Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For th	e 2017 cale	ndar	year, or ta	ax year beg	inning		, 2017, a	nd ending	<u> </u>) 1-1		
		applicable:	C										ation number	
	Ad	dress change	10	7 Inde	pendent	Suppor	ters Tru	ıst				7086		
	H	me change	16	33 SW	Alder S	treet					E Telepho	ne number	•	
	\vdash	tial return	Po	rtland	, OR 97	205-181	11				509-	- <u>339-</u> :	3358	
	\mathbf{H}	al return/terminate	,										-	·
	\mathbf{H}	ai retum/terminate nended return	´								G Gross re	ceipts \$	822,7	<u> 139.</u>
			F	Name and a	ddress of princi	pal officer:				H(a) Is this	a group return	for subor	dinates? Yes	X No
		pacauon pendi			C Above				10	H(b) Are all	subordinates attach a list.	Included?	ctions) Yes	No
_	Ť.v.	exempt status	199	501(c)(3)	X 501(c) ((insert no.)	4947(a)(1) or	527	It IVO,	attach a list.	(280 11200	coonsy	
<u> </u>			074				(most may	1(.)(.)		H(c) Group	exemption nu	mber >		
J				st.org Corporation		Association	on Other►	LYe	ar of formation				al domicile: OR	
K		of organization		Corporation	irust	Associate	AT O.R.							
ra	rt I	Summa Briefly desi	ary cribe	the organi	zation's mis	sion or mo	ost significan	t activities:To_s	support	SOCC	er in	and a	round	
	'	Dort 1 2		Orogani	from	the ara	ssroots	to the hig	hest p	rofess	ional	leve.	[
9		POLLIGI	<u> </u>	oredon	*	cue are	1991 0003							
튵										. 				
ē	2	Check this	hox i	if th	ne organizat	ion discon	tinued its ope	erations or dispo	sed of mo	re than 2	5% of its	net assi	ets.	
Ŝ	3	Number of	votin	a member	s of the gov	ernina boo	dy (Part VI, li	ne la)				3		11
۰ď	4	Number of	indet	oendent vo	otina memb	ers of the g	governing bo	dy (Part VI, li⊓e	1 b)			4		11
Activities & Governance	5	Total numb	er of	individual	ls employed	in calenda	ar year 2017	(Part V, line 2a)			• • • • • • • • • • • • • • • • • • • •	5		- 0
:	6_	Total numb	er of	volunteer	s (estimate	if necessa	ry)	1				6 7a		500
A	7a	Total unrel	ated I	business r	revenue fror	n Part VIII,	, column (C),	line 12				7b		0.
	Ь	Net unrela	ted bu	usiness ta	xable incom	e from For	rm 990-1, line	e 34		· · · · · · · · ·	Prior Year	 /5 -	Current Yes	
					ame a satte D	11.5					194,6	76		718.
8	8 Contributions and grants (Part VIII, line 1h)								·	285,2		239,		
룼	9	Program s	ervice	revenue	(Part VIII, I	ne zg) . (A) lines). <i>2</i>		`		49.		124.
Revenue	10	Investmen	t inco	me (Part	vill, column solumn (A)	lines 6 6	3,4, and 70,	, and 11e)		<u> </u>	190,4			701.
<u>—</u>	11	Other reve	nue (rari viii, i	columni (A), : 8 through	11 <i>(</i> must e	qual Part VII	l, column (A), lin	e 12)		670,5			809.
	12	Cronto and	lue -	lar amous	te naid (Pa	rt IX colum	nn (A) lines	1-3)			71,9			104.
	13	Crants and	aid to	or for me	mhere (Par	HX colum	n (A) line 4)			.	33,			633.
	14	Colories v	alu lu	nomportes	tion emplo	voe henefil	ts (Part IX re	olumn (A), lines	5-10)	. — —				
ŵ	15											<u> </u>		
38	16a									·		1000	HE WILL T	
Expenses	. b	Total fund	raisin	g expense	es (Part IX,	column (D)), line 25) 🟲				44.4		204	0.63
ŭ	17	Other exp	enses	(Part IX,	column (A)	lines 11a	-11d, 11f-24e	s)	• • • • • • • • • • • • • • • • • • • •	·	418,			863.
	18	Total expe	nses.	Add lines	s 13-17 (mu	st equal Pa	art IX, columi	n (A), line 25)		•	524,	7		600.
	19:	Revenue I	ess e	xpenses.	Subtract line	e 18 from I	ine 12	<i></i>		·	146,			209.
b										Beginn	ing of Curre		End of Yes	
Ÿ.	20									·	402,			263.
	21									·		700.		048.
2	22	Net assets	s or fu	ınd baland	ces. Subtrac	t line 21 fr	om line 20			·	396,	006.	466,	215.
P	art II	Signa	ture	Block										
Unk	der peni	alties of perjury	I decla	are that I have	examined this	return, includi	ng accompanying	schedules and staten parer has any knowled	nents, and to	the best of	my knowledge	e and belie	f, it is true, correct,	and
con	nplete. I	Declaration of p	reparer	piper than o	OTIPET) IS DATE OF	on all informs	ILION OF WHICH ORS	perel ries erly knowled			11/100	119		
		_	4	11/	M	11/					ate /	10		
Si	gn	Sig	nāture	d efficer										
H	ere	S	cott	Swear	ingen	<u></u>				Pres	ident			
				int name and	title				Toeto		To:		PTIN	
		Print/Ty	pe pre	parer's name		Prepare	r's signature		Date		Check	⊔″ {		
P	aid	Stev	en W.	Middle	ton, CPA	Steve	n W. Middl	eton, CPA	L		self-emplo	yed []	P01370089	
	repai										4			
	se O		address		SW Bvtn-						Firm's EIN		0809066	
				Beav	erton, OR	97005					Phone no.	(503)	626-7624	T
M	ay the	IRS discus	s this	return wit	th the prepa	rer shown	above? (see	instructions)					X Yes	No
B	ΔΔ Fo	or Panerwo	rk Re	duction A	ct Notice, s	ee the sep	arate instruc	tions.	TE	EA0113L 0	8/08/17		Form 990	J (2017)

Form 990 (2017) 107 Independent Supporters Trust	27-0708680	Page
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III	·····	
1 Briefly describe the organization's mission:		
To support soccer in and around Portland, Oregon, from the graprofessional level.	ssroots to the hi	ighest_
2 Did the organization undertake any significant program services during the year which were not listed on the	prior	 _
Form 990 or 990-EZ?	Yes	X No
		_
If 'Yes,' describe these changes on Schedule O.		X No
Describe the organization's program service accomplishments for each of its three largest program section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and revenue, if any, for each program service reported.	services, as measured by ϵ itions to others, the total ϵ :	expenses. xpenses,
4a (Code:) (Expenses \$ 133,936. including grants of \$) (Revenue \$ 12	0 227
107ist organized several fully supported road trips for members	c during the 2015	8,327.
Portland Timbers and Thorns seasons. The 107ist also coordinates also via the organization's website.	ted away game tic	ket
Timbers Army Football Club (TAFC) - The TAFC Initiative organize teams in the various recreational leagues around Portland, Orec several teams allowing members of various ages, skill levels at the game of soccer. Many 107ist partners have assisted the initiative organize, and sponsor the teams. The teams also voccharitable projects of the 107ist.	on. TAFC consisted experience to	ts_of_ play_
4c (Code:) (Expenses \$ 82 771 including grapts of \$		
	(Revenue \$;
Tifo and Game Day Operations: 107ist coordinates and organizes	the game day	
Operations for itmoers army and Rose City Riveters as well as a	ecieting with the	e
design, creation and production of tifo that is displayed at ce	rtain home games	
4d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$	\$	
4e Total program service expenses ► 312,933.		
TEFA01021 1205/17	Form (2011 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8_		Х
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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
١	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.	11 Б		х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		х
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		х_
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		Х
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		Х

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
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):			
ł	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
-	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	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	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	х	
BAA		Form	990 ((2017)

X

14a

14b

Form **990** (2017)

27-0708680 Page 5 Form 990 (2017) 107 Independent Supporters Trust 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..... No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners?..... 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... Х 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. 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 (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions?..... 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were X 6 b not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor?..... 7ь b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282?..... d If 'Yes,' indicate the number of Forms 8282 filed during the year...... 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... 7 e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring R organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 0 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.....

c Enter the amount of reserves on hand

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

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O......

Form 990 (2017) 107 Independent Supporters Trust 27-0708680 Page 6 Part Vi Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No es 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 5 6 Did the organization have members or stockholders?.... See Schedule 0..... 6 X 7 a 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? . See, Schedule 0. 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X b Each committee with authority to act on behalf of the governing body?..... 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See. Schedule Q...... X 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a X b Other officers or key employees of the organization..... 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Portland, OR 97205-1811 509-339-3358

Rachel Harrison 1633 SW Alder Street

7	-0.7	208	680	Page	7

Form 990 (2017) 107 Independent Supporters Trust

TO THE CONTRACTOR			Ť
Part VII Compensation of Officer	s, Directors, Trustees, Key Employees	, Highest Compensated Employees, a	nd
Independent Contractors			_

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	is	both dire	an o	ifficer Itruste)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated amployee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Mike Coleman Vice President		х		Х				0.	0.	0.
(2) Stephan Lewis	15_	1	Н		┝		\vdash	· ·	<u> </u>	
Director	- 5 -	X						О.	0.	0.
(3) Todd Diskin	15						H			
Director	- <u>-</u> -	х						ο.	0.	0.
(4) Drew Picard	15							-		
Director	0	X						0.	0.	0.
(5) Fernando Machicado	15								-	
Director	0	X						0.	0.	0.
(6) Harper Morgan-Werner	_ 15 _									
Director	0	Х					<u> </u>	0.	0.	0.
(7) Nick Brock	_ 15 _								_	_
Director	0	X	Щ					0.	0.	0.
(8) Sherrilynn Rawson	<u>15</u>				İ	1		_	_	_
Director	0	Х			ļ <u>.</u>			0.	0.	0.
(9) Scott Swearingen	_15_								_	
President	0	X		X	<u> </u>			0.	0.	0.
(10) Lexi Stern	15_								•	
Secretary	0	X	\square	X	\vdash		_	0.	0.	0.
(11) Ray Terrill	_15_	,,						0.	0	0.
Director	0	Х			_			<u>U.</u>	0.	
(12)										
(13)										-
(14)										

Form 990 (2017)

(A) Name and title	Average hours per	(do box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an tee)	(D) Reportable compensation from	(E) Reportable	(F) Estimated amount of other compensation		ır
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/I 099-MISC)	related organizations (W-2/1099-MISC)	f org an	apensation rom the panization d related anizations	
(15)												
(16)												
(17)												
(18)			1						<u> </u>			
(19)												
(20)			7									
(21)												
(22)												
(23)			\dashv									
(24)	 -		7		_							
(25)				\dashv								
1 b Sub-total. c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)						1	led:	0. 0. 0.	0. 0. 0.	ensation		0.0
from the organization 0									or reportable comp		Yes I	N.
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru: h <i>individu</i> a	stee, al	key	em	ploy	ee, c	or h	ighest compensal	ed employee	3		X
4 For any Individual listed on line 1a, is the sum of the organization and related organizations greate									rom			
such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes'		• • • • •	• • • •				• • •			4	7) = 3	<u>X</u>
Section B. Independent Contractors									<u> </u>	5		X
1 Complete this table for your five highest compensation from the organization. Report compensation.	sated inde sation for t	pend he ca	lent lend	con ar y	trac ear	tors endin	that ig w	received more that the or	ian \$100,000 of ganization's tax year			
Name and business addr	ess							(B) Description o	f services	Compe) nsation	
							\exists				· .	
							\dashv					_
Total number of independent contractors (including be \$100,000 of compensation from the organization)		ed to	thos	se lis	sted	abov	e) v	who received more	than		x0	
BAA		FFA01	001	20104							998 (20	_

Form 990 (2017) 107 Independent Supporters Trust
Part VIII Statement of Revenue

Crieck ii Ocriedale C	contains a res	ponse or note to any	line in this Part VII	L		<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
🚆 ღ 1 a Federated campaigns .		L				
b Membership dues	1b	116,033.				Mary Mary 1
ှေ့၌ င Fundralsing events		466.	EL C			
d Related organizations.	1d			1350 m is		
e Government grants (contribu	tions) 1 e					
6 All other contributions gifts	ozants and		III . 20". e- 11			
f All other contributions, gifts, similar amounts not included	l above 1 f	57,219.				
g Noncash contributions include	ed in lines 1a-1f: \$					
Ta Federated campaigns b Membership dues c Fundralsing events d Related organizations e Government grants (contribut f All other contributions, gifts, similar amounts not included g Noncash contributions include h Total. Add lines 1a-16			173,718.			
		Business Code			, II, and William	
2a Away Travel		900099	128,327.	128,327.		
b Timbers Army Foot	ball Clu	900099	110,939.	110,939.		
.g c						
[통 d						
E e						
b Timbers Army Footi c d f All other program serv g Total. Add lines 2a-2f						
— I =		i	239, 266.			
3 Investment income (in other similar amounts)	cluding dividend	is, interest and				
			124.		_	124.
4 Income from investme						
5 Royalties	(i) Real	(ii) Personal				
5 - C	(I) Real	(II) Personal				
6a Gross rents						
b Less: rental expenses c Rental income or (loss)				"x"		
d Net rental income or ([
	(i) Securities	(ii) Other				
7 a Gross amount from sales of assets other than inventory	(i) Documes	(ii) Cale				17.56
				3-		
b Less: cost or other basis and sales expenses	1					
c Gain or (loss)						
d Net gain or (loss)						N
					AT LOS HOLES	
e 8a Gross Income from fur (not including, \$	466.					
(not including. \$		·				
See Part IV, line 18		a				
b Less: direct expenses		b 290.				
c Net income or (loss) fr	om fundralsing		-290.			
9 a Gross income from ga	ming activities.					
9a Gross income from ga See Part IV, line 19		a				
b Less: direct expenses				-4 - 4 Course		
c Net income or (loss) fr	rom gaming acti	vities▶				
10a Gross sales of invento and allowances	ry, less returns		L IZ	THE THE PARTY OF T		
			MINTEL S. V			
b Less: cost of goods so					100-100	
c Net income or (loss) fr			140,991.	140,991.		
Miscellaneous Reve	nue	Business Code				
11a						
D						Th.
C						
d All other revenue e Total. Add lines 11a-1		<u> </u>				
12 Total revenue. See ins			EE3 000	200 257	^	124.
BAA	, u u o u o u o u o u o u o u o u o u o		553,809.	380,257.	0.	Form 990 (2017)

	Check if Schedule O contains a response or note to any line in this Part IX.										
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,955.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,149.									
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	14,633.									
-	trustees, and key employees	0.									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages		·								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-						
9	Other employee benefits										
10	Payroll taxes										
11	` ' ' '										
	Management				····						
	Legal										
	Lobbying	2,461.									
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
	Other, (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)		· · · · · · · · · · · · · · · · · · ·								
	Advertising and promotion	768.									
13 14	Office expenses	19,569.									
15	Royalties	9,292.									
16	Occupancy	18,906.									
17	Travel	2,251.									
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	2,0311									
	Conferences, conventions, and meetings										
20 21	Interest	0.700	 								
22	Depreciation, depletion, and amortization	9,700.									
23	Insurance	8,953.									
24		0,733.									
	expenses on Schedule O.)										
	Away Matches	131,685.			<u></u>						
	TAFC	96,226.	 								
	Game Day Operation	82,771.									
	Miscellaneous Expense	12,281.									
	All other expenses	483,600.									
	Joint costs. Complete this line only if	200,0001									
	ipint costs from a combined educational campaign and fundraising solicitation.										
	SOP 98-2 (ASC 958-720)										
BAA		TEEA0110L 08/	08/17		Form 990 (2017)						

Page 11 27-0708680 Form 990 (2017) 107 Independent Supporters Trust Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 342,909. 1 340,582. Cash - non-interest-bearing..... 2 60,810. 135,115. 2 Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 3 4 239. 1,314 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D 10a 10 c **b** Less: accumulated depreciation..... 11 Investments — publicly traded securities..... 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11...... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 16 <u>478,263.</u> 402,706 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 6,700 17 12,048 17 Accounts payable and accrued expenses..... 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 6,700 26 12,048 Total liabilities. Add lines 17 through 25.....

	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.	3 3 3		
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	396,006.	32	466,215.
33	Total net assets or fund balances	396,006.	33	466,215.
34	Total liabilities and net assets/fund balances	402,706.	34	478,263.
4			1	Form 990 (2017)
	28 29 30 31 32 33	lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances.	tines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 396,006. 34 Total liabilities and net assets/fund balances. 402,706.	lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 396,006. 32 31 Total net assets or fund balances. 396,006. 33 34 Total liabilities and net assets/fund balances.

Forn	n 990 (2017) 107 Independent Supporters Trust	27-070868	30	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	53,8	809.
2	Total expenses (must equal Part IX, column (A), line 25)		4	83,6	600.
3	Revenue less expenses. Subtract line 2 from line 1	3		70,2	209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	96,0	006.
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
D.	column (B))	10	4	66,2	<u> 215.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		la t	inni	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	iewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis		1	0	
	Were the organization's financial statements audited by an independent accountant?		2b		l x
'	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se		20		Α.
	basis, consolidated basis, or both:	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain			. 77	
_	in Schedule O.	_			
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	ile 	За		X
, t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA			Forn	990	(2017)

Complete if the organization an invaliduals in the United States Complete if the organization and another information Indent: Supporters Trust Conclusion and Assistance • Go to wevel; agoinfrom 990 for the latest information Indent: Supporters Trust Indent: Supporters Trust Indent: Supporters Trust Indent: Supporters Trust Indent: Supporters and Assistance Indent: Supporters and Assistance Indent: Supporters and Assistance Indent: Supporters and Demonstration and	Complete if the organization answered "Yes" on Form 590, Part IV, line 21 or 22. Independent Supporters Trust Tradependent Supporters Tradependent Supporters Tradependent Supporters Tradependent Supporters Tradependent Supporters Tradependen	SCHEDULEI	פֿ	ants and Otl	her Assistance	to Organization	is,		OMB No. 1545-0047
ndent Supporters Trust In Grants and Assistance and Sasistance, the grantees' eligibility for the grants or assistance, and states and beautifurent or another than states and beautifurent or consistence. In Grants and Assistance and Domestic Governments. Complete if the organization answered 'Ves' states to any recipient that recipient that recipient that ceals and Domestic Governments. Complete if the organization answered 'Ves' states to be law (a specially or the grant of ceal part in the United States. See Part IV See Part I	Transfer for the latest information Transfer or assistance, the grantees' eligibility for the grants or assistance, and grant founds in the United States. See Part IV See Part IV See Part IV Signature of the states of the grantees' eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization answered Y'es' on eligibility for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the organization and power for the grants. Complete if the grants and power for the grants. Complete if the grants and power for the grants. Complete if the grants and power for the grants. Complete if the grants and power for the grants. Complete if the grants and power for the grants and power for the grants. Complete if the grants and power for the grants and power for the grants and power for the grants. Complete if the grants and power for the grants. Complete if the grants and power for the grants and power for t		Complete	ernments, a le if the organizati	nd Individuals in	n the United Sta orn 990, Part IV, line 2	ates 1 or 22.		2017
ndent Supporters Trust n Grants and Assistance n Grants and Assistance n Grants and Assistance n Grants and Assistance and be qualted the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and and the grants or assistance, and start the grants or assistance for monitoring the use of grant funds in the United States. See Part IV Stance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ves' istance to Domistic Organizations and Domestic Governments. Complete if the organization answered 'Ves' istance to Domestic Organizations and Domestic Governments.	See Part IV strong and Domestic Governments. Complete if the organization answered 'Yes' on the brited States. See Part IV See Part			► Go to www.irs	Attach to Form 998. gov/Form990 for the late:	o. st information			Open to Public Inspection
In Grants and Assistance and the grants or assistance, the grantees' eligibility for the grants or assistance, and and the grants or assistance. Is a society of the grants or assistance, and and the grants or assistance. Is a society of the grants of assistance, and bornestic Governments. Complete if the organization answered 'Yes' is any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. On the grant society of the grants of the grants of the organization answered 'Yes' is any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. On the grant society of the grants of th	grant funds in the United States. See Part IV See Part			Trust				Employer identific 27-070868	ation number
and the grants or assistance. The grants or assistance the grants or assistance. The grants or assistance and and the grants or assistance. See Part IV stance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes'; 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 21, for any recipient that received more than \$5,000. Part II can be duplicated additional space is needed. 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 22, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 236-4737622	grant funds in the United States. See Part IV See Part IV See Part IV Itions and Domestic Governments. Complete if the organization answerred Yes' on eviced more than \$5,000. Part II can be duplicated if additional space is needed. A 7,719. O Cash See Supplemental T,719. O Cash See Supplemental Information See Supplemental See Supplemental Information See Supplemental See Supplemental Information See Supplemental See Supplemental See Supplemental See Supplemental Information Information See Supplemental Information Informat	rmation on Gr	ants and Assista	nce					
See Part IV	Note that the United States. Itions and Domestic Governments. Complete if the organization answered 'Yes' on eviced more than \$5,000. Part II can be duplicated if additional space is needed. A 7,719	maintain records I used to award th	to substantiate the amo ie grants or assistanc	nunt of the grants or e?	assistance, the grantees'	eligibility for the grants	or assistance, and		_
Stance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. O For any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. O For any organization O O O O O O O O O O O O O O O O O O O O O O O O O	titions and Domestic Governments. Complete if the organization answered "Yes" on eived more than \$5,000. Part II can be duplicated if additional space is needed. Section (if Amount of cash grant of cash grant) 10,530. (Cash	organization's pro	ocedures for monitoring	the use of grant fu	nds in the United States.		See F	art IV]
Control Cont	Section (4) Amount of cash prant (4) Amount of cash prant (5) Amount of cash prant (6) Amount of cash (7,719) (7	ther Assistar Irt IV, line 21,	for any recipient	Organizations that received r	and Domestic Governore than \$5,000. F		te if the organiza cated if additiona	tion answered 'Y I space is neede	es' on d.
36-4737622 7,719. 0. Cash 36-4737622 10,530. 0 Cash 93-1321280 5,684. 0 Cash 93-1-321280	See Sup-lemental Sup-lemental Information See Sup-lemental See Sup-lem	of organization ent	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
36-4737622 10,530. 0. Cash 93-1321280 5,684. 0. Cash	10,530. Cash See Supplemental Information Supplemental Informatio		93-0806295		7,719.	0.	Cash		See Supplemental Information
93-1321280 5,684. 0. Cash	See Supplemental Information	1 İ	36-4737622		10,530.	0.			See Supplemental Information
	is listed in the line 1 table. Schedule I (Form 990) (2017)	for Girls	93-1321280		5, 684.	0.	Cash		See Supplemental Information
	Is listed in the line 1 table. TEEA3901L 08/10/17 Schedule I (Form 990) (2017)					1			
	is listed in the line 1 table.								
	15 listed in the line 1 table								
7-	ns listed in the line 1 table. TEEA3901E. 08/10/17 Schedule I (Form 990) (2017)					=			
	s listed in the line 1 table P TEEA3901L 08/10/17 Schedule I (Form 990) (2017)						5-		
	990. TEEA3901L. 08/10/17 Schedule I (Form 990) (2017)	of other organizat	3) and government or ions listed in the line	rganizations listed 1 table	in the line 1 table				
990. TEEA3901L 08/10/17		Suction Act Notice	e, see the Instruction	s for Form 990.		TEEA3901L	08/10/17	Schedu	

Schedule I (Form 990) (2017) 107 Independent Supporters Trust

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

		TOO IN COOR IS HOOK				
	(a) Type of grant or assistance	(b) Number of recipients	(e) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncesh assistance
-						
8						
ന						
4						
ເດ					C	
9	0.0					
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Schedule I, Part 1, Line 2 - Grant funds are monitored depending upon the type of

grant and the grant requirements, typically involving regular progress and outcome

reports

Part IV - Additional Supplemental Information

Purpose of IRCO (Immigrant & Refugee Community Organization) grant - Help promote

the integration of refugees, immigrants and the community at large into a

self-sufficient, healthy and inclusive multi-ethnic society.

Purpose of The Living Room grant - Help to provide a safe, healthy, empowering space

where Gay, Lesbian, Bisexual, Transgender, Queer and Questioning youth (age 14-20)

Schedule I (Form 990) (2017)

Schedule I, Part IV - Supplemental Information

Page 3

107 Independent Supporters Trust

27-0708680

Part IV - Additional Supplemental Information (continued)

and their allies can connect with one another and resources in our community.

Purpose of Rock N Roll Camp for Girls grant-Help build confidence and self-esteem through music creation and performance, empowering girls, women, and gender expansive folks through collaborative music creation, peer to peer mentoring, and advocacy for an equitable and inclusive society.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

107 Independent Supporters Trust

Employer identification number

27-0708680

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

107 Independent Supporters Trust is a membership-based organization. To become a member, there is an annual membership fee of \$25. Anyone can join. Membership is valid for the calendar year for which payment is received. Included in membership is the right to vote in the annual election of officers, the ability to purchase away game tickets and travel packages, discounts at partner businesses, as well as to have representation with the Portland Timbers front office. 107ist also provides several membership opportunities throughout the year.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

107ist board of directors are elected annually by its membership. The directors are divided into three classes, as nearly equal in number as possible, with the term of office of the first class expiring at the 2015 annual meeting, the term of the second class expiring at the 2016 annual meeting, and term of the third class expiring at the 2017 annual meeting. The entire process repeats itself in the following year. Annual meetings are typically held in January or February of every year.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

The bylaws may be amended with approval of two thirds of either the board of directors or the membership.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is prepared by the organization's accountant along with assistance by the President, Treasurer, Secretary, and other board members as necessary. Once a draft is completed, it is presented to the entire board for their review. The board of directors approves the IRS Form 990 prior to filing.

Name of the organization	Employer Identification number
107 Independent Supporters Trust	27-0708680

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The board of directors monitors compliance with its conflicts of interest policy on an ongoing basis, as issues arise, and at election time each year.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents are made available to active members on the organization's website or by request. Per the organization's bylaws, financial information is available to members upon request.

(g) Sec 512(b)(13) controlled entity? ž Schedule R (Form 990) 2017 (f) Direct controlling entity × Open to Public Inspection OMB No. 1545-0047 2017 Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling
entity 27-0708680 N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (1) (a) (vi) 170(b) Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. (d) Total income Go to www.irs.gov/Form990 for instructions and the latest information. Related Organizations and Unrelated Partnerships (3) (d) Exempt Code section TEEA5001L 11/29/17 <u></u> (c)
Legal domicile (state or foreign country) 501 (c) Legal domicile (state or foreign country) g (b) Primary activity deserving youths scholarships to (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Soccer 107 Independent Supporters Trust I I I I I (a) Name, address, and EIN (if applicable) of disregarded entity 1111 111111 1 | 1 | 1 1) Gisele Currier Scholarship Fund 1633 SW Alder Street Portland, OR 97205 47-2324722 (a) Name, address, and ElN of related organization Department of the Treasury Internal Revenue Service Vame of the organization SCHEDULE R (Form 990) 1111 Part II 8 ତ୍ର €¦ ଥ୍ୟ ନ

Schedule R (Form 990) 2017 107 Independent Supporters Trust

O) Sec 512(b)(13) controlled entity? 욷 (k) Percentage ownership Schedule R (Form 990) 2017 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (I) General or managing partner? S. (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (q) Share of end-of-year assets (h)
Disproportionate
allocations? [©] Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d) Direct controlling entity TEEA5002, 11/29/17 (e)
Predominant income
(related, unrelated,
excluded from tax
under sections
512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part IV 1 BAA 읪 티 8 $\mathbf{g}_{!}$ ତ୍ର ල

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Schedule R (Form 990) 2017 107 Independent Supporters Trust

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	N S
Receipt of (i) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	listed in Parts II-IV?		8	×
b Gift, grant, or capital contribution to related organization(s).			1p	×
c Gift, grant, or capital contribution from related organization(s)			1c	×
d Loans or loan guarantees to or for related organization(s).			14	×
e Loans or loan guarantees by related organization(s).			1e	×
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s).			4	×
i Exchange of assets with related organization(s)				×
J. Lease of facilities, equipment, or other assets to related organization(s).				×
k Lease of facilities, equipment, or other assets from related organization(s).			1 ×	×
1 Performance of services or membership or fundraising solicitations for related organization(s).				*
m Performance of services or membership or fundraising solicitations by related organization(s).			_	*
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			- I	×
 Sharing of paid employees with related organization(s) 			10	×
p Reimbursement paid to related organization(s) for expenses			4	×
d heimbursemen para by related organization(s) for expenses.			Х рГ	
r Other transfer of cash or property to related organization(s).			1 x	
	. 1		15	*
2 If the answer to any of the above is Yes, see the instructions for information on who must complete this line, including covered	vered relationships and transaction thresholds	saction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	minin
(1) Gisele Currier Scholarship Fund	ъ	3,282.	Cash	
(2) Gisele Currier Scholarship Fund	4	9,700.	Cash	
(3)				
(b)				
6				
(b) TEERSONS 11 PARIS		Cohen	Cohodula B Com 000 201	100 %
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107 Independent Supporters Trust Schedule R (Form 990) 2017 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) Name, address, and EIN of entity	y Legal domicile	(d) Predominant	(e) Are all partners	Share of	(g) Share of	(h) Dispropor- tionate	Code V-UBI	General or	(k) Percentage ownership
	country)	(related, unre- lated, excluded from tax under	501(c)(3) organizations?			allocations?	20 of Schedule K-1 (Form 1065)	partner?	
		sections 512-514)	Yes No			Yes No		Yes No	
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Provide additional information for responses to questions on Schedule R. See instructions.