Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasur Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Form **990** (2017)

Cat. No 11282Y

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

Inspection 2017, and ending For the 2017 calendar year, or tax year beginning . 20 D Employer identification number C Name of organization Vancouver's Downtown Association Check if applicable Doing business as Address change 91-1816711 Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 360 258-1129 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Vancouver, WA 98660 G Gross receipts \$ 270,344 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Steve Becker, Executive Director, 811 Main St., Vancouver WA H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) d Tax-exempt status Website: ▶ vdausa.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ► L Year of formation 1989 M State of legal domicile WA Part I Briefly describe the organization's mission or most significant activities. 1 To revitalize the downtown of Vancouver, Washington for the purpose of attracting residents, non-residents, and businesses Activities & Governance in which to live, work and play. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 4 SCANNED MAR 0 7 2019 Total number of volunteers (estimate if necessary) 6 85 Total unrelated business revenue from Part VIII, column (C), line-12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Ϋ́ear Current Year O Contributions and grants (Part VIII, line 1h). ·N∩V • **2** •**1** 223,338 270,166 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 177 178 QGDEN 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 223,515 270,344 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,410 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 99,681 96,435 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 90,385 201,216 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 190.066 315,061 19 Revenue less expenses. Subtract line 18 from line 12 . 33,449 (44,717)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 232,581 188,902 21 Total liabilities (Part X, line 26) . 2,027 22 Net assets or fund balances. Subtract line 21 from line 20 232,577 186,875 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check self-employed P01607217 Jackie McGreevey Preparer 27-0094546 Firm's name ► For A Song LLC Firm's EIN ▶ **Use Only** Firm's address ► PO Box 455, Ridgefield, WA 98642 Phone no 360 910-4544 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

| Part | Ш | Statement of Program Service Accomplishments | _ |
|------|---------------|---|-------|
| | D 4 | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | | fly describe the organization's mission. | |
| | inco | rporated in 1989, VDA continues to conduct a variety of revitalization activities that strengthen our greater downtown commun | iity. |
| | | | |
| | | | |
| 2 | Did 1 | the organization undertake any significant program services during the year which were not listed on the | |
| | | r Form 990 or 990-EZ? | No |
| | If "Y | es," describe these new services on Schedule O. | |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program | |
| | serv | ɪces? | No |
| | If "Y | es," describe these changes on Schedule O. | |
| 4 | | cribe the organization's program service accomplishments for each of its three largest program services, as measured | d by |
| | expe | enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ıers, |
| | the t | total expenses, and revenue, if any, for each program service reported. | |
| | | | |
| 4a | (Coc | de) (Expenses \$200,189 including grants of \$78,880) (Revenue \$270,344) | |
| | To c | reate a vital and attractive downtown environment to encourage residents and non-residents to participate in the city's | |
| | com | munity events and to support local businesses. | |
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| | | | |
| 4b | /Caa | de) (Expenses \$including grants of \$) (Revenue \$) | |
| 40 | (COC | Je / (Expenses \$ including grants of \$) (nevenue \$) | |
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| 4c | (Coc | de:) (Expenses \$ including grants of \$) (Revenue \$) | |
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| | | | |
| 4d | | er program services (Describe in Schedule O.) | |
| | - | enses \$ including grants of \$) (Revenue \$) | |
| 4e | rota | ll program service expenses ► 200,189 | |



| Part I | V Checklist of Required Schedules | | | |
|--------|--|-----|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | | 1 |
| 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 | | √ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | • |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ✓ | |
| 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> | 1 |
| С | 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 | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ✓ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | _ | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| 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 | | 1 |
| 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 | | √ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 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 (see instructions) | 17 | | √ |
| 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 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | | | | <u> </u> |

Checklist of Required Schedules (continued)

Part IV

| | | | Yes | No |
|----------|--|------------|--------------|----------|
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| b 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| 22 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | | ✓_ |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | - | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | √ |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | 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 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | 1 |
| 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 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 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 | | ▼ |
| 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, | 55 | | <u> </u> |
| | Part VI | 37 | L_ | ✓_ |
| 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 | | ✓ |
| | | For | n 990 | (2017) |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---------|--|----------------|------------|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | . 🛚 |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | - |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | | ✓ |
| 24 | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | <u> </u> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| 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 | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | ì | | |
| E- | (FBAR). | | | <u> </u> |
| 5a b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | - | 1 |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ▼ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | - | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | 1 |
| | gifts were not tax deductible? | 6b | <u> </u> | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Ì | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | ļ | <u> </u> |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | \ ' | | ▼ |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | <u> </u> |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | <u> </u> | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - | \- |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | - |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | <u> </u> | - |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | <u> </u> | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources |] | | |
| | against amounts due or received from them.) | <u> </u> | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | - | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | <u> </u> | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | I | 1 |

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? .

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Form **990** (2017)

13b

13c

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Communications. | • | | | | | | |
|---|--|-------------|--|------------|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . 2 | | | | |
| Secti | on A. Governing Body and Management | | | | | | | |
| | 1 | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | _ | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | İ | | | | | | |
| | 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 . 1b | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | h | | | | | | |
| | any other officer, director, trustee, or key employee? | 2 | | 7 | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | Ť | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 | | | | |
| 5 | $\label{eq:decomposition} Did the organization become aware during the year of a significant diversion of the organization's assets? \ .$ | 5 | ļ | ✓ | | | | |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | ✓ | | | | |
| 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? | | ' | | | | | |
| . | one or more members of the governing body? | 7a | | ├ ~ | | | | |
| b | stockholders, or persons other than the governing body? | 7b | | 1 | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken durin | | - | <u> </u> | | | | |
| | the year by the following | ٠ <u> </u> | | | | | | |
| а | The governing body? | 8a | √ | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | | | | | |
| 9 | | | | | | | | |
| the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rev | enue C | Ves | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 | | | | |
| | 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? | 10b | | | | | | |
| 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 | 12a | <u> </u> | ↓ ✓ | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts | | | ├ | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done | ,″ 12c | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1 | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval to | ıy 🗀 | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 | | | | |
| b | Other officers or key employees of the organization | 15b | <u> </u> | 1 | | | | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | nt | | | | | | |
| 100 | with a taxable entity during the year? | " | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate if | | | † | | | | |
| | 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? | 16b | | | | | | |
| | on C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | (-\(\c) | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. | iion 501 | (C)(3)s | only) | | | | |
| | · | | | | | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of | interest | nolics | v and | | | | |
| .5 | financial statements available to the public during the tax year. | | P0110) | ,, and | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and | records | a: > | | | | | |
| | Vancouver Downtown Association, 811 Main Street, Vancouver, WA 98660 | | | | | | | |

| Form 9 | ON 12 | 017 |
|--------|-------|------------|

Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| ☐ Check this box if neither the organization nor | any relate | d orga | anız | atic | n c | ompe | nsa | ited any currer | nt officer, directo | r, or trustee. |
|--|-----------------------------|--------------------------------|-----------------------|------------|---------------|------------------------------|----------|---------------------------------|------------------------------|---------------------------------------|
| | | | | • | C) | | | | | |
| (A) | (B) Average | (do n | nt ch | | ition | than o | nne | (D) | (E) | (F) |
| Name and Title | | box, ı | unles | s pe | rson | is both | ı an | Reportable | Reportable | Estimated |
| | hours per week (list any | _ | | | $\overline{}$ | or/trus | _ | compensation | compensation from related | amount of other |
| | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | l and H | Former | the | organizations | compensation |
| | related organizations | rect | utio | ũ | | est o | Пer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted line) | 9 = | nal t | 1 | loye | i i | | | | and related |
| | inte) | stee | rust | | ď | Suac | | ļ | | organizations |
| | : | | 89 | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| (1) Linda Glover | | | | ١. | | | | | | |
| President | | ✓ | | ✓ | | | | | | |
| (2) Linda Reid | [| | | ١, | | | | | | |
| Vice President | | 1 | | ✓ | | | | | | |
| (3) Michelle Thor | ļ | | | ١, | | | | | | |
| Treasurer (4) | | ✓ | | ✓ | | | . | | | |
| (4) Christie Rust | | 1 | | / | | | | | | |
| Secretary (5) Lee Coulthard | | V | | \ <u> </u> | | | | | | |
| (5) Lee Coulthard | | 1 | | | | | | | | |
| (6) Charlene Dahlen Donnelly | | | | | | | | | | |
| | | 1 | | | | | | | | |
| (7) Michael Lary | | | | | | | | | | |
| | | ✓ | | L | | | | | | |
| (8) Celinda Rupert | | | | | | | | | | |
| | | ✓ | | L | | | | | | · · · · · · · · · · · · · · · · · · · |
| (9) Josh Oliva | ļ | | | | | | | | | |
| | | ✓ | | | | | | | | |
| (10) Alishia Topper | ļ | | | | | | | | | |
| City Council Member | | ✓ | | _ | | | | | | |
| (11) Teresa Brum | ļ | | , | | | | | | | |
| City Liaison | | | ✓ | ļ | | | ļ | | | |
| (12) | | | | | | | | | | |
| (13) | | | | <u> </u> | | | \vdash | | | <u> </u> |
| 3 | | | | | } | | | | | |
| (14) | | | | | | | | | | |
| | 1 | 1 | 1 | ı | 1 | ı | ı | I | 1 | 1 |

| Part | (A) Name and title | (B) Average hours per | (do n box, u | ot ch | Posi neck ss pe | c) sition more erson | than o | one i an | (D) Reportable compensation | (E) Reportable | (F) Estimated from amount of |
|------|--|--|-------------------------|-----------------------|-----------------------|-------------------------------|------------------------------|-----------------------|--|---|------------------------------|
| | | week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organization (W-2/1099-MI | |
| (15) | | | | | | | | | | | |
| (16) | | | | | H | H | | | | | |
| (17) | | | | | \vdash | H | | | | | |
| (18) | | | | | | H | | | | | |
| (19) | | | | | | H | | | | | |
| (20) | | | | | | \bigsqcup | | | | | - |
| | | | | | | | - | | | | |
| (21) | | ļ | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | ` | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| С | Sub-total | VII, Sectio | n A | | | | | > > > | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | t not limited | | | | | | e) w | | ore than \$10 | 0,000 of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete 5 | ficer, dırec | | | | | | emp | oloyee, or high | est compen | yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of re | portal | ble (| com | nper | nsatio | | | | m the |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | zation or indi | vidual |
| | on B. Independent Contractors Complete this table for your five highest of | | | | 224 | ant | contr | a a t | ara that receive | ad more than | \$100,000 of |
| 1 | complete this table for your five highest of compensation from the organization. Repyear. | | | | | | | | | | |
| | (A) Name and business add | lress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed ab | ove) who | y 1 4 C. a |

Page 9

Form **990** (2017)

| Part | VIII | Check if Schedule O contain | o a roonansa ar nota ta | any lina in this | Dort VIII | | |
|--|--------------|---|---------------------------------------|-------------------|--|---|---|
| | | Check ii Schedule O contain | is a response or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| fts, Grants r Amounts | 1a b c | Federated campaigns | 1b 35,915 1c | 5,- | | | r ^c |
| Contributions, Gifts, Grants and Other Similar Amounts | e f | Government grants (contributions All other contributions, gifts, grant and similar amounts not included above | c) 1e | 7 | | | |
| o d | g | Noncash contributions included in lines | | | | | |
| | <u>h</u> | Total. Add lines 1a-1t | | 270,166 | | | |
| Program Service Revenue | _ | | Business Code | | | · | |
| Se | 2a | | | | | | |
| Œ | b | | | | | | |
| ķ | C | | | | | | |
| Ser | d | | | | | | |
| Ē | е | | | | | | |
| gra | f | All other program service reve | | | | | |
| P. | g | Total. Add lines 2a-2f | | | , . | | |
| | 3 | Investment income (including and other similar amounts) | g dividends, ınterest, | 178 | 178 | | |
| | 4 | Income from investment of tax-e | xempt bond proceeds ▶ | | | | |
| | 5 | Royalties | | | | | |
| | | (i) H | léāl (II) Personal | | | | |
| | 6a | Gross rents | | | | | |
| 1 | b | Less rental expenses | | 2 | | | |
| - 1 | | Rental income or (loss) | | a a | | | , |
| 1 | C | | | | J | | |
| | d | Net rental income or (loss) Gross amount from sales of (i) Sec | unties (ii) Other | | | | |
| | 7a | assets other than inventory | unities (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses . | | | | | |
| | C | Gain or (loss) | | e » ; | | | 5 |
| | d | Net gain or (loss) | <u> </u> | | | | |
| Other Revenue | Ůа | Gross Income from fundraising events (not including \$ of contributions reported on line | | | | | |
| her F | | See Part IV, line 18 | · · a | | | ¢ | |
| ō | | Less direct expenses | | | | | |
| | | Net income or (loss) from fund | | | | | |
| | | Gross income from gaming ac See Part IV, line 19 | · · a | ı | | | |
| | þ | Less. direct expenses | | | | · | |
| | С | Net income or (loss) from gan | | | | | |
| | 10a | Gross sales of inventory, returns and allowances . | less · · a | c | | - | |
| | b | Less: cost of goods sold . | b | | | | |
| | С | Net income or (loss) from sale | es of inventory > | | | | |
| | | Miscellaneous Revenue | Business Code | | | · · · · · · · · · · · · · · · · · · · | |
| | 11a | | | | | | |
| | b | | | | | | - |
| | C | | | | | | |
| i | ď | All other revenue | | | | | |
| ł | | Total. Add lines 11a-11d. | · · · · · · · · · · · · · · · · · · · | | | | |
| | e | | | | | | |
| l | 12 | Total revenue. See instruction | ris 🟲 | 270.344 | 178 | 1 (| Ol O |

270,344

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | | | s must complete col | umn (A). |
|----------|---|--------------------|------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respon | | | | 🗆 |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | - | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | i |
| | ındıvıduals. See Part IV, line 22 | 17,410 | 17,410 | | æ ; |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 71,972 | 14,395 | 57,577 | |
| 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 | 17,205 | 9,635 | 7,570 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 7,438 | 669 | 6,769 | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 448 | 202 | 246 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | = | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 40 | - 1 | 8,119 | 4,869 | 3,251 | |
| 12 | Advertising and promotion | 14,222 | 13,572 | 650 | |
| 13 | Office expenses | 8,315 | 4,065 | 4,250 | |
| 14 15 | Information technology | 2,978 | 2,597 | 381 | |
| 16 | Occupancy | 14,703 | 6,617 | 8,087 | |
| 17 | Travel | 3,168 | 865 | 2,303 | |
| 18 | Payments of travel or entertainment expenses | 3,100 | 003 | 2,303 | |
| . • | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,309 | 250 | 9,059 | |
| 20 | Interest | 11 | | 11 | ···· · |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 297 | | 297 | |
| 23 | Insurance | 2,710 | 1,220 | 1,490 | |
| 24 | Other expenses. Itemize expenses not covered abovo (List miscellaneous expenses in line 24c If | - | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Vancouver Maintenance | 41,110 | 39,042 | 2,068 | |
| b | Awards | 2,698 | 2,698 | | |
| С | Marketing | 1,363 | 282 | 463 | 619 |
| d | Other Supplies | 84,164 | 79,576 | 4,588 | |
| е | All other expenses Subscriptions/dues etc | 7,422 | 2,226 | 4,896 | 300 |
| 25 | Total functional expenses. Add lines 1 through 24e | 315,061 | 200,189 | 113,953 | 919 |
| 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) | | | | |

31

32

33

Form 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 13,465 1 66,119 2 Savings and temporary cash investments 216,324 2 120,288 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest componsated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c Less accumulated depreciation 10b 2,792 1,970 2,495 Investments - publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 232,581 16 188,902 17 17 Accounts payable and accrued expenses 2,027 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 2,027 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 27 232,577 186,875 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

186,875

188,902

31

32

33

232,577

232,581 34

| Page | 1 | 2 |
|------|---|---|
| | | |

| | 1 · · · · · · · · · · · · · · · · · · · | | | | | |
|------|--|--------|----------|------|--------------|--------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u> </u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 27 | 0,344 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 31 | 5,061 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | (44 | 4,717) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 23 | 2,577 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | (985) |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | | 18 | 6,875 |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| - | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other | | [| | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın | in | Ì | | |
| | Schedule O. | | _ | | | |
| 2a | | | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | , | , | , t |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | · - | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on | a | | | |
| | separate basis, consolidated basis, or both: | | - 1 | l | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | . - | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | | _ | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain | in | l | | |
| | Schedule O. | | _ | | | |
| 3a | , | forth | i | ŀ | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | ✓_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | _ | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | | 3b | | |
| | | | | Form | 1 990 | (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 chantable 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 Inspection

Name of the organization Employer identification number **Vancouvers Downtown Association** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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). [7] 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(Λ)(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 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 b 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) d 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, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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.)

| Secti | on A. Public Support | | | | | | |
|-------|---|-----------------------------------|--------------------------------|----------------------------------|-------------------------------------|--|----------------------------|
| Calen | dar 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 include any "unusual grants.") | 186,538 | 197,069 | 180,645 | 220,838 | 270,166 | 1,055,256 |
| 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 | 212,875 | 197,069 | 180,645 | 220,838 | 270,166 | 1,055,256 |
| 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) | , | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | ,, | | | | 1,055,256 |
| | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 212,875 | 197,069 | 180,645 | 220,838 | 270,166 | 1,055,256 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 44 | 192 | 177 | 177 | 178 | 768 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | = | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,056,024 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | _ | | | | | |
| | organization, check this box and stop he | | | | | | > 🗀 |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2017 (line 6 | | | | | 14 | 99.9 % |
| 15 | Public support percentage from 2016 Sch | | | | | 15 | 42.99 % |
| 16a | 331/3% support test—2017. If the organi | | | | | | |
| | box and stop here. The organization qua | | | | | | |
| b | 331/3% support test—2016. If the organithis box and stop here. The organization | qualifies as a p | oublicly suppo | rted organizati | on | | 🟲 🗆 |
| 17a | 10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "organization" | eets the "facts facts-and-circ | -and-circumst umstances" te | ances" test, chest. The organi | neck this box a zation qualifies | and stop here. s as a publicly | . Explain in supported |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization | ition meets th | e "facts-and-dis-and-circum | circumstances' stances" test. | "test, check The organizati | this box and son qualifies as | stop here. s a publicly |
| 18 | Private foundation. If the organization di | | | | | | |
| - • | instructions | | | | | | |

| Part | Support Schedule for Organiza | | | | | | |
|-------------|--|----------------|--|------------------|-------------------|------------------|---------------------------------------|
| | (Complete only if you checked the | ne box on line | e 10 of Part I | or if the orga | nization failed | d to qualify ur | nder Part II. |
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part | II.) | |
| | on A. Public Support | | • | | | | |
| | dar 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 | | İ | Ì | | | |
| • | received. (Do not include 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 | | | | İ | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | Í | | | |
| b | Amounts included on lines 2 and 3 | | | 1 | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | <u> </u> | | | | |
| C | Add lines 7a and 7b | | / | | | | |
| 8 | Public support. (Subtract line 7c from | / | 1 | ļ | | | |
| | line 6.) | , | J | · | <u> </u> | } | L |
| | on B. Total Support | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2013 | (b) 2014 | (6) 2015 | (0) 2010 | (e) 2017 | (i) Total |
| 9 | Gross income from interest, dividends, | / | | | | | |
| 10a | payments received on securities loans, rents, | | • | | | | |
| | royalties, and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | 1 | |
| | acquired after June 30, 1975 | | | | | | |
| G | Add lines 10a and 10b | | | | <u> </u> | | |
| 11 | Net income from unrelated business | | | | <u> </u> | | |
| • • | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | , | | | |
| 12 | Other income. Do not include gain or | | Ī | | | | |
| | 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 the | | n's fırst, secor | d, third, fourth | n, or fifth tax y | ear as a section | n 501(c)(3) |
| | organization/check this box and stop he | re | | <u> </u> | · · · · · | | ▶ 🗀 |
| Secti | on C. Computation of Public Suppor | | | | ·-· | | |
| 15 | Public support percentage for 2017 (line | | - | 13, column (f)) | | 15 | % |
| 16 | Public/support percentage from 2016 Sci | | | <u> </u> | <u> </u> | 16 | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2017 (| | | | | 17 | <u>%</u> |
| 18 | Investment income percentage from 2010 | | | | | 18 | % and line |
| 19a' | 331/3% support tests—2017. If the organ | | | | | | |
| | 17 is not more than 33½%, check this box | - | _ | - | | | _ |
| <u> b</u> | 331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this | | | | | | |
| 00 | | | - | | | | _ |
| 20 | Private foundation. If the organization di | iu not check a | DUX OF TIME 14 | , 13a, UI 19D, | CHECK THIS DOX | and see modu | ctions 🕨 🔲 |

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. Ali | Supporting | Organizations |
|-----------|--------|------------|----------------------|
|-----------|--------|------------|----------------------|

| | | | res | NO |
|------------|---|-----|-----|------|
| 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. | 1 | | |
| 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). | 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. | 3b | | |
| С | 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. | 3c | | |
| 4 a | 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. | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 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). | 5a | | |
| 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? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | 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. | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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. | 9a | | L . |
| 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 . | 9b | _ | |
| С | 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. | 9c | ļ | ļ |
| 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. | 10a | | |
| þ | 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.) | 10b | | |

| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) abve? c A 35% controlled entity of a person described in (a) abve? c 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. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membranism of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's circulative organization and the controlled the organization's activities or reputations of the controlled the organization's activities or reputations or restrictions or insides at all times during the controlled the organization's activities. If the organization had more than one supported organization and more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the supported organization of the supported organization of the supported organization and the supported organization and the supported organization of the supported organization and the supported organization of the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supp | Part | Supporting Organizations (continued) | | | <u>`</u> |
|--|------------------|---|----------|--------------|----------------|
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) blow, the powering body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) of (b) above? c A 35% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, fustess, or membarshy of one or more supported organizations have the power to regulatly appoint or level at beast a majority of the organizations directors for trustees at all mit mes during the regulation and part of the companizations directors for trustees at all mit mes during the regulation part of the companization of the companizations describe how the powers to appoint and/or remove directors or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization persisted for the benefit of any supported organization other than the supported organizations of the supporting organization of the supporting organization or fustees of each of the supporting organizations. 2 Did the organization persisted in the purposes of the supported organization in Part VI how providing such benefit camed out the purposes of the supported organization in Part VI how providing such benefit camed out the purposes of the supported organization in Part VI how providing such benefit camed out the purposes of the supported organization in Part VI how the organization of the supporting organizations. 1 Were a majority of the organization's supported organization organization or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organization organization is provided during the prior tax year. (If a written notice describing the type and amount of support provided during the prior tax year. (If a written notice describing the type and | | | | Yes | No |
| below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled ontity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization of irrections or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of controlled the organization and what conditions or restrictions, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization if "No," explain in Part VI how providing such benefit camed out the purposes of the supported organization of the supported organization or trustees, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or according to the supporting organization. 2 Section D. All Type III Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or according to organization or trustees or according to organization or trustees or according to organization organization or trustees or according to organization organizatio | | · · · · · · · · · · · · · · · · · · · | | | |
| b. A family member of a person described in (a) above? c. 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. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization or directors or trustees at all times during the tax year." If "No," describe in Part VI how the supported organization is directors or trustees at all times during the tax year." If "No," describe to appoint and/or remove directors or trustees at all times during the tax year." If "No," describe how the powers to appoint and/or remove directors or trustees all cated among the supported organizations and what conditions or restrictors, if any, applied to such powers during the tax year. 2. Did the organization of supported organization or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organizations or trustees of each of the organization organization. 3. Section C. Type III Supporting Organizations 1. Were a majority of the organization's supported organization organization or trustees of each of the organization's supported organization organization or unanagement of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization is save, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 99th that was most recently field as of the date of notification, and (ii) copies of the organization's powering documents in effect on the date of notification, and (ii) copies of the organization or sovertime organization was described in the supported organization is an experimental | а | | 44- | | |
| c. 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. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elicit at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or crustees at all times during the tax year? If "No," describe in Part VI how the supported organization's electively operated, or controlled the organization and what conditions or restrictions, If any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of ther than the supported organization(s) that operated, supervised, or controlled the supporting organization. 3. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of activities and the supporting organization or trustees of activities of the supported organizations or trustees of activities or or trustees of activities or organization or trustees of activities or organization organization or trustees of activities organization organization or trustees of activities organization orga | | | | | |
| Did the directors, fuscless, or membership of one or more supported organizations have the power to rigularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year if "No," describe in Part VI how the supported organization's directors or controlled the organization's activities. If the organization had mere the organization as any organization's activities or the organization had not be the organization of escribe how the powers to appoint and/or more difference or fuscless were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit or any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the trust here are supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations or trustees of each of the organization of the supported organizations of the supported organizations or trustees of each of the organization is supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a copy of the Form 980 that was most recently filed as of the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed organizations have a significant voice in the organization's officers, directors, or trustees of the organization or subject in this regard. 3 By reason of the relationship described in (2), did the organizatio | | · | | | |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' if "No," describe how the powers to appoint and/or remove directors or trustees at all times during the corrector of the organization's activities. If the organization had more than one supported organization, 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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization's understood, or controlled the supporting organization. 3 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's, if "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization had been controlled or managed the supported organization or the supported organization or the same persons that controlled or managed the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organiza | | | 110 | l | L |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of every entered, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees and under any organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization of their than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organizations. 3 Exection C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization(s)? If "No," "describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's provided organization's officers, divectors, or trustees either (ii) appointed organization for the relationship described in (2), did the organization, to the extent not previously provided? 2 Were any of the organization's officers, divectors, or trustees either (ii) appointed organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organizat | Jecui | bir bi. Type i cupporting organizations | | Yes | No |
| regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? if "No," describe in Part M how the supported organization," describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 2 Did the organization operated for the benefit of any supported organization of the providing such benefit camed out the purposes of the supporting organization (i) "Yes," explain in Part W how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 3 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part W how control or managed in the supporting organization was vested in the same persons that controlled or managed the supported organization(s)? If "No," describe in Part W how control or managed provide to each of its supported organizations, by the last day of the fifth month of the organization's apporting Organizations. 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's apporting Organizations, the very end of the fifth month of the organization's of the organization of the organization of the relationary and the certification, and of the provided organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's of the organization's officers, directors, or trustees either (i) appointed organization's apported organization's apported organization's apported organization's apported organization's apported organizat | 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| controlled the organization's activities. If the organization had more than one supported organization, 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 lax year. 2 Did the organization operate for the benefit of any supported organization of If "Yes," explain in Part W how providing such benefit carned out the purposes of the supported organization() that operated, supervised, or controlled the supporting organization. 3 Ecction C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part W how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization as vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's tax year, (ii) a written notice describing the type and amount of support provided from the very provided? 2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's judged organization's organization's organization's provided organization and the configuration or the extent of the organization's income or assets at all times during described in (ii), (ii) the organization's supported organization's supported organization's played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the o | • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| 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. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI Now providing such benefit carried out the purposes of the supported organization (State of the Organization) or trustees of each of the organization's directors or trustees of each of the organization's supported organization (State of the supporting organization) or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(S). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supervised organizations, by the last day of the fifth month of the organization's a governing documents in effect on the date of notification, to the extent not previously provided? 1 Vers no of the organization's officers, directors, or trustees either (a) appointed or elected by the supported organization of (s) serving on the governing body of a supported organization in Part VI how the organization of (s) explain or assets at all times during the tax ear (if very different organization) shaped in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) and The organization supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization is activities during the tax year directly further the exempt purposes of the supported organization substantially all of its activities. How these activi | | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| 2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part W how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's o | | | | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organizations Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization organization or managed in the supported organization organizatio | | | | | |
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| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 activities but for the organizations. Answer (a) and (b) below. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | • | | 1.03 | 1.30 |
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| how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | those supported organizations and explain how these activities directly furthered their exempt purposes, | Į, | | |
| 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | how the organization was responsive to those supported organizations, and how the organization determined | | | |
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| activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | - | | |
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| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | - | 2b | <u> </u> | , |
| trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 1 | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | а | | - | | ├ ── |
| | | • | Ja | - | - |
| | b | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|---|-------|--------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | | (A) Prior 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 collection of gross income or for management, conservation, or | | | |
| 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 | · · · | |
| Section B - Minimum Asset Amount | ١٠ | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 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 | | |
| 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 | y int | egrated Type III support | ing organization (see |
| instructions). | | | |

| Part | y Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continuea) | |
|-------|--|---------------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | |
| | organizations, in excess of income from activity | = | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nızations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | · <u>-</u> ··- | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | |
| | (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 | · · · · · · · · · · · · · · · · · · · | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. | , | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | 1 | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | <u> </u> |
| е | Excess from 2017 | | | |

| Pag | e | 8 |
|-----|---|---|
| | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Vancouver's Downtown Association 91-1816711 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| Part | | | | | | | |
|--------|--|-----------------------|-----------------|------------|--------------------------|------------------------------|--------------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | | • | • | · | a significant use of its |
| а | ☐ Public exhibition | | | | or exchange | | |
| b | ☐ Scholarly research | | е | Other | r <u></u> | | |
| C | ☐ Preservation for future generation: | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections a | nd expl | ain how t | hey further t | he organization's ex | cempt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | |
| Part | IV Escrow and Custodial Arra | angements. | | | | | |
| | Complete if the organization | n answered "Yes" | on For | m 990, F | Part IV, line | 9, or reported an | amount on Form |
| | 990, Part X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | |
| b | If "Yes," explain the arrangement in P | | | | | | |
| - | | arram and compre | | | | · · | Amount |
| С | Beginning balance | | | | | 1c | |
| d | Additions during the year | | | | | 1d | |
| e | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | 1f | |
| 2a | Did the organization include an amou | | | | | stodial account liabi | lity? 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in P | | | | | | |
| | V Endowment Funds. | | | | | | |
| | Complete if the organization | answered "Yes" | on For | m 990, F | Part IV, line | 10. | |
| | | (a) Current year | (b) Pr | or year | (c) Two years | back (d) Three years t | oack (e) Four years back |
| 1a | Beginning of year balance | | | | | | |
| b | Contributions | | · | | | | |
| С | Net investment earnings, gains, and losses | | , | | | | |
| d | Grants or scholarships | | | | | | |
| - | Other expenditures for facilities and | | • | | | | |
| | programs | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of | the current vear en | d baland | e (line 1d | , column (a) | held as: | |
| а | Board designated or quasi-endowme | nt ▶ | % | , , | | | |
| b | Permanent endowment > | % | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 10 | 00%. | | | | |
| 3a | Are there endowment funds not in th | | | zation th | at are held a | and administered for | r the |
| | organization by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | . 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related of | organizations listed | as requ | red on S | chedule R? | | . 3b |
| 4 | Describe in Part XIII the intended use | s of the organization | n's e <u>nd</u> | owment f | unds | | |
| Part | VI Land, Buildings, and Equip | oment. | | | | | |
| | Complete if the organization | answered "Yes" | on Fo | m 990, l | Part IV, line | 11a. See Form 99 | 30, Part X, line 10. |
| | Description of property | (a) Cost or oth | | 1 ' ' | or other basis other) | (c) Accumulated depreciation | (d) Book value |
| 1a | Land | | | | | | |
| b | Buildings | | | | | | |
| С | Leasehold improvements | | | | 4,465 | 1,970 | 2,495 |
| d | Equipment | | | | | | |
| е | Other | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) i | nust equal Form 99 | 90. Part | X. columi | n (B), line 10 | c.) | |

| (a) Description of security or category (notiding name of security) (b) Book value (c) Method of valuation (Cost of end-of-year market value | Part VII | Investments—Other Securities Complete if the organization ans | | rm 990. Part IV. lii | ne 11b. See Form | 990. Part X. line 12. |
|--|------------------|---|---------------------------|-------------------------|---------------------------------------|---------------------------------------|
| 22 Closely-held equity interests | | (a) Description of security or category | | ĭ | (c) Met | hod of valuation |
| | (1) Financial | derivatives | | | | |
| A | (2) Closely-h | neld equity interests | | | | |
| | (3) Other | ····· | | | | |
| C | | | | | | |
| Discreption | | | | | | |
| (if) (ig) (ig) (ig) (ig) (ig) (ig) (ig) (ig | | | | | | |
| Color Colo | | | | | | |
| Gi Gi Gi Gi Gi Gi Gi Gi | | | | | · · · | · · |
| Column (b) must equal Form 990, Part X, col. (B) line 12 Fart VIII | | | | | | |
| Total, Column (a) must equal Form 990, Part X, col. (b) line 12) | | | | | | |
| Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (b) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c | | h) must equal Form 990 Part X col. (R) line 12.) ▶ | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value (b) | | | d. | | <u> </u> | |
| (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (9) (9) (7) (9) (9) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | • | | rm 990, Part IV, li | ne 11c. See Form | 990, Part X, line 13. |
| (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | T · | (c) Met | hod of valuation |
| (9) (14) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (10) (11) (11) (12) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (17) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| (4) (5) (6) (7) (8) (9) (9) (1014. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | | | | | |
| (6) | | | | | | |
| (6) (7) (8) (9) (9) (10tal, (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) | | | | | - | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. 1. (a) Description on Form 990, Part X, line 15.) 1. (a) Description on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | | | | · · · · · · · · · · · · · · · · · · · |
| (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal Income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | | - | | | · · · · · · · · · · · · · · · · · · · | |
| Column (b) must equal Form 990, Part X, col. (B) line 13) Description | | · . | · | | | |
| Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | Total. (Column (| b) must equal Form 990, Part X, col (B) line 13) | | | | |
| (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (9) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | Part IX | | • | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | | rm 990, Part IV, li | ne 11d. See Form | |
| (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | a) Description | | | (b) Book value |
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| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | | | |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | Total. (Colu | mn (b) must equal Form 990, Part X, c | ol. (B) line 15.) | | | |
| Iine 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (7) (8) (7) (8) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (7) (1) (7) (1) (7) (8) (9) (9) (1) (| Part X | Other Liabilities. | | | | |
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| (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 1. | | (b) Book value | | | |
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| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | | - | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | | | - | | | |
| | | b) must equal Form 990. Part X. col. (R) line 25.) | | | | |
| | | | ide the text of the footn | ote to the organization | on's financial stateme | nts that reports the |

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

| | Reconciliation of Revenue per Audited Financial Stateme | - | |
|----------------|---|---|---|
| | Complete if the organization answered "Yes" on Form 990, I | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | |
| а | Net unrealized gains (losses) on investments | 2a | <u> </u> |
| b | Donated services and use of facilities | 2b | <u> </u> |
| С | Recoveries of prior year grants | | 4 |
| d | Other (Describe in Part XIII.) | <u> </u> | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | ↓ ~ |
| b | Other (Describe in Part XIII.) | 4b | <u> </u> |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Part | · | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, I | | T-2F |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | |
| a | Donated services and use of facilities | 2a | 4 1 |
| b | Prior year adjustments | 2b | 4 . 1 |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | -{ |
| b | Other (Describe in Part XIII.) | | 1 |
| С 5 | Add lines 4a and 4b | | 4c |
| | Into avances Add lines 3 and 4c (This must equal Form 991) Part I lin | a 18 l | 1 5 1 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | 5 |
| Part | XIII Supplemental Information. | | |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and 2l | o; Part V, line 4; Part X, line |
| Part Provid | XIII Supplemental Information. | d 4; Part IV, lines 1b and 2l | o; Part V, line 4; Part X, line |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and 2l | o; Part V, line 4; Part X, line |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
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| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
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| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |
| Part Provid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2l to provide any additional ii | o; Part V, line 4; Part X, line nformation. |

| Schedule D (Form 990) 2017 Page 5 | | | |
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| Part XIII | Supplemental Information (continued) | | |
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SCHEQULE 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

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

| Vancouver's Downtown Association | 91-1816711 |
|--|-----------------------------|
| Form 990, Part VI, Line 11b - Organization's Review process Form 990 | |
| The completed Form 990, prepared by an Enrolled Agent, is reviewed by the Executive Director and Tre | easurer and approved by the |
| board of directors. | |
| | ····· |
| Form 990, Part VI, Line 12C - Conflict of Interest Policy | |
| | , |
| From 990, Part VI, Line 11b - Form 990 Review Process | |
| No review was conducted for the 2017 year. | |
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