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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2009 calendar yea	, or tax year beginning , and ending						
В	Check if	applicable Please	C Name of organization	D Em	ployer identification number				
X	Address	Idress change use IRS							
	Name ch	ange print or	91	-1816711					
	Initial retu	1.71	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tel	ephone number				
	Terminat	ion See Specific	811 Main Street	36	<u> 50-695-1120</u>				
	Amended	return Instruc-	City or town, state or country, and ZIP + 4	F Gro	oup Exemption				
	Application	on pending tions.	Vancouver WA 98660	Nur	mber >				
	Sect	ion 501(c)(3) orgar	zations and 4947(a)(1) nonexempt charitable trusts must attach G Accounts	ng method	X Cash Accrual				
_		асо	mpleted Schedule A (Form 990 or 990-EZ). Other (specify						
ı	Website	e: ▶ <u>vdausa</u>	.org H Check▶	lf th	ne organization is not chedule B (Form 990,				
<u>J</u>	Tax-exe	mpt status (check only o	ne) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 geo.EZ.	.o attacn So or 990-PF)	chequie B (Form 990,				
K	Check	▶ ☐ If the o	ganization is not a section 509(a)(3) supporting organization and its gross receipts are no						
	Form 99	90-EZ or Form 990 r	eturn is not required, but if the organization chooses to file a return, be sure to file a comp	lete returr	<u>) </u>				
<u>L</u>	Add lines	5b, 6b, and 7b, to line	to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ :	<u>s 184,188</u>				
F	Part I	Revenue, E	penses, and Changes in Net Assets or Fund Balances (See the ins	truction	s for Part I.)				
	1	Contributions, gifts, gra	nts, and similar amounts received	1	168,423				
	2	Program service rev	enue including government fees and contracts	2					
	3	Membership dues a	nd assessments See Statement 1	3	14,328				
	4	Investment income		4	1,437				
	5a	Gross amount from	sale of assets other than inventory 5a						
	b	Less cost or other	asis and sales expenses 5b						
	С	Gain or (loss) from sale	of assets other than inventory (Subtract line 5b from line 5a)	5c					
ne	6	Special events and act	rities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here						
Revenue	а	Gross revenue (not	ncluding \$ of contributions						
Ş.		reported on line 1)							
	b	Less direct expens							
	С	Net income or (loss	6c						
	7a	Gross sales of inves							
	b	Less cost of goods	sold 7b						
	C	Gross profit or (loss	from sales of inventory (Subtract line 7b from line 7a)	7c					
	8	Other revenue (des	ribe >) 8					
	9	Total revenue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	184,188				
	10	Grants and similar a	mounts paid (attach schedule)	10					
	11	Benefits paid to or f	r members	11					
Š	12	Salaries, other com	ensation, and employee benefits	12	48,278				
enses	13	Professional fees as	d other payments to independent contractors RECEIVED	13	221				
	14	Occupancy, rent, ut	ities, and maintenance	14	3,459				
	1		s, postage, and shipping MAY 192010 Scribe ► See Statement 2 \(\overline{\pi} \)	15	1,251				
y	16	Other expenses (de	cribe See Statement 2 m MAT & 2010 m) 16	181,0 <u>54</u>				
ം	Ψ-	•		<u>▶ 17</u>	234,263				
			r the year (Subtract line 17 from line 9)	18	<u>-50,075</u>				
JUL Assets	19	Net assets or fund b	alances at beginning of year (from line 27, column (A)) (must agree with	l					
ج As		end-of-year figure re	ported on prior year's return)	19	269,367				
Net /	20	Other changes in ne	t assets or fund balances (attach explanation)	20					
<u> </u>	21	Net assets or fund b	alances at end of year Combine lines 18 through 20	▶ 21	219,292				
} _P	art II	Balance Sh	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	of Form	990-EZ				
-			(See the instructions for Part II) (A) Beginning of year		(B) End of year				
22	Cash, sa	avings, and investm	nts 269, 30	67 22	214,939				
`		d buildings		23					
24	Other as	ssets (describe	See Statement 3	24	4,353				
25	Total as	isets	269,30	67 25	219,292				
26	Total lia	abilities (describe)	0 26	0				
27	Net ass	ets or fund balance	s (line 27 of column (B) must agree with line 21) 269, 30	67 27	219,292				
For	Privacy	Act and Paperwor	Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)				
D^ /	•				G9 2				

Form 990-EZ (2009) Vancouver	's Downtown Assoc	ciation 91	L-1816711				Page 2
Part III Statement of Progra	m Service Accomplishme	nts (See the instruc	ctions for Part	III.)		Ex	penses
What is the organization's primary exempt [purpose?				(R	equired	for section
See Statement 4					50	1(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out					org	ganizatio	ons and section
manner, describe the services provided, the	number of persons benefited, or o	other relevant information	n for		49	47(a)(1)	trusts, optional
each program title		<u> </u>			for	others)
28 See Statement 5	· · · · · · · · · · · · · · · · · · ·						
						l	
						l	
(Grants \$)	If this amount includes foreign gran	nts, check here			28a		233,537
29							
(Grants \$	If this amount includes foreign gran	nts, check here	•	FI	29a		
30							
				••	İ		
(Grants \$	If this amount includes foreign gran	nts, check here	•		30a		
31 Other program services (attach schedu							
	, If this amount includes foreign grar	nts, check here	•		31a	ı	
32 Total program service expenses (add				•	32		233,537
	, Trustees, and Key Employees.	List each one even if not	compensated (Se	ee the		ictions f	
		(b) Title and average	(c) Compensation	(d)	Contribi	utions to	(e) Expense
(a) Name a	and address	hours per week devoted to position	(if not paid, enter -0)			efit plans & pensation	account and other allowances
Lee Coulthard	Vancouver	President		1 00:0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
500 Broadway Street, Ste. 100	WA 98660	20.00		,		٥	0
Linda Glover	Vancouver	Vice-Pres		1			<u>~</u>
904 Main Street	WA 98660	10.00				0	0
Charlene Dahlen	Vancouver	Secretary		'		- 	
3801-A Main Street	WA 98663	5.00				اه	0
Linda McLain	Vancouver	Treasurer		1			<u> </u>
	WA 98660	10.00		,		0	0
1111 Main Street, Ste. 400 Rebecca Ocken	Portland	Director		' 		4	
	OR 97213	40.00	44,227	,		0	0
1225 NE 52nd Avenue	OR 97213	40.00	44,22	+			
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Form 990-EZ (2009)

	990-EZ(2009) Vancouver's Downtown Associa					Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a) 501(c)(3) organizations and section 4947(a)(1) none					9b
46	and complete the tables for lines 50 and 51.	- habalf of a			- Iv	Τ
46	Did the organization engage in direct or indirect political campaign activities of candidates for public office? If "Yes," complete Schedule C, Part I				Yes	No X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedul	lo C. Boot II			46	X
48	Is the organization engage in lobbying activities? If Yes, complete schedules the organization operating a school as described in section 170(b)(1)(A)(ii)	•		•	48	 ↑
49a	Did the organization make any transfers to an exempt non-charitable related				49a	 ^
+3a b	If "Yes," was the related organization a section 527 organization?	organization r			49b	+-^-
50	Complete this table for the organization's five highest compensated employee				430	ــــــــــــــــــــــــــــــــــــــ
30	employees) who each received more than \$100,000 of compensation from the	•		•		
	(a) Name and address of each employee paid more than \$100,000		(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account a other allow	and
None	· · · · · · · · · · · · · · · · · · ·	devoted to position		delened compensation	Other allow	ances
	· · · · · · · · · · · · · · · · · · ·					
	\$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000.		Type of service	(c) C	ompensation	<u>_</u>
No	·-····································					
	· · · · · · · · · · · · · · · · · · ·					
	· · · · · · · · · · · · · · · · · · ·					
	· · · · · · · · · · · · · · · · · · ·					
d	Total number of other independent contractors each receiving over \$100,000	-				
Sign Here		officer) is based on all	information of which (preparer has any know -2010	knowledge wledge	
Paid	Preparer's N	Date 05/12	Check if self-	I '	ufying Number (S	See instr)
	parer's Firm's name (or yours Currie & McLain, PS	1 0 0 / 12	/ I O employed	EIN D		
	Only of self-employed). 1111 Main St Ste 400			Phone		
	address, and ZIP+4 Vancouver, WA 98660-	2987			-695-1	120
May 1	he IRS discuss this return with the preparer shown above? See instructions	2001			X Yes	No
	and the second s			!	m 990-FZ	

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public

	nt of the Treasur evenue Service	y ► At	ttach to Form 990 or Form 990)-EZ. ▶	See sepa	arate ins	tructio	ns.		1	pection	
	he organization	on						Emp	loyer ide	entification nu	ımber	
			Downtown Associ	atio	n			91.	-181	6711		
Part I	Reas		Status (All organization			te this	part.)					
			se it is (For lines 1 through 11,				1					
1		·	sociation of churches described		-							
2	•		(A)(ii). (Attach Schedule E)		` ',	~ ~ ~ ~						
3			ative hospital service organization described in section 170(b)(1)(A)(iii).									
4	•	•	ed in conjunction with a hospital)(1)(A)(iii). Ent	er the h	ospital's nam	e.	
اسا ٠	city, and stat	-				· · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.			-,	
5	-		of a college or university owned	or opera	ted by a c	overnm	ental un	t descr	bed in			
- []	-	b)(1)(A)(iv). (Complete Par	_			,						
6			governmental unit described in s	section 1	70(b)(1)(/	A)(v).						
7 X		· •	substantial part of its support fr				from the	genera	al public	2		
رت -	•	section 170(b)(1)(A)(vi). (0	, , , , , , , , , , , , , , , , , , , ,	J				•	,			
8			170(b)(1)(A)(vi). (Complete Par	t II)								
9	-		(1) more than 33 1/3 % of its sur		n contribu	tions, m	embersh	ip fees	and gr	oss		
	-		mpt functions—subject to certail									
	•		ind unrelated business taxable ii	•		•						
	• •	~	30, 1975 See section 509(a)(2)				•					
10		<u>-</u>	exclusively to test for public saf			•						
11	An organizati	on organized and operated	exclusively for the benefit of, to	perform 1	the function	ons of, o	r to carr	out the	е			
	purposes of o	one or more publicly suppor	ted organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2) See	sectior	1		
	509(a)(3). Ch	eck the box that describes	the type of supporting organizat	ion and c	omplete l	nes 11e	through	11h				
	a Type	I b Type II	c Type III-Function	ally integ	rated	d	🔲 Тур	e III-O	her			
е 🗌	By checking	this box, I certify that the org	ganization is not controlled direc	tly or indi	rectly by	one or m	ore disc	ualified				
_	persons othe	r than foundation managers	and other than one or more pu	blicly sup	ported org	ganizatio	ns desc	ribed in	section	า		
	509(a)(1) or s	section 509(a)(2)										
f	If the organiz	ation received a written det	ermination from the IRS that it is	s a Type I	, Type II,	or Type	III suppo	orting				
	organization,	check this box										
g	Since August	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution fror	n any of t	he						
	following per	sons?										
	(i) A persor	n who directly or indirectly c	ontrols, either alone or together	with pers	ons desc	ribed in ((II)				Yes	No
	and (III) i	below, the governing body o	of the supported organization?							11g(i)	<u> </u>	
	(ii) A family	member of a person descri	bed in (i) above?							11g(ii)		
	(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(ii)	
<u>h</u>	Provide the f	following information about	the supported organization(s)									
	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Am		
org	anızatıon		(described on lines 1–9 above or IRC section	in col (i) listed in your the organ col (i) organ		of your	organization in col (i) organized in the		sup	port		
			(see instructions))	governing	, docament		port?		Şγ			
				Yes	No	Yes	No	Yes	No			
							1					
			<u> </u>	ļ	 							
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Sche	edule A (Form 990 or 990-EZ) 2009 Van	couver's	Downtown	Associati	ion 91	-1816711	Page 2
Pa	art II Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(vi)
_	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support	,	· - · · · · · · · · · · · · · · · · · ·				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	49,104	212,349	152,799	158,895	182,751	755,898
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	49,104	212,349	152,799	158,895	182,751	755,898
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						399,211
6	Public support. Subtract line 5 from line 4						356,687
	tion B. Total Support			•	•	t_	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	49,104	212,349	152,799	158,895	182,751	755,898
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			4,398	4,600	1,437	10,435
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						766,333
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	•	, second, third, fou	irth, or fifth tax yea	r as a section 501((c)(3)	
000	organization, check this box and stop here tion C. Computation of Public St		1000				<u> </u>
				. (0)		141	
14	Public support percentage for 2009 (line 6			ר)) ר		14	46.54%
15	Public support percentage from 2008 Sche			40 and line 44 is 5	22 4/2 0/	15	39.77 %
16a	33 1/3 % support test—2009. If the organ			13, and line 14 is 3	33 1/3 % or more, t	check this box	▶ [X]
L	and stop here. The organization qualifies		•	or 160, and line 1	5 in 22 1/2 % or m	ore check this	Γ (Δ)
b	33 1/3 % support test—2008. If the organ box and stop here. The organization quality				3 15 33 173 76 07 111	ore, check this	▶ □
17a	10%-facts-and-circumstances test—200	•	•		a or 16h and line	14 is 10% or	
17 a	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ □
b	10%-facts-and-circumstances test—200						• 📖
	more, and if the organization meets the "fa	_					
	organization meets the "facts-and-circums						▶ □
18	Private foundation. If the organization did				· -		>
				_			

	any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					·	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					İ	
	amount on line 13 for the year			<u> </u>			
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	<u> </u>					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>	<u>l</u>	<u> </u>	
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public S					- 	
15	Public support percentage for 2009 (line 8		•	ın (f))		15	<u>%</u>
16	Public support percentage from 2008 School					16	
	tion D. Computation of Investme			and the second			
17	Investment income percentage for 2009 (I			, column (t))		17	<u>%</u>
18	Investment income percentage from 2008			0 4.4 . one has 45 :	a mara than 22 4.0	18 <u>18 </u>	%
19a	33 1/3 % support tests—2009. If the orga						▶ []
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	-	•	•	• • • •		F []
Ü	line 18 is not more than 33 1/3 %, check the						▶ []
20	Private foundation. If the organization did		=	•		-	

Schedule A (Form 990 or 990-EZ) 2009 Vancouver's Downtown Association 91-1816711

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

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Page 4

5/12/2010

Federal Statements

FYE: 12/31/2009

91-1816711

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	<u></u>	Amount				
Membership	dues	\$	14,328				
Total		\$	14,328				

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Advertising & promotion	2,617
Website	3,100
Office supplies	1,935
Other	43
Computer equipment	3,599
Technical assistance	289
Conferences	2,918
Insurance	3,594
Dues	600
License & bank charges	505
Project costs	34,696
Education	83
Donations	124,703
Utilities	2,342
Entertainment	30
Total	\$ 181,054

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Leasehold Improvements Less Accumulated Depreciation	\$	\$ 4,465 112
		 4,353

6VANCDOWNTN Vancouver's Downtown Association

Federal Statements

FYE: 12/31/2009

91-1816711

5/12/2010

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To revitalize the downtown of Vancouver, Washington for the purpose of attracting residents, non-residents, and businesses in which to live, work, and play.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

To create a vital and attractive downtown environment to encourage residents and non-residents to participate in the city's community events and to support local businesses. Approximately 7,150 people participated in events during 2009.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property) ► See separate instructions.

Attach to your tax return Identifying number Name(s) shown on return Vancouver's Downtown Association 91-1816711 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 0 15-year property 20-year property S/L 25 yrs 25-year property S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-vear 12 yrs S/L S/L 40-year 40 yrs ММ Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 112 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23