC\)](#)
3. Business Address: [7130 W GRANDRIDGE BLVD, STE A, KENNEWICK, WA 99336](#)
4. Business Email Address:
[\[Information redacted for privacy\]](#)
5. Business Phone Number:
[\[Information redacted for privacy\]](#)

Name/Organization__ Carl F. Adrian, Tri-City Development Council (TRIDEC)_____
Title/Date of Hearing__ President/CEO – October 25, 2011 _____

a. Any training or educational certificates, 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.

B.A. in Political Science and Geography, and an M.A. in Urban and Economic Geography, both from the University of Iowa.

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.

N/A

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

None!

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.

None!

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

TRIDEC, in cooperation with the Tri-City Herald newspaper, held four public meetings in three different cities in October of last year. These were specifically to gain insight from the public relative to future Hanford Land Use, and Public Access to Rattlesnake Mountain and other historic sites that have been restricted to the public since September of 1943. It was clear from these public meetings that our community wants access to the summit of Rattlesnake Mountain which rises more than 3300 feet above the nearby communities of Richland, Kennewick and Pasco, WA.

Name/Organization _____ Carl F. Adrian – Tri—City Development Council (TRIDEC) _____
Title/Date of Hearing _____ President/CEO – October 25, 2011 _____

In addition, for witnesses representing organizations:

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

President and CEO of the Tri-City Development Council (TRIDEC). TRIDEC is the lead economic development organization for the greater Tri-Cities region. TRIDEC also was designated a Community Reuse Organization (CRO) by the U.S. Department of Energy in 1994. This designation allows TRIDEC to take excess personal property from the Hanford Site to sell and use the profits for economic incentive funds to aid economic development for the Tri-Cities community.

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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).

None!

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).

None!

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.

None!

k. For tax-exempt organizations and non-profit organizations, copies of the three 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's -2009, 2008, 2007 (to be sent separately)

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2008**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name and address of principal officer: TRI-CITY DEVELOPMENT COUNCIL INC 7130 W GRANDRIDGE BLVD A KENNEWICK, WA 99336-7725		D Employer identification number 91-6053966
		F Name and address of principal officer: SAME AS C ABOVE		E Telephone number 509-735-1000
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 2,274,305.		
J Website: WWW.TRIDEC.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1964 M State of legal domicile: WA		

Summary	
1 Briefly describe the organization's mission or most significant activities: ECONOMIC DEVELOPMENT	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)..... 3 40
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 43
	5 Total number of employees (Part V, line 2a)..... 5 12
	6 Total number of volunteers (estimate if necessary)..... 6 0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)..... 7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34..... 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)..... Prior Year 387,239. Current Year 289,448.
	9 Program service revenue (Part VIII, line 2g)..... 2,018,243. 1,248,771.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 106,187. 96,485.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 156,974. 272,028.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 2,668,643. 1,906,732.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 581,185. 49,777.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 610,298. 871,809.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....
	b Total fundraising expenses (Part IX, column (D), line 25) ▶
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 1,737,797. 678,431.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2,929,280. 1,600,017.	
19 Revenue less expenses. Subtract line 18 from line 12..... -260,637. 306,715.	
Not Assets or Fund Balances	20 Total assets (Part X, line 16)..... Beginning of Year 3,685,605. End of Year 3,999,311.
	21 Total liabilities (Part X, line 26)..... 2,828. 9,819.
	22 Net assets or fund balances. Subtract line 21 from line 20..... 3,682,777. 3,989,492.

Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer Carl F. Adrian, President		Date 11-12-09
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature RANDY SHOOP CPA Randy Shoop	Date 11/12/09	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A
	Firm's name (or your name if self-employed), address, and ZIP + 4 BAKER & GILES, P.S. CPA'S 202 N. THIRD P.O. BOX 704 PASCO, WA 99301		EIN ▶ N/A Phone no. ▶ (509) 547-0544

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0112L 12/22/08 Form 990 (2008)

Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ECONOMIC DEVELOPMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

ECONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK, & RICHLAND) AND THE
SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PROMOTION, RECRUITMENT,
AND DIVERSIFICATION OF THE ECONOMIC 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 DIVERSIFY THE LOCAL ECONOMY. PARTICIPATED IN MULTIPLE TRADE
AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND
INDIRECT BUSINESS RECRUITMENT. RESPONDED TO ALMOST 100 DIRECT INQUIRIES FROM BUSINESS
SEEKING INFORMATION ON THE LOCAL AREA INCLUDING LAOR FORCE, SITE SELECTION AND OTHER
MARKET DATA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ (Must equal Part IX, Line 25, column (B).)

Checklist of Required Schedules

	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?	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 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 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, VIII, 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
14a Did the organization maintain an office, employees, or agents outside of the U.S.?.....	14a	X
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	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 more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.....	17	X
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 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....	20	X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If 'Yes,' complete Schedule J.....	23	X
24a 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.....	24a	X
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	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	25a	
b 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
27 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.....	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
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>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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 I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X

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Part III Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.....	1a 8	
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	
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 12	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....	2b 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?.....	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.....	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	4a	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.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.....	5a	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.....	5c	
6a Did the organization solicit any contributions that were not tax deductible?.....	6a	X
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).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.....	7a	
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.....	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?.....	7g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?..	7h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
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:		
a Initiation fees and capital contributions included on Part VIII, line 12.....	10a	
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:		
a Gross income from other 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.).....	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....	12b	

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Part I Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section 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
1a Enter the number of voting members of the governing body	1a	40
b Enter the number of voting members that are independent	1b	43
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	X
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 O	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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?	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 990. SEE 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	X

Section B. Policies

	Yes	No
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 interests that could give rise to conflicts?	12b	X
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 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 be filed ▶ WA

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 ☒ 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

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. 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) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CARL ADRIAN PRESIDENT & CEO	55			X	X			160,073.	0.	24,744.
MIKE SCHWENK CHAIRMAN	4	X		X				0.	0.	0.
FRAN FORGETTE PAST CHAIRMAN	2	X		X				0.	0.	0.
FRANK ARMIJO VICE CHAIR C&I	2	X		X				0.	0.	0.
KATHY BALCOM VICE CHAIR ADM	2	X		X				0.	0.	0.
BILL LAMPSON VICE CHAIR HANF	2	X		X				0.	0.	0.
CHRIS BURROWS VICE CHAIR PR	2	X		X				0.	0.	0.
CON MURPHY TREASURER	2	X		X				0.	0.	0.
RUFUS FRIDAY SECRETARY	2	X		X				0.	0.	0.
JOHN FULTON DIRECTOR	1	X		X				0.	0.	0.
DAVID HANSON DIRECTOR	1	X		X				0.	0.	0.
JOHN FOX DIRECTOR	1	X		X				0.	0.	0.
JARED BALCOM DIRECTOR	1	X						0.	0.	0.
MAX BENITZ DIRECTOR	1	X						0.	0.	0.
JOHN BOOKWALTER DIRECTOR	1	X						0.	0.	0.
ERNIE BOSTON DIRECTOR	1	X						0.	0.	0.
KEN BRUTZMAN DIRECTOR	1	X						0.	0.	0.

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Form 990 (2008)

Form 990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC

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Part I Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICKY CARWEIN DIRECTOR	1	X						0.	0.	0.
GEORGE CLARE DIRECTOR	1	X						0.	0.	0.
BILL ELKINS DIRECTOR	1	X						0.	0.	0.
RICH EMERY DIRECTOR	1	X						0.	0.	0.
DON ENGLEMAN DIRECTOR	1	X						0.	0.	0.
MIKE GARRISON DIRECTOR	1	X						0.	0.	0.
SHAWN HANCOCK DIRECTOR	1	X						0.	0.	0.
SCOT HANSEN DIRECTOR	1	X						0.	0.	0.
JAMES HEMPSTEAD DIRECTOR	1	X						0.	0.	0.
DALE JACKSON DIRECTOR	1	X						0.	0.	0.
BARBARA JOHNSON DIRECTOR	1	X						0.	0.	0.
ROY KECK DIRECTOR	1	X						0.	0.	0.
CRAIG MAYFIELD DIRECTOR	1	X						0.	0.	0.
1b Total								160,073.	0.	24,744.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

3 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.

4 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 such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
KIRKPATRICK & LOCKHART PRESTON GATES 1601 K STREET, NW WASHINGTON, D	LEGAL/CONSULTING	138,569.
VALL INTERNATIONAL 312 N 20TH AVE. PASCO, WA 99301	AUCTION/ WHSE RENT	180,434.
LOCKHEED MARTIN SERVICES INC P.O. BOX 950 RICHLAND, WA 99352	ASSET TRANSITION	145,200.

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

Form 990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC

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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	1a Federated campaigns..... 1a				
	b Membership dues..... 1b				
	c Fundraising events..... 1c				
	d Related organizations..... 1d				
	e Government grants (contributions)..... 1e	289,448.			
	f All other contributions, gifts, grants, and similar amounts not included above..... 1f				
	g Noncash contribns included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f.....	289,448.			
PROGRAM SERVICE REVENUE	2a FEES & CONTRACTS GOV AGENCIES	238,942.	238,942.		
	b MEMBERSHIP DUES & ASSESSMENTS	838,323.	838,323.		
	c WA MANUFACTURING SERVICES	23,990.	23,990.		
	d MEMBERSHIP MEETINGS & CON	32,099.	32,099.		
	e SMARTMAP MANUFACTURE EXPO	69,422.	69,422.		
	f All other program service revenue...	45,995.	45,995.		
	g Total. Add lines 2a-2f.....	1,248,771.			
	3 Investment income (including dividends, interest and other similar amounts).....	96,485.			96,485.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties.....					
OTHER REVENUE	6a Gross Rents.....				
	b Less: rental expenses.....				
	c Rental income or (loss).....				
	d Net rental income or (loss).....	18,825.			18,825.
	7a 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 \$ 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..... a	596,834.			
	b Less: cost of goods sold..... b	367,573.			
	c Net income or (loss) from sales of inventory.....	229,261.			229,261.
	Miscellaneous Revenue				
11a MISCELLANEOUS INCOME/INFO	3,742.			3,742.	
b REFUNDS & EXP REIMBURSEMT	20,200.			20,200.	
c					
d All other revenue.....					
e Total. Add lines 11a-11d.....	23,942.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.....	1,906,732.	1,248,771.	0.	368,513.	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	49,777.			
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.				
5 Compensation of current officers, directors, trustees, and key employees.	184,817.			
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.	471,126.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	22,322.			
9 Other employee benefits.	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, ln 17.				
f Investment management fees.				
g Other.	42,102.			
12 Advertising and promotion.	67,948.			
13 Office expenses.	10,071.			
14 Information technology.	10,731.			
15 Royalties.				
16 Occupancy.	125,952.			
17 Travel.	59,214.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	120,323.			
20 Interest.				
21 Payments to affiliates.				
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.			
26 Joint Costs. Check here <input type="checkbox"/> 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.				

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Form 990 (2008)

Form 990 (2008) TRI-CITY DEVELOPMENT COUNCIL INC

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Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	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 employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 527,218.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 283,933.		
		240,796.	10c	243,285.
	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	482,999.	15	730,100.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,685,605.	16	3,999,311.	
LIABILITIES	17 Accounts payable and accrued expenses	2,828.	17	9,819.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,828.	26	9,819.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,371,429.	27	1,487,818.
	28 Temporarily restricted net assets	2,311,348.	28	2,501,674.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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		32	
	33 Total net assets or fund balances.	3,682,777.	33	3,989,492.
	34 Total liabilities and net assets/fund balances.	3,685,605.	34	3,999,311.

Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	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?	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?	X	
b If 'Yes,' did the organization undergo the required audit or audits?	X	

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Form 990 (2008)

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2008Department of the Treasury
Internal Revenue Service

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

Employer identification number

TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

Part A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures..... ▶ \$

3 Volunteer hours..... ▶ \$

Part B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... ☐ Yes ☐ No4a Was a correction made?..... ☐ Yes ☐ No
b If 'Yes,' describe in Part IV.**Part C** To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities..... ▶ \$

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year?..... ☐ Yes ☒ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) 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-

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

Schedule C (Form 990 or 990-EZ) 2008

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

91-6053966

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Part III To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ If the filing organization belongs to an affiliated group.
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.		
<p>If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:</p> <p>Not over \$500,000 20% of the amount on line 1e.</p> <p>Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.</p> <p>Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.</p> <p>Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.</p> <p>Over \$17,000,000 \$1,000,000.</p>		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
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

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

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Part I-B 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?			
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.			
2a 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.			
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?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

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 political expenditure next year?	4	0.
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 Part II-B, line 1i. Also, complete this part for any additional information.

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

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Part IV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)****Supplemental Financial Statements**

OMB No. 1545-0047

2008Department of the Treasury
Internal Revenue Service**Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

TRI-CITY DEVELOPMENT COUNCIL INC**91-6053966****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?..... ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Schedule D (Form 990) 2008 TRI-CITY DEVELOPMENT COUNCIL INC

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Otherc ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

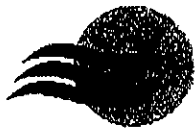
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		40,767.		40,767.
b Buildings		346,608.	218,730.	127,878.
c Leasehold improvements		35,269.	9,334.	25,935.
d Equipment		104,574.	55,869.	48,705.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)). 243,285.

BAA

Schedule D (Form 990) 2008

**TRIDEC**

TRI-CITY DEVELOPMENT COUNCIL

7130 W. Grandridge Blvd., Ste. A
Kennewick, WA 99336-7725
www.TRIDEC.orgPhone: 509.735.1000
Fax: 509.735.6609
1-800-TRI-CITY

Fax

To: John Hamline From: Jane Foreman
Fax: 1-202 275-1542 Date: 10/24/11 Time: 10:25
Phone: _____ Pages: (including cover) 18

Re: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Per Your Request

-Comments:

2007 990 Tax Return

PLEASE LET US KNOW IF YOU DID NOT RECEIVE ALL PAGES

PHONE: 509-735-1000

FAX: 509-735-6609

Form **990****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**CLIENT'S COPY**Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending**B** Check if applicable:

- ☒ Address change
☒ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.
C
TRI-CITY DEVELOPMENT COUNCIL INC
7130 W GRANDRIDGE BLVD A
KENNEWICK, WA 99336-7725
D Employer identification number

91-6053966

E Telephone number

509-735-1000

F Accounting method:☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ...**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ WWW.TRIDEC.ORG**J** Organization type(check only one) ▶ ☒ 501(c) 6 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ... ▶ 2,984,753.**Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1a			
b Direct public support (not included on line 1a)	1b			
c Indirect public support (not included on line 1a)	1c			
d Government contributions (grants) (not included on line 1a)	1d	387,239.		
e Total (add lines 1a through 1d) (cash \$ 387,239, noncash \$)	1e	387,239.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,190,862.		
3 Membership dues and assessments	3	827,381.		
4 Interest on savings and temporary cash investments	4	106,187.		
5 Dividends and interest from securities	5			
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
9 Special events and activities (attach schedule). If any amount is from gaming, check here ... <input type="checkbox"/>	8d			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a	441,635.		
b Less: cost of goods sold	10b	316,110.		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	125,525.		
11 Other revenue (from Part VII, line 103)	11	31,449.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,668,643.		
13 Program services (from line 44, column (B))	13			
14 Management and general (from line 44, column (C))	14			
15 Fundraising (from line 44, column (D))	15			
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17	2,929,280.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-260,637.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,943,414.		
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,682,777.		

Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

Page 2

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 22 a				
22 b Other grants and allocations (att sch) SEE STM 2 (cash \$ 581,185. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 22 b	581,185.			
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A. 25 a	142,780.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B. 25 b	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 25 c	0.			
26 Salaries and wages of employees not included on lines 25a, b, and c. 26	348,161.			
27 Pension plan contributions not included on lines 25a, b, and c. 27	20,888.			
28 Employee benefits not included on lines 25a - 27. 28	98,469.			
29 Payroll taxes. 29	64,470.			
30 Professional fundraising fees. 30				
31 Accounting fees. 31				
32 Legal fees. 32				
33 Supplies. 33	18,856.			
34 Telephone. 34	12,273.			
35 Postage and shipping. 35	4,097.			
36 Occupancy. 36	117,038.			
37 Equipment rental and maintenance. 37	20,187.			
38 Printing and publications. 38	6,042.			
39 Travel. 39	58,164.			
40 Conferences, conventions, and meetings. 40	106,906.			
41 Interest. 41				
42 Depreciation, depletion, etc (attach schedule) 42	15,949.			
43 Other expenses not covered above (itemize):				
a DUES & SUBSCRIPTIONS 43 a	15,241.			
b MARKETING & BUSINESS REC 43 b	63,706.			
c INSURANCE 43 c	14,585.			
d CONTRACTED SERVICES 43 d	1,205,364.			
e TRAINING & EMPLOYEE RELA 43 e	14,919.			
f 43 f				
g 43 g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15). 44	2,929,280.			

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? **N/A** ☐ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **ECONOMIC DEVELOPMENT**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 3

(Grants and allocations \$ 581,185.) If this amount includes foreign grants, check here ☐ 2,701,012.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,701,012.

BAA

Form 990 (2007)

Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash -- non-interest-bearing	96,287.	45	68,307.
46	Savings and temporary cash investments	2,328,191.	46	2,893,503.
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	
47c			47c	
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	
48c			48c	
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	
51c			51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54a	Investments -- publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
b	Investments -- other securities (attach sch.)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a	Investments -- land, buildings, & equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	
55c			55c	
56	Investments -- other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	543,968.	57a	
b	Less: accumulated depreciation (attach schedule)	303,172.	57b	
57c		221,501.	57c	240,796.
58	Other assets, including program-related investments (describe -- SEE STATEMENT 5)	1,305,001.	58	482,999.
59	Total assets (must equal line 74). Add lines 45 through 58	3,950,980.	59	3,685,605.
60	Accounts payable and accrued expenses	7,566.	60	2,828.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe --)		65	
66	Total liabilities. Add lines 60 through 65	7,566.	66	2,828.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	1,363,714.	67	1,371,429.
68	Temporarily restricted	2,579,700.	68	2,311,348.
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,943,414.	73	3,682,777.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,950,980.	74	3,685,605.

BAA

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Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	2,984,753.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments.....	b1	
2	Donated services and use of facilities.....	b2	
3	Recoveries of prior year grants.....	b3	
4	Other (specify): SEE STM 6	b4	316,110.
	Add lines b1 through b4.....	b	316,110.
c	Subtract line b from line a.....	c	2,668,643.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b.....	d1	
2	Other (specify):	d2	
	Add lines d1 and d2.....	d	
e	Total revenue (Part I, line 12). Add lines c and d.....	e	2,668,643.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....	a	3,245,390.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	b1	
	2 Prior year adjustments reported on Part I, line 20.....	b2	
	3 Losses reported on Part I, line 20.....	b3	
	4 Other (specify):		
	SEE STMT 7	b4	316,110.
	Add lines b1 through b4.....	b	316,110.
c	Subtract line b from line a.....	c	2,929,280.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify):		
	d2	
	Add lines d1 and d2.....	d	
a	Total expenses (Part I, line 17). Add lines c and d.....	e	2,929,280.

Part VII **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

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Part VII Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.	85c 827,381.	
d Section 162(e) lobbying and political expenditures.	85d 154,775.	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e 157,202.	
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f -2,427.	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a N/A	
b Gross receipts, included on line 12, for public use of club facilities.	86b N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b N/A	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ N/A		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ..	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed ▶ WA		

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b 12	
91 a The books are in care of ▶ TRIDEC Telephone number ▶ 509-735-1000		
Located at ▶ 7130 W GRANDRIDGE BLVD KENNEWICK WA ZIP + 4 ▶ 99336-7725		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes No
If 'Yes,' enter the name of the foreign country ..		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

BAA

Form 990 (2007)

Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c X

If 'Yes,' enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A

and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a WA MANUFACTURING SERV					22,586.
b MEMBERSHIP MEETINGS &					11,650.
c SMARTMAP MANUFACTURE			7	47,005.	
d ECONOMIC OUTLOOK CONF			7	28,425.	
e VENDOR SYMPOSIUM			7	5,000.	
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					1,076,196.
94 Membership dues and assessments					827,381.
95 Interest on savings & temporary cash invmnts			14	106,187.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	125,525.	
103 Other revenue: a					
b MISCELLANEOUS INCOME/			1		
c REFUNDS & EXP REIMBUR			1	31,449.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				343,591.	1,937,813.
105 Total (add line 104, columns (B), (D), and (E))					2,281,404.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 9
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007) TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

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Part III Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Pre- parer's Use Only	Signature of officer		Date	
	PRESIDENT & CEO			
	Type or print name and title.			
Paid Pre- parer's Use Only	Preparer's signature	RANDY SHOOP CPA	Date	10/23/08
	Firm's name (or yours if self-employed), address, and ZIP + 4	BAKER & GILES, P.S. 202 N. THIRD P.O. BOX 504 PASCO, WA 99301	Check if self-employed	<input type="checkbox"/> N/A
			Preparer's SSN or PTIN (See General Instruction X)	N/A
			EIN	N/A
		Phone no.		(509) 547-0544

BAA

Form 990 (2007)

Form **8868**
(Rev April 2007)**Application for Extension of Time To File an
Exempt Organization Return****FILE COPY**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	TRI-CITY DEVELOPMENT COUNCIL INC		91-6053966
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	901 N COLORADO		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
KENNEWICK, WA 99336-7617			

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

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

- The books are in the care of. ▶ TRIDEC

Telephone No. ▶ 509-735-1000FAX No. ▶ 509-735-6609

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ ☒ calendar year 20 07 or
- ▶ ☐ tax year beginning , 20 , and ending , 20 .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

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

Form 8868 (Rev 4-2007)

BAKER AND GILES, PS 91-1256893
Certified Public Accountants
P.O. Box 704
Pasco, Washington 99301

FILE COPY

Form 8868 (Rev 4-2007)

Page 2

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	TRI-CITY INDUSTRIAL DEVELOPMENT COUNCIL	91-6053966
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	901 N COLORADO	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	KENNEWICK, WA 99336-7617	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of: **TRIDEC**
 Telephone No. **509-735-1000** FAX No. **509-547-0505**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15**, 20 **07**.
- 5 For calendar year **2006**, or other tax year beginning **2006**, and ending **2007**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension... **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs....	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Randy Alvo** Title **PRESIDENT & CEO CPA** Date **8/15/07****Notice to Applicant. (To be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	BAKER AND GILES, P.S. CPA'S
	Number and street (include suite, room, or apartment number) or a P.O. box number	Certified Public Accountants
	202 N. THIRD P.O. BOX 704	P.O. Box 704
	City or town, province or state, and country (including postal or ZIP code)	Pasco, Washington 99301
	PASCO, WA 99301	

2007

FEDERAL STATEMENTS

PAGE 1

CLIENT 2915

TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

10/23/08

10:05AM

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

SALE OF DONATED/SURPLUS EQUIPMENT.....	\$	441,635.
GROSS SALES.....	\$	441,635.
LESS RETURNS & ALLOWANCES.....		0.
NET SALES.....	\$	441,635.
LESS COST OF GOODS SOLD.....		316,110.
GROSS PROFIT FROM SALES OF INVENTORY.....	\$	125,525.

STATEMENT 2
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	ECONOMIC TRANSITION	
DONEE'S NAME:	COLUMBIA BASIN COLLEGE	
DONEE'S ADDRESS:	N 20TH PASCO, WA 99301	
AMOUNT GIVEN:		\$ 26,185.

CLASS OF ACTIVITY:	INCENTIVE FD/ECO TRANS	
DONEE'S NAME:	INFINIA CORP	
DONEE'S ADDRESS:	6811 W OKANOGAN PL KENNEWICK, WA 99336	
AMOUNT GIVEN:		45,000.

CLASS OF ACTIVITY:	INCENTIVE FD/ECO TRANS	
DONEE'S NAME:	AMZN WACS	
DONEE'S ADDRESS:	1200 12TH AVE S SEATTLE, WA 98144	
AMOUNT GIVEN:		310,000.

CLASS OF ACTIVITY:	CTED STRATEGIC RESERVE	
DONEE'S NAME:	J LIEB FOODS	
DONEE'S ADDRESS:	10 E BRUNEAU AVE KENNEWICK, WA 99336	
AMOUNT GIVEN:		200,000.

TOTAL GRANTS AND ALLOCATIONS	\$	581,185.
------------------------------	----	----------

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
ECONOMIC DEVELOPMENT OF THE TRI-CITIES (PASCO, KENNEWICK, & RICHLAND) AND THE SURROUNDING AREAS OF SOUTHEASTERN WASHINGTON STATE THROUGH PROMOTION, RECRUITMENT, AND		

2007

FEDERAL STATEMENTS

PAGE 2

CLIENT 2915

TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

10/23/08

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STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
DIVERSIFICATION OF THE ECONOMIC BASE. IMPROVEMENT OF ECONOMIC CONDITIONS AND BUSINESS OPPORTUNITIES TO ALMOST 500 MEMBERS. CONTACTED OVER 3,000 COMPANIES WITHIN TARGETED INDUSTRIES TO RECRUIT NEW INDUSTRY AND FOSTER ECONOMIC DEVELOPMENT TO FURTHER DIVERSIFY THE LOCAL ECONOMY. PARTICIPATED IN MULTIPLE TRADE AND INDUSTRIAL DEVELOPMENT ACTIVITIES INCLUDING TRADE SHOWS, CONFERENCES, DIRECT AND INDIRECT BUSINESS RECRUITMENT.	581,185.	2,701,012.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 581,185.</u>	<u>\$ 2,701,012.</u>

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 33,549.	\$ 3,262.	\$ 30,287.
MACHINERY AND EQUIPMENT	87,775.	81,997.	5,778.
BUILDINGS	346,608.	210,171.	136,437.
IMPROVEMENTS	35,269.	7,742.	27,527.
LAND	40,767.		40,767.
TOTAL	<u>\$ 543,968.</u>	<u>\$ 303,172.</u>	<u>\$ 240,796.</u>

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

REVOLVING LOAN FUNDS & DEF GRANTS.....	\$ 482,998.
ROUNDING.....	1.
TOTAL	<u>\$ 482,999.</u>

STATEMENT 6
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD.....	\$ 316,110.
TOTAL	<u>\$ 316,110.</u>

2007**FEDERAL STATEMENTS****PAGE 3****CLIENT 2915****TRI-CITY DEVELOPMENT COUNCIL INC****91-6053966**

10/23/08

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STATEMENT 7
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD.....	\$	316,110.
TOTAL	\$	<u>316,110.</u>

STATEMENT 8
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
TRICITIES ASSET REINVESTMENT COMPANY LLC	X	
DISREGARDED ENTITY	X	

STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93	WASHINGTON MANUFACTURING SERVICES PROGRAM TO FOSTER ECONOMIC PROSPERITY IN THE STATE OF WASHINGTON BY HELPING WASHINGTON'S SMALLER MANUFACTURERS TAKE ACTION TO INCREASE THEIR COMPETITIVENESS IN A SOCIALLY ACCEPTABLE AND ENVIRONMENTALLY RESPONSIBLE MANNER. EDUCATIONAL PROGRAMS AND TECHNICAL ASSISTANCE TO PROVIDE SERVICES AND PARTNERSHIPS WITH SMALL MANUFACTURERS THROUGH THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY, US DEPARTMENT OF COMMERCE. INITIATIVES INCLUDE DIRECT AND INDIRECT ASSISTANCE TO SMALL MANUFACTURING COMPANIES, INFORMATION TO EDUCATE MEMBERS AND THE GENERAL PUBLIC ABOUT ECONOMIC ISSUES AND MANUFACTURING OPPORTUNITIES IN THE TRI-CITIES AND SOUTHEAST WASHINGTON.
93	PUBLIC FORUMS AND LUNCHEON MEETINGS TO INFORM, EDUCATE AND COMMUNICATE THE EFFORTS AND ACHIEVEMENTS FOR ECONOMIC DIVERSIFICATION, BUSINESS RETENTION, AND OPPORTUNITIES FOR THE PUBLIC, TRIDEC MEMBERS, LOCAL GOVERNMENTAL AGENCIES AND OTHER STAKEHOLDERS.
93G	GOVERNMENT GRANTS TO PROVIDE A LOCAL ONE-VOICE PROGRAM TO PROMOTE AND EXPAND THE INDUSTRIAL BASED OF THE TRI-CITIES AND SOUTHEASTERN WASHINGTON. GOVERNMENT FEES FROM WASHINGTON STATE DEPT OF TRADE AND ECONOMIC DEVELOPMENT INCLUDING TEAM WASHINGTON GRANT/CONTRACT, BRE CONTRACT, AND INNOVATIVE ZONE DESIGNATION. GRANT FROM US DOE FOR GLOBAL NUCLEAR ENERGY PARTNERSHIP SITE STUDY.
94	MEMBERSHIP DUES FROM LOCAL BUSINESSES, LOCAL GOVERNMENT AGENCIES, AND OTHER STAKEHOLDERS TO PROVIDE CONTINUING PROGRAMS TO PROMOTE, EXPAND, AND ADVANCE THE ECONOMIC OPPORTUNITIES AND DIVERSIFICATION OF REGIONAL INDUSTRIES AND TO SECURE A STABLE AND DIVERSE ECONOMIC BASE OF THE TRI-CITIES AND SOUTHEAST WASHINGTON.

2007

FEDERAL SUPPLEMENTAL INFORMATION

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CLIENT 2915

TRI-CITY DEVELOPMENT COUNCIL INC

91-6053966

10/23/08

10:15AM

INFORMATION REGARDING DISREGARDED ENTITIES

THE INCOME AND EXPENSES OF THE FOLLOWING DISREGARDED ENTITY HAVE BEEN INCLUDED AS TAX EXEMPT INCOME ON THE ATTACHED FORM 990. THE ACTIVITIES OF THE DISREGARDED ENTITY ARE WITHIN THE EXEMPT PURPOSE OF THE APPLICATION FOR EXEMPTION GRANTED TO TRI-CITY DEVELOPMENT COUNCIL.

NAME: TRI-CITIES ASSET REINVESTMENT COMPANY LLC
ADDRESS: 7130 W GRANDRIDGE BLVD, KENNEWICK WA 99336
EIN: 91-2007853

		EXCLUSION CODE
REVENUES:		
SALE & DISPOSAL OF SURPLUS PROPERTY (DONATED GOODS)	441,635	5
INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	7,117	14
TOTAL REVENUE	455,869	
EXPENSES:		
COMMISSIONS & DISPOSAL COSTS (COST OF SALES)	316,110	
OTHER DIRECT AND INDIRECT EXPENSES	97,244	
TOTAL EXPENSES	413,354	
EXCESS (DEFICIT) OF REVENUE OVER EXPENSES	42,515	

**2007 TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966
FORM 990 PAGE 5 PART V-A BOARD OF DIRECTORS**

*Mike Schwenk, Chairman of the Board	Pacific Northwest National Laboratory	375-2614
Assumed (7/07) Len Peters 3-yr term expires 12/09	PO Box 999, MSIN K1-71, Richland, WA	99352
*Fran Forgette, Im. Past Ch. Of Bd.	Rettig Osborne Forgette Law Firm	783-6154
3-year term expires 12/08	6725 W Clearwater, Kennewick, WA	99336
*Kathy Balcom, V Ch Administration/Membership	Stevenson Advertising	546-1096
3-year term expires 12/08	8308 Sunset Lane, Pasco, WA	99301
*Don Sleight, V Ch Agribusiness	AgriNorthwest	734-1195x233
3-year term expires 12/07	PO Box 2308, Pasco, WA	99302
*John Neill, V Ch Commerce & Industry		528-4067
3-year term expires 12/09	1609 Sunterra Court, Richland, WA	99352
*Bill Lampson V Ch Hanford Programs	Lampson International	586-0411
3-year term expires 12/08	PO Box 6510, Kennewick, WA	99336
*Frank Armijo, V Ch, Education	Lockheed Martin Information Technology	376-1090
1-year appointment expires 12/07	1981 Snyder, MS H8-05, Richland, WA	99352
*Con Murphy, Treasurer	Fluor Hanford	376-3576
Assumed (4/07) Gallagher's 3-yr term expires 12/09	PO Box 1000 - MS H5-20, Richland, WA	99352
*Rufus Friday, Secretary	Tri-City Herald	582-1443
Assumed Cheryl Dell's term expires 12/07	PO Box 2608, Pasco, WA	99302
*John Fulton	CH2M Hill	376-4880
Assumed Ed Aromi/Mark Spears's 3-yr term exp 12/08	PO Box 1500, MS H6-63, Richland	99352
*Ernie Boston	Port of Pasco	545-0450
1-year appointment expires 12/07	200 McDonald Drive, Pasco, WA	99301
*James Hempstead	Kennewick City Council	585-4238
1 year appointment expires 12/07	PO Box 6108, Kennewick, WA	99336
*Craig Walker, Legal Counsel	Walker, Heye & Meehan, PLLC	735-4444
Reappointed for 2007	1333 Columbia Park Trail, #220 richland, WA	99352
*Gary Crutchfield	City of Pasco	545-3404
Ex-Officio	PO Box 293, Pasco, WA	99301
*Bob Hammond	City of Kennewick	585-4238
Ex-Officio	PO Box 6108, Kennewick, WA	99336
*Cindy Johnson, Acting Mgr	City of Richland	942-7381
Ex-Officio	PO Box 190, Richland, WA	99352
*Carl Adrian	TRIDEC	735-1000
President & CEO	7130 w Grandridge Blvd, Kennewick, WA	99336
Compensation	\$134,767--Emp. Ben 6,738--Other Exp 1,275--Hrs--50	
Max Benitz, Jr.	Benton County Commissioners	509/786-5600
1-year appointment expires 12/07	PO Box 190, Prosser, WA	99350
John Bookwalter	Bookwalter Winery	627-5000
3-year term expires 12/09	894 Tulip Lane, Richland, WA	99352
David A Brockman, Mgr	DOE-RL	376-7395
Assumed (7/07) Keith Klein's Ex-Officio term	PO Box 550 - A7-50, Richland, WA	99352
Ken Brutzman	Brutzman's Office Solutions	735-0300
3-year term expires 12/07	PO Box 6044, Kennewick, WA	99336
Vicky Carwein	Washington State University Tri-Cities	372-7258
3-year term expires 12/09	2710 University Drive, Richland, WA	99352
George Clare	Washington Group International	371-2389
1-year appointment expires 12/07	2435 Stevens Center Pl, MS14-4C Richland, WA	99354
Rich Cummins	Columbia Basin College	547-0511x2207
1-year appointment expires 12/07	2600 North 20 th , Pasco, WA	99031
Bill Elkins	Bechtel National, Inc.	371-2335
1-year appointment expires 12/07	2435 Stevens Center, Richland, WA	99352

**2007 TRI-CITY DEVELOPMENT COUNCIL INC 91-6053966
FORM 990 PAGE 5 PART V-A BOARD OF DIRECTORS**

Rich Emery -----	Community First Bank -----	783-3435
1-year appointment expires 12/07 -----	6401 W Clearwater Kennewick, WA -----	99336
Rich Foeppe -----	Columbia Industries -----	582-4142x204
1-year appointment expires 12/07 -----	PO Box 7346, Kennewick, WA -----	99336
Marty Gardner -----	J Lieb Foods -----	582-5200
3-year term expires 12/07 -----	10 E Bruneau, Kennewick, WA -----	99336
Mike Garrison -----	Pasco City Council -----	546-2470
1-year appointment expires 12/07 -----	909 North 26 th , Pasco, WA -----	99301
David Hanson -----	Port of Kennewick -----	582-5491
1 year appointment expires 12/07 -----	2326 South Kent, Kennewick, WA -----	99336
Dale Jackson, Mayor -----	City of West Richland -----	967-3431
1-year appointment expires 12/07 -----	3801 W Van Giesen, West Richland, WA -----	99353
Barbara Johnson -----	Simon Columbia Center Mall -----	783-2109
3-year term expires 12/09 -----	1321 North Columbia Center Blvd, Kennewick -----	99336
Hal Lindberg -----	Port of Benton -----	946-1538
1-year appointment expires 12/07 -----	646 Cedar, Richland, WA -----	99352
Bob Link -----	Areva -----	375-8409
1-year appointment expires 12/07 -----	2101 Horn Rapids Road, Richland, WA -----	99354
Craig Mayfield -----	Central Pre-Mix -----	545-8405
3-year term expires 12/08 -----	PO Box H, Pasco, WA -----	99302
Ray McGaugh -----	Tyson Foods -----	543-4230
1-year appointment expires 12/07 -----	PO Box 4239, Pasco, Wa -----	99302
Rick Miller -----	Franklin County Commissioner -----	545-3535
Assumed (7/07) Troy Woody's 1-yr appt expires 12/07 -----	1016 N. 4 th Ave., Pasco, WA -----	99301
Shirley Olinger -----	DOE/Office of River Protection -----	372-3062
Ex-Officio -----	PO Box 450, H6-60, Richland, WA -----	99352
Lura Powell -----	Arthur J King & Lura J Powell, Inc. -----	628-3336
1 year appointment expires 12/07 -----	1009 Country Court, Richland, WA -----	99352
Dave Retter -----	Windermere -----	783-8811
3-year term expires 12/07 -----	329 N Kellogg St., Kennewick, WA -----	99336
David Richardson -----	ConAgra -----	736-0340
3-year term expires 12/08 -----	8701 Gage Boulevard, Kennewick, WA -----	99336
Jean Ryckman -----	Franklin PUD -----	546-5947
3-year term expires 12/08 -----	PO Box 2407, Pasco, WA -----	99302
Brad Toner -----	Conover Insurance -----	543-6415
3-year term expires 12/07 -----	PO Box 2528, Pasco, WA -----	99302
Kris Watkins -----	Tri-Cities Visitor & Convention Bureau -----	735-8486
Ex-Officio -----	PO Box 2241, Pasco, WA -----	99302
Jim Watts -----	Hanford Reach -----	627-3435
Ex-Officio -----	873 View Drive, Richland, WA -----	99352
Mike Weis -----	DOE-PNSO -----	372-4005
Ex-Officio -----	PO Box 350 - K9-42, Richland, WA -----	99352
Rob Welch, Mayor -----	Richland City Council -----	City - 942-7381
1-year appointment expires 12/07 -----	PO Box 190, Richland -----	99352
Rand Wortman -----	Kadlec Medical Center -----	942-2022
3-year term expires 12/07 -----	888 Swift Boulevard, Richland, WA -----	99352
Todd Young -----	Costco Wholesale -----	737-8861
3-year term expires 12/09 -----	8505 Gage Boulevard, Kennewick, WA -----	99336

*Executive Committee