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Form	JJU	

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Form	, 9	an 🔎	Under section 501(c), 527	7, or 4947(a)(1) of the I	Internal Revenu	e Code (exc	cept private found	dations)	2017
								Open to Public	
									Inspection
			ar year, or tax year beginn	ning JAN 1, 2	017 and	ending J)17	
at R C	heck if oplicable		forganization				D Employer ide	entificatio	on number
_	Addre	SS DOWN	TOWN RUTLAND I	DARTMERCHTD	INC.		1		
声	Name chang		usiness as	MINDITE,	INC.		0.3	3-037	2533
F	Initial return		and street (or P.O. box if mai	i is not delivered to street	address)	Room/suite	E Telephone nu		<u> </u>
	Final	10 14	ERCHANTS ROW			103	, ,		3-9380
	termin	-	own, state or province, cou	ntry, and ZIP or foreign			G Gross receipts \$		131,756.
]Amen	ded DITTO	AND, VT 05701		·		H(a) Is this a gro	up return	
	Application	i ir ivame ai	nd address of principal offic	er.GLENDA HAW	LEY		for subordir		Yes X No
	pendi	SAME	AS C ABOVE				H(b) Are all subordin	ates include	nd? Yes No
		empt status: L			4947(a)(1)	or(52)x	f "No," atta	ich a list.	(see instructions)
			ANDDOWNTOWN . CO				H(c) Group exen		
	_		X Corporation Trust	Association	_ Other ►	L Year	of formation: 200	2 M Sta	te of legal domicile: VT
Pa		Summary			5855	, MGEG E	OD WITE 141		77. 27. 27. 27. 27. 27. 27. 27. 27. 27.
g			e the organization's mission ON OF DOWNTOWN			NSES F	OR THE MA	TNTE	NANCE AND
nau			x In the organization			and of more	than 25% of its m	ot occata	
Activities & Governance			ting members of the govern	•	-	sea oi more	: tilali 25/0 Oi its ii	3	12
ဗွ			lependent voting members		•	•	·	4	12
80			of individuals employed in o		•	•	••	5	0
iğ			of volunteers (estimate if ne				• •	6	0
Ę	7 a	Total unrelated	d business revenue from Pa	art VIII, column (C), line	12			7a	0.
	<u>b</u>	Net unrelated	business taxable income fro	om Form 990-T, line 34			·	7b	0.
Ì							Prior Year		Current Year
e l	8	Contributions	and grants (Part VIII, line 1h	1)			25,37		2,750.
Revenue		-	ce revenue (Part VIII, line 2g			·	252,00		126,000.
è			nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 580 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -61,800						193.
ĺ			, , , ,				<u>-61,80</u>		<u>-1,629.</u>
			- add lines 8 through 11 (mi		mn (A), line 12)	 	216,15		127,314.
]			nilar amounts paid (Part IX, to or for members (Part IX, o			<u> </u>	12,00	0.	0.
			compensation, employee t			·	101,84		26,457.
Expenses			undraising fees (Part IX, colu	1 1	11(2), 11163 3 10)		101,04	0.	0.
ā			ng expenses (Part IX, colun		1 5 2018 5	47.		-	
Δ	17	Other expense	es (Part IX, column (A), lines	11a-11d, 11f-24e)		SI	108,99	6.	57,142.
ļ	18	Total expense:	s. Add lines 13-17 (must eq	ual Part X, columna (A);	line 25)		222,84		83,599.
	19	Revenue less	expenses. Subtract line 18	from line 12	PIA PI	-	-6,68	6.	43,715.
Net Assets or Fund Balances						Be	ginning of Current Y	ear	End of Year
aset		Total assets (F					53,93		105,687.
\$ <u></u>			(Part X, line 26)				1,95		9,351.
			fund balances. Subtract line	e 21 from line 20			51,98	1.	96,336.
	rt II	Signature							dedea and belief de
			I declare that I have examined to Declaration of preparer (other						wieage and beliet, it is
uue,	COLLEC	i, and complete.	nurs Ryan	than onicer j is based on a	iii iiitormation oi w	nich preparei	nas any knowledge.	114	
Sign		Signature	e of officer	 			Date		
Here		-GLEN	DA HAWLEY, PRI	SCIDENT Edm	und Ry	an 1	(ZASUTE)	•	
	-	Type or p	orint name and title		7				
		Print/Type prep	parer's name	Pterayer's sign	deligolal 1	791 [ate / Che	ck	PTIN
Paid			J. LADABOUCHE		J. LADAB		t /6//// IT	employed	P01255942
Prep	arer	Firm's name	A M PEISCH &	COMPANY, L	LP		Firm's EIN		3-0210880
Use	Only	Firm's address	P.O. BOX 326						
		l	RUTLAND, VT	05702-0326			Phone no	.802 '	773-2721

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

X Yes

		<u>03-0372533 </u>	Page 2
Pа	rt'III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. X
			<u>. ۱441</u>
1	Briefly describe the organization's mission:		
	THE RUTLAND PARTNERSHIP'S MISSION IS DEDICATED TO THE ECO		
	PROSPERITY OF THE CITY OF RUTLAND. THE ORGANIZATION'S PUR		
	MANAGE, MARKET, AND MAINTAIN THE DOWNTOWN RUTLAND SPECIAL	BENEFITS	
	DISTRICT AND ADVANCE THOSE ACTIVITIES THAT WILL IMPROVE T		<u>v</u>
			<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		Tel
	prior Form 990 or 990-EZ?	. L_JYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	, ,	
	-		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 58,833 • including grants of \$) (Revenue \$	126.	000.)
	HELD APPROXIMATELY 3 ACTIVITIES FOR THE PROMOTION OF OVER		, , , , , , , , , , , , , , , , , , ,
		1 200	
	BUSINESSES AND PROPERTY OWNERS IN DOWNTOWN RUTLAND, VT		
4b	(Code) (Expenses \$;	
			
	"		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$.)
		· · · 	
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$	1	
A	Total program service expenses > 58.833.		
	I VIEW DI VIGUE II DE GAUELIAGA - JUNIU JUNI		

Form **990** (2017)

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,			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	- <u></u> -
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, or have a section 501(h) election in effect	_		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
O	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,			<u> </u>
•	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			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1 7.		
	as applicable.	٠ ،	÷5	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ı
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	, , , , , , , , , , , , , , , , , , , ,			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
120	Schedule D, Parts XI and XII	12a		_X_
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	.	<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Ţ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		' 	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.5
—	complete Schedule G, Part III	19	000	<u>X</u>
		Form	990 (ZU17)

Form 990 (2017) DOWNTOWN RUTLAND PARTNERSHIP, INC. 03-0372533 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a '	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-22
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		x
~~		22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		<u> X</u>
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			•
	Schedule K. If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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	'	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		7.7	
	instructions for applicable filing thresholds, conditions, and exceptions):	, 1	: !	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	- 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	- 1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

rai	Check if Schedule O contains a response or note to any line in this Part V			
	Orieck is deflected to contains a response of note to any line in this Fait V		<u></u>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	₹ -	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a U 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	٠, ١		1
•	(gambling) winnings to prize winners?	1c	Ì	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	. . ,		7.
	filed for the calendar year ending with or within the year covered by this return 2a 0		· 🖫	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x *?	12.75	;
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			Į
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	}	1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ì	l
_	were not tax deductible?	6b	٠.,	7
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	\dashv	
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-37	. , %	• •
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	=7(;		, , , , , , , , , , , , , , , , , , ,
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ı
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		e 2,
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.	ļ	ļ	r
а	Gross income from members or shareholders		,	r
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		-	i
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ļ	
	organization is licensed to issue qualified health plans		300	
	Enter the amount of reserves on hand			
		14a		<u> </u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	900	(2017)
		FUITE	JJU ((2017)

15a X X 15b X 16a

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website ____ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 MILLIE ROY - 802-773-9380 48 MERCHANTS ROW, RUTLAND 05701

	Form 990 (2017)	DOWNTOWN	RUTLAND	PARTNERSHIP,	INC.
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03-0372533

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

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not cl	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLENDA HAWLEY	4.00									
PRESIDENT		X		X			_			<u> </u>
(2) EDDIE RYAN	2.00									
TREASURER		X		X		_	<u>L</u> _			
(3) JOHN ZAWISTOSKI	2.00									
SECRETARY		X		X				<u> </u>		
(4) MICHELLE BAILEY	1.00						ļ			
PRESIDENT-ELECT		X		X		<u> </u>	L			
(5) TAMMY LANDON	1.00									
DIRECTOR		X				<u> </u>	_			
(6) JIM SABATASO	1.00					ĺ	[
DIRECTOR		X			L	╙	_			
(7) REBECCA BUONADONNA	1.00						1		}	ł
DIRECTOR		X				<u> </u>	<u> </u>		 	
(8) STEPHEN MONTANEZ	1.00	l					1			}
DIRECTOR		X			<u> </u>					
(9) BETSY FRANZONI	1.00)		ļ
DIRECTOR		X	<u> </u>			-	├_			
(10) STEVE WILLOUGHBY	1.00						1			
DIRECTOR	1 00	X					-			
(11) SHANNON POOLE	1.00	₹.								
DIRECTOR	1.00	X			-	├-	 		-	
(12) KATYE MUNGER	1.00	x	'							
DIRECTOR		^	_	-	-	╁	╁			
		-	-	-	├	\vdash	1	 		
		ł								
		\vdash	-		 	+	╁	 		
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		\vdash	\vdash		-	+	\vdash	 	 	
		1		1			ł	1		1
		1	+	\vdash	\vdash	\vdash	\vdash			
	 	1	1	l	l	1	1		1	1

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues 2,750 c Fundraising events 10 d Related organizations **1d** e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 561439 126,000 126,000 2 a CONTRACT TO PROMOTE DO Program Service Revenue f All other program service revenue 126,000. Total, Add lines 2a-2f Investment income (including dividends, interest, and 193 193. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 2,750. of contributions reported on line 1c). See 2,813 Part IV, line 18 b Less, direct expenses -1,629. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a c All other revenue Total, Add lines 11a-11d 127<u>,314.</u> 126,000 -1.436.Total revenue. See instructions. Form **990** (2017)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	··· · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			7 4-	<u> </u>
2	Grants and other assistance to domestic			3 35 T. C.	* 4 · 1 · 3
	ındividuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Company (Sept. 1)	Control of the second of the s
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	" The second second
5	Compensation of current officers, directors,				
	trustees, and key employees	22,090.	13,254.	8,394.	442.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,243.	932.	311.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<u></u>	
9	Other employee benefits	438.		438.	
10	Payroll taxes	2,686.	1,633.	1,002.	51.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	8,021.		8,021.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		A START OF THE	76 7	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	11,538.	11,538.		
13	Office expenses	2,107.	1,264.	843.	
14	Information technology				
15	Royalties				
16	Occupancy	4,640.	2,784.	1,856.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,272.	863.	409.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,125.		1,125.	
23	Insurance	4,153.	3,115.	1,038.	
24	Other expenses. Itemize expenses not covered			•	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		- 4		
	amount, list line 24e expenses on Schedule 0.)	00.000	1		
a	STREETSCAPE SUPPLIES	22,099.	22,099.		
b	TELEPHONE & INTERNET	1,336.	693.	589.	54.
C	NEW INITIATIVES	610.	610.		
d	POSTAGE	241.	48.	193.	
	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	83,599.	58,833.	24,219.	547.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Fa 000 (0017)

						
		Check if Schedule O contains a response or note to a	any line in this Part X	,	· ·	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		38,257.	1	90,787.
-	2	Savings and temporary cash investments	<u>.</u>		2	
- 1	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		487.	4	113.
Į.	5	Loans and other receivables from current and former	officers, directors.	122 28 3	1.7	1000 1000
- 1		trustees, key employees, and highest compensated e			and the state of the state of	
ļ		Part II of Schedule L	,	5	, , ,	
{	6	Loans and other receivables from other disqualified p	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	-,5		
İ		section 4958(f)(1)), persons described in section 4958		' - ·'		
- 1		employers and sponsoring organizations of section 5				
		employees' beneficiary organizations (see instr). Com	•	ı.	6	, ,
Assets	7	Notes and loans receivable, net	piete i ait ii di och L	13,911.	7	11,060.
Asi	8	Inventories for sale or use		10,011.	8	11,000.
1	9	Prepaid expenses and deferred charges	•	 	9	3,250.
1	-	- · · · · · · · · · · · · · · · · · · ·			9	3,430.
1	10a	, , , , , , , , , , , , , , , , , , , ,	20,336.			
j		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10b		1,280.	40-	477.
1			13,033.	1,200.		4//•
Ì	11	Investments - publicly traded securities		 	11	
j	12	Investments - other securities. See Part IV, line 11			12	
Ì	13	Investments - program-related See Part IV, line 11		13		
Ì	14	Intangible assets			14	
]	15	Other assets. See Part IV, line 11		E2 02E	15	105 607
-+	16	Total assets. Add lines 1 through 15 (must equal line		53,935. 677.	16	105,687.
- [17	Accounts payable and accrued expenses	0//•	17	7,657.	
- 1	18	Grants payable			18	
	19	Deferred revenue			19	
į.	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability. Complete Part IV	·	,	21	4-,
Liabilities	22	Loans and other payables to current and former office		1		
<u>≅</u>		key employees, highest compensated employees, and	d disqualified persons.	ı	-	
三		Complete Part II of Schedule L			22	
1	23	Secured mortgages and notes payable to unrelated the			23	
1	24	Unsecured notes and loans payable to unrelated third	· ·		24	
- 1	25	Other liabilities (including federal income tax, payable			l	
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of	1 000		1 604
1		Schedule D		1,277.		1,694.
	26	Total liabilities. Add lines 17 through 25	····	1,954.	26	9,351.
j		Organizations that follow SFAS 117 (ASC 958), che				
ခွ		complete lines 27 through 29, and lines 33 and 34.			-	
ğ	27	Unrestricted net assets		· 	27	\ <u></u>
Ba	28	Temporarily restricted net assets	·		_28_	<u> </u>
2	29	Permanently restricted net assets	المتحادث المتحادث		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🔼		-	{
0 0		and complete lines 30 through 34.		`_		
) g	30	Capital stock or trust principal, or current funds		0.	30	0.
Asi	31	Paid-in or capital surplus, or land, building, or equipment	· (0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	, or other funds .	51,981.	32	96,336.
-	33	Total net assets or fund balances		51,981.	_33	96,336.
- 1	34	Total liabilities and net assets/fund balances		53,935.	34	105,687.

Form	1990 (2017) DOWNTOWN RUTLAND PARTNERSHIP, INC.	03-037	<u> </u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,599.
3	Revenue less expenses. Subtract line 2 from line 1	3	43	,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	,981.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		640.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	96	<u>,336.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1	· _
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1 1	- 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	} }	
	separate basis, consolidated basis, or both:		1 1	1."
	Separate basis Consolidated basis Both consolidated and separate basis			_ `
þ	Were the organization's financial statements audited by an independent accountant?	•		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			78 - 14 A + 17
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt,	1 1	1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X_
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	1	-) '
	Act and OMB Circular A-133?		3a	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	
			Form 9	90 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public

Name of the organization Employer identification number DOWNTOWN RUTLAND PARTNERSHIP. 03-0372533 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other your gover (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN RUTLAND PARTNERSHIP, INC. 03-0372533 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				ĺ]	
	include any "unusual grants.")	250,002.	257,402.	287,390.	277,375.	128,750.	1,200,919.
2	Tax revenues levied for the organ-						
	ization'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	250,002.	257,402.	287,390.	277,375.	128,750.	1,200,919,
5	The portion of total contributions	- -	-				
•	by each person (other than a	,	• .	- ,			
	governmental unit or publicly	. '	.*	,	3.		
	supported organization) included	ļ '			[: · · · · · · · · · · · · · · · · · · ·	A	
	on line 1 that exceeds 2% of the		٠,,	. ,			
	amount shown on line 11,	اري مرج					
	column (f)						
A	Public support. Subtract line 5 from line 4	** * * * * * * * * * * * * * * * * * *	F 10 2 F 1		द्राहे के रही है कि त्र	3. 3. 3.	1 200 919
	etion B. Total Support	<u></u>		£ 1, 1, 2	<u> </u>		1,200,319.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	250,002.	257,402.	287,390.		128,750.	1,200,919,
8	Gross income from interest.	230,002.	237, 202.	201,330.	2/1/5/5.	120,730.	1,200,919.
	dividends, payments received on						
	securities loans, rents, royalties,					į	
	and income from similar sources	422.	1,919.	1,829.	581.	193.	4,944.
9	Net income from unrelated business			1,023.	501.	193.	4,744.
•	activities, whether or not the						
	business is regularly carried on					1	
40	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			ı		,	
44	Total support. Add lines 7 through 10		,	, , , , , , , , , , , , , , , , , , , 			1 205 262
	Gross receipts from related activities,	eta (see instructiv		: -	<u> </u>	12	1,205,863. 26,984.
	First five years. If the Form 990 is for	•		 d fourth or fifth to	[20,704.
13	organization, check this box and stop		mst, second, triin	a, louitii, oi liitii ta	ix year as a section	1301(0)(3)	▶[□
Sec	ction C. Computation of Publ	ic Support Per	rcentage		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2017 (I			olumn (fl)		14	99.59 %
	Public support percentage from 2016			Oldifili (i))	,	15	99.64 %
	33 1/3% support test - 2017. If the o		•	 n line 13 and line :	ا 14 نه 33 1/3% or m		
	stop here. The organization qualifies	_			141000 17070 0711	iore, ericek trile be	> X
h	33 1/3% support test - 2016. If the d		-		line 15 is 33 1/3%	or more, check the	
_	and stop here. The organization qual					Or 111010, 0110011 a.i.	▶ □
172	10% -facts-and-circumstances tes		- · · · -	• •	. 13 16a or 16b s	 and line 1/1 is 10% /	► L
	and if the organization meets the "fac	-				7	· ·
	meets the "facts-and-circumstances"			•	·	. Trilow the organi	L
h	10% -facts-and-circumstances tes	_	•		•	7a and line 15 ie 1	. ► ∟
	more, and if the organization meets the						1070 OI
	organization meets the "facts-and-circ				-		ightharpoonup
12	Private foundation. If the organization		_		• • •	• •	
<u></u>	Triate realisation. If the organization	n did not crieck a	20x 011 111 0 10, 100	<u>, 100, 170, 01 170</u>		dule A (Form 990	

Sch	edule A (Form 990 or 990 EZ) 2017 Dirt III Support Schedule for (OWNTOWN R	UTLAND PA	RTNERSHIP Section 509(a)	, INC.	03-037	2533 Páge 3
25 (4	(Complete only if you checked	•				Part II If the organiz	zation fails to
	qualify under the tests listed b			organization randa	to quality artuor	art II. II tilo organia	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")		ļ				
2	Gross receipts from admissions,					1	
	merchandise sold or services per- formed, 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 bus-		į			<u> </u>	
	iness under section 513						·
4	Tax revenues levied for the organ-	ĺ	ļ	Į j		1	
	ızatıon's benefit and either paid to	į					
	or expended on its behalf						
5	The value of services or facilities	ļ	}] 1	
	furnished by a governmental unit to	į					
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and]]]	
	3 received from disqualified persons	l		,			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				i.		
c	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from line 6)	1175 Life 2	- A 350		A TO A STATE OF THE STATE OF TH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>	<u> </u>	
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						-
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	 	<u></u>			<u></u>	<u> ▶ □</u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (lıne 8, column (f) d	ivided by line 13, c	column (f))		15	%
	Public support percentage from 2016			 	····	16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
17	invostment ingome percentage for 20					18	%
17 18	Investment income percentage from	2016 Schedule A,	Part III, line 17				
18	/						
18	Investment income percentage from	organization did r	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	
18 19a	Investment income percentage from 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the	organization did r ind stop here. The organization did r	not check the box or organization qual not check a box on	on line 14, and line ifies as a publicly s n line 14 or line 19a	15 is more than supported organi , and line 16 is m	33 1/3%, and line 1 zation ore than 33 1/3%, a	7 is not Dand
18 19a b	Investment income percentage from 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	organization did r ind stop here. The organization did r eck this box and st	not check the box of conganization qual not check a box on op here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a inization qualifies a	15 is more than supported organize, and line 16 is me s a publicly supp	33 1/3%, and line 1 zation ore than 33 1/3%, a orted organization	7 is not Dand

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Pa	Supporting Organizations (continued)			
•		r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	rî.		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	L	L
000	non b. Type i dupporting digamzations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1. (5)		140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	٠,١		7 -
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			٠.
	controlled the organization's activities. If the organization had more than one supported organization,	1 -	· ,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	·		- `
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in]	ŀ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization	2		,
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		, ,	44
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed		- '	1.5
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		123.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- '		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	• '	٠.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	لـــا	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1	, ,	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			· ·
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	"."	· .	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard.	3	اــــا	<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructio The organization satisfied the Activities Test. Complete line 2 below.	ns).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	netructions	-1	
2	Activities Test. Answer (a) and (b) below.	nsuucuons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	180
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ĺ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ	1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a) !	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			[
	reasons for the organization's position that its supported organization(s) would have engaged in these		١٠	1
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.	¥	-	· -
-	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Forr	n 990 or 99	90-EZ	2017

	dule A (Form 990 or 990 EZ) 2017 DOWNTOWN RUTLAND PARTNE			3-0372533 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1,				Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	_
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4_		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	Ī		
	collection of gross income or for management, conservation, or	- 1		
	maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			·
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	, 3.	1 to 1 to 1	**
	factors (explain in detail in Part VI):	1 19 m		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	માં કે કે ફિલ્મોલ કારણ છે. તે તે ત	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	1. 1. 1. VALUE AVE	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	nization (see

instructions).

	rt V Type III Non-Functionally Integrated 509			13-0372533 Page 7
T-	rt V Type III Non-Functionally Integrated 509 ion D - Distributions	yaj(s) Supporting Org	anizations (continuea)	Oursent Veer
<u> </u>	Amounts paid to supported organizations to accomplish exi	empt purposes		Current Year
2	Amounts paid to supported organizations to accomplish ext			
_	organizations, in excess of income from activity	pr purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	on of supported proprietor		
	Amounts paid to acquire exempt use assets	es of supported organization	15	
4_	Qualified set-aside amounts (prior IRS approval required)			
5				
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	h.		
8	Distributions to attentive supported organizations to which t	ne organization is responsive	8	
	(provide details in Part VI). See instructions			-
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
.	See Pt. Disable attended the street of the street of	(i)	(ii) Underdistributions	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C. Inc. 6			
1	Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reason-	1	,":	
2				
	able cause required explain in Part VI). See instructions.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7 7	The state of the s
3	Excess distributions carryover, if any, to 2017		The state of the s	
_ <u>a</u>				The same of the same of the same
	From 2013	3472-45		- + + + + + + + + + + + + + + + + + + +
	From 2014	STEPSON AREN'S CONTROL	一般できるをおり、おけらか	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
_	From 2015	27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3 3 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	From 2016	The action to the last terms of the	A Control of the second	A Committee of the comm
	Total of lines 3a through e	A CONTRACTOR OF THE	150 1 3 3 2 3 4 1004	2 . 2 . 2 . 2 . 1 . 1 . 1 . 1 . 2 . 2 .
	Applied to underdistributions of prior years	The second secon	1 38 - 12 - 12 4 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 22 3 C 2 5
	Applied to 2017 distributable amount			\$1.775 - 1.27 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u> </u>	Carryover from 2012 not applied (see instructions)		性域で 2年日 まんかがり 最初では 10年間 10月間の新り	The state of the s
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	The state of the s	The state of the s	
4	Distributions for 2017 from Section D,			
	line 7: \$			Commence of the contract of the
	Applied to underdistributions of prior years	The fact of the fa	F 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to 2017 distributable amount		The state of the state of the	10000000000000000000000000000000000000
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		The first services of the first of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Remaining underdistributions for years prior to 2017, if			150000
	any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h	7 A . 1 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	18 1 10 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10	
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		,	
- -				7
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
	Breakdown of line 7.			
8	Excess from 2013			
	Excess from 2014			
	Excess from 2014 Excess from 2015	 		
	Excess from 2016			4
	Excess from 2017	 		
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Schedule A (Form 990 or 990-EZ) 2017

•	Suppose 1:	cleme /, Section Part IV,	ntal l i on A, lir Section	nforn nes 1, 2 on D, lir	nation 2, 3b, 3d nes 2 an	Provide to, 4b, 4c, 5 d 3; Part l	he expla a, 6, 9a, V, Sectio	nations 9b, 9c, n E, lin	required 11a, 11b es 1c, 2a	by Pa o, and 2b, 3a	rt II, line 11c; Par a, and 3	10; Parl t IV, Sec b; Part V	t II, line tition B, I	03 17a or 17b; ines 1 and Part V, Sec dditional in	Part I 2; Par	II, line 12; t IV, Secti , line 1e;	ion C,
		nstrúctio									<u>. </u>						
SCHEDUI	LE 1	A PAI	RT V	7I_										 			
DOWNTO	VN I	RUTL	AND	PAR	TNER	SHIP,	INC	. на	S A	SHO	RT Y	EAR I	OR '	THE CU	RRE	NT	
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Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 03-0372533

	DOWNTOWN RUTLAND F	PARTNERSHIP, INC.	03-0372533
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 fu	unds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes . No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used	donly
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	erring
	ımpermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	· 	
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	• • • • • • • •	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	* * * * * * * * * * * * * * * * * * * *	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
•	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year ▶Number of states where property subject to conservation ea	ecoment is leasted	
5	Does the organization have a written policy regarding the pe	- 	
3	violations, and enforcement of the conservation easements	- · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		, mandaling of violations, and officioning contoured	alon oddomorito daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
-	▶\$		- Lacarra Carraig and Jam
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.		
Pa	t'III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · · ·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
_			• \$
2	If the organization received or held works of art, historical tre	_	n, provide
_	the following amounts required to be reported under SFAS 1	10 (ASC 958) relating to these items.	. .
a			. 🟲 💲
<u>b</u>	Assets included in Form 990, Part X		<u>. • \$ </u>

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

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Par	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts(conti	nued)	
3.	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a si	gnificant	use of its	collectio	n Item	S
	(check all that apply):										
а	Public exhibition		d 🗀	Loan or exc	hange progr	ams					
b	Scholarly research	•	. 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exer	npt purpo	se in Par	XIII.		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızation's co	ollection?			🖵	Yes		No
Par	TIV Escrow and Custodial Arran					"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other a	ssets not	included				
	on Form 990, Part X?						•	. \square	Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]	•			_			
			_						Amoun	t	
C	Beginning balance			. ,			10				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance	•					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabili	ty?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	on has been	provided or	Part XIII]
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	L									
b	Contributions										
С	Net investment earnings, gains, and losses										
đ	Grants or scholarships		L								
е	Other expenditures for facilities		}		1						
	and programs .	<u> </u>			 						
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			•					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?	•				3b	1	
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k valu	€
		basis (investr	ment)	basis ((other)	dep	reciation	_			
1a	Land							_			
b	Buildings										
C	Leasehold improvements			 							
d	Equipment			2	0,336.		19,8	59.		4	<u>77.</u>
	Other	<u></u>		L							
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)					4	77.

Schedule D (Form 990) 2017

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 20	DOWNTOWN	RUTLAND PART	NERSHIP, I	INC.	03-0372533 Page 4
Part XI Reconcili	ation of Revenue per	Audited Financial	Statements Wit	th Revenue per P	leturn.
Complete if t	he organization answered "	Yes" on Form 990, Part I	/, line 12a.		
1 Total revenue, gains	s, and other support per aud	lited financial statements			1
	on line 1 but not on Form 99			,, ,	3-1
	s (losses) on investments		2a		
-	nd use of facilities		2b		₹' .
c Recovenes of prior	·		2c		1
d Other (Describe in F			2d		1:. }
e Add lines 2a throug			-		2e
3 Subtract line 2e from					3
=	on Form 990, Part VIII, line 12			• •	1 522 1-
	es not included on Form 990		4a		
b Other (Describe in F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4b		7.0
c Add lines 4a and 4b	, , , ,	• • • •			4c
-	lines 3 and 4c. (This must ed	nual Form 990. Part I. line			5
	ation of Expenses pe			ith Expenses per	
	he organization answered "				
	losses per audited financial		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	on line 1 but not on Form 990	• •		•	
a Donated services a		5, 1 art 17, 1110 25.	2a		
b Prior year adjustmen			2b		1 _,}
c Other losses		•	" ' ' 		,, ,
			2c 2d		
	•	•			
_	** *			•	2e
3 Subtract line 2e from	• • •	but not on line 1:	• • •		3
	on Form 990, Part IX, line 25,		احدا		
· · · · · · · · · · · · · · · · · · ·	es not included on Form 990		43		
b Other (Describe in F		• •	<u>4b</u>		{ <u>*</u> }
c Add lines 4a and 4b			. 101		4c
Part XIII Suppleme	d lines 3 and 4c. (This must e	equal rollil 990, Part I, IIII	<u>e 10.)</u>		5
	equired for Part II, lines 3, 5,	and 9 Part III lines 1a a	nd 4: Part IV lines 1	h and 2h: Part V line	1: Part Y line 2: Part YI
	XII, lines 2d and 4b. Also co				7, 1 art X, 1110 2, 1 art XI,
mico ed ana 45, ana 1 are	7(1, 11100 Ed alla 40.7400 00	inplote this part to provid	o arry additional line	mation.	
					
					
					
					
					
					

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Schedule D (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

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2	Den
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OMB No 1545-0047

Inspection

Name of	Vame of the organization	Employer identification number
	DOWNTOWN RUTLAND PARTNERSHIP, INC.	03-0372533
Part I	Part I General Information on Grants and Assistance	
<u>ح</u>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection]
5	cnteria used to award the grants or assistance?	X Yes No

Pa	Descri	ocedures for monit Domestic Organi	oring the use of grant zations and Domestic	funds in the United	d States. omplete if the orga	inization answered "Y	e of grant funds in the United States. Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any	1
į	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if addrive	onal space is need	led.				- 1
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
									1
									1
									1
									}
									l
0 0	Enter total number of section 501(c)(3) and government organizations	nd government or	ions	listed in the line 1 table	·			A A	1 1
₹	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)	16

Page 2 (f) Description of noncash assistance 03-0372533 (e) Method of valuation (book, FMV, appraisal, other) REIMBURSEMENT GRANT PROCESS, WHERE THE APPLICANT UTILIZING THE GRANT FUNDS THE RUTLAND DOWNTOWN PARTNERSHIP OFFERS BUSINESS DEVELOPMENT AND MARKETING THE THE PARTNERSHIP UTILIZES A BLIND APPLICATION PROCESS WHERE AN Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. COMMITTEE THEN AWARDS THE GRANTS BASED ON THE INDIVIDUAL NEEDS OF EACH AWARDING COMMITTEE RECEIVES APPLICATIONS WITHOUT THE BUSINESS'S NAME. THE AMOUNTS OF \$500 AND \$10,000 ANNUALLY TO LOCAL BUSINESS. THE OVERALL MONITORING OF THE FUNDS IS DONE THROUGH A (d) Amount of non-cash assistance INC. (c) Amount of cash grant DOWNTOWN RUTLAND PARTNERSHIP, (b) Number of recipients (a) Type of grant or assistance Z GRANTS RANGING Schedule I (Form 990) (2017) ~ LINE BUSINESSES. PART I Part Ⅲ

Schedule 1 (Form 990) (2017)

MUST HAVE THE SPECIFIC PROJECT INSPECTED AND DEEMED COMPLETE PRIOR TO

732102 11-01-17

hedule I (Form 990) DOWNTOWN RUTLAND PARTNERSHIP, INC. 0	3-0372533 Page 2
hedule I (Form 990) DOWNTOWN RUTLAND PARTNERSHIP, INC. 0	
,	
SSUING ANY FUNDS. THE DIRECTOR OF THE PARTNERSHIP INSPECTS E	ACH
PPLICANT'S PROJECT(S) TO ENSURE THAT THE JOBS ARE 100 PERCEN	T COMPLETE
RIOR TO ISSUING THE REIMBURSEMENT GRANTS.	
	
	 .
	
	

SCHEDULE O (Form 990' or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

DOWNTOWN RUTLAND PARTNERSHIP INC. Employer identification number 03-0372533

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF THE BUSINESS COMMUNITY AND ENHANCE THE CULTURAL AND PHYSCIAL CLIMATE
OF THE DISTRICT.
FORM 990, PART VI, SECTION A, LINE 6:
THE MEMBERS OF THE ORGANIZATION ARE COMPRISED OF ALL BUSINESS OWNERS AND
PROPERTY OWNERS WITHIN THE DISTRICT.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS DESCRIBED ABOVE ANNUALLY MEET AND ELECT MEMBERS OF THE BOARD OF
DIRECTORS AS THEIR TERMS EXPIRE. THE MEMBERS ALSO APPROVE THE OPERATING
BUDGET AND OPERATING PLAN FOR THE ENSUING YEAR. CURRENTLY THERE ARE ELEVEN
MEMBERS OF THE BOARD OF DIRECTORS WHO EACH SERVE THREE YEAR STAGGERED TERMS
WITH FOUR MEMBERS TERMS EXPIRING EACH YEAR.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY A CPA. THE FINISHED RETURN IS REVIEWIED BY THE
TREASURER AND PRESIDENT PRIOR TO FILING. AN EMAIL IS SENT TO OTHER BOARD
MEMBERS TO INFORM THEM THAT IT IS AVAILABLE FOR THEIR REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS, INCLUDING BY-LAWS, FORM 990, INTERNALLY PREPARED FINANCIAL
RECORDS ARE MAINTAINED AT THE OFFICES OF THE ORGANIZATION AND ARE AVAILABLE
FOR INSPECTION BY ANY INTERESTED PARTIES. FINANCIAL INFORMATION IS MADE
AVAILABLE TO THE MEMBERS AT THE ANNUAL MEETING.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization DOWNTOWN RUTLAND PARTNERSHIP, INC.	Employer identification number 03-0372533
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
AUDIT ADJUSTMENTS	640.
,	