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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2008 calendar year, or tax year beginning SEP 2008 and ending AUG 31, 2009 D Employer identification number C Name of organization Check if applicable use IRS label or Address change Vermont Wilderness School pnnt o Name change 03-0365090 Doing Business As]Initial return See Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-ation PO Box 2585 802-257-8570 Instruc-Amended return 139263. City or town, state or country, and ZIP + 4 G Gross receipts \$ Application 05303-2585 <u>Brattleboro, VT</u> H(a) Is this a group return ending Yes X No F Name and address of principal officer: for affiliates? H(b) Are all affiliates included? I Tax-exempt status: X 501(c) (3) (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ▶ www.VermontWildernessSchool.org **H(c)** Group exemption number ▶ K Type of organization Corporation X Association Trust L Year of formation 2000 M State of legal domicile VT Part I Summary Briefly describe the organization's mission or most significant activities: Nature Education Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part) 4 1 Total number of employees (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 7Ь **Prior Year Current Year** 18996 45554. Contributions and grants (Part VIII, line 1h) Revenue 90820. Program service revenue (Part VIII, line 2g) 85368 63 57. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 386 1007. S Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1,1e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (12) \$ 201 ∇ 104813 137438. (Y Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 27365 44439 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)

ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	53581.	51789					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80946.	96228					
	19	Revenue less expenses. Subtract line 18 from line 12	23867.	41210					
es es	20 21 22		Beginning of Year	End of Year					
alan	20	Total assets (Part X, line 16)	48514.	89811					
AS D	21	Total liabilities (Part X, line 26)	166.	253					
캺	22	Net assets or fund balances. Subtract line 21 from line 20	48348.	89558					
	ert II	Signature Block							
		Index panelties of periory. I declare that I have examined this return, including accompanying schedules and	t statements, and to the best of my knowledge a	and barbark is in Smile					

and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Benjamin serran Treusurer

Type or print name and title Check if Preparer's identifying number (see instructions) Preparer's Paid selfsignature 12/02/10 employed > X Preparer's Firm's name (or Susań . Daigler, EIN > Use Only yours if self-employed), 203 Camp Arden Road Phone no ► 802-257-4200 West Dummerston, VT 05357

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

X Yes No Form 990 (2008)

No 1545-004

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Here

		<u>65090</u>	Page 2
Pai	THE Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	To help caretake the natural environment by building a cadre	of	
	trainers who will quide people in making healthy connections		
	natural world and an understanding of self and nature.	co che	
	natural world and an understanding of self and nature.		
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 new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
•	If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 43746 • Including grants of \$) (Revenue \$	51	925.)
	Homeschool Nature Program provided mentored nature education		•
	to about 35 children from the homeschooling community.		
	The state of the s		
4b	(Code:) (Expenses \$ 26638 • Including grants of \$) (Revenue \$	35	815.)
	Mentoring workshops offered experiential training in the art		
	of nature-based mentoring to about 100 students.		
	0.550		
4c	(Code:) (Expenses \$ 2658 • including grants of \$) (Revenue \$		080.)
	Summer Day Camp-provided mentored education to about 20 child	ren in	the [
	local area.		
		 -	
		 -	
			_
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 9152 • including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ▶\$ 82194 . (Must equal Part IX, Line 25, column (B).)		
		Form 99	0 (2008)
83200			, /

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice В X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Я X Schedule D. Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 10 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 X If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 X prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 Х located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F. Part III 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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 guestions 24b-24d and complete Schedule K. If "No", go to question 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a X prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X

Form **990** (2008)

Form 990 (2008) Vermont Wilderness School Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			•
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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_		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		Х
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

Form **990** (2008)

	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1		
	(gambling) winnings to prize winners?		1c] '	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b	Ì '	Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	·	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			ĺ
	Financial Accounts.				ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts			1
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
_	to file Form 8282?	1 1	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		ĺ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal	_		v
	benefit contract?	10	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of supplied intellectual property and the property of the Form 2000 as a result of the contribution of the Form 2000 as a result of the contribution of the Form 2000 as a result of the contribution of the Form 2000 as a result of the contribution of the Form 2000 as a result of the contribution of the Form 2000 as a result of the contribution of the c		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'		7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	•	7h		^
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or				
	excess business holdings at any time during the year?	gamzation, nave	8		İ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		-		
a	Did the organization make any taxable distributions under section 4966?		9a		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10-	Section 501(c)(7) organizations. Enter: N/A	- -			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ĺ
11	Section 501(c)(12) organizations. Enter: N/A				
а	Gross income from members or shareholders	11a			į
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				•
	amounts due or received from them.)	11b			į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
			Form	990	(2008)

Form 990 (2008) Vermont Wilderness School 03-0365090 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					
			Yes	No		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,					
	processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 4					
b	Enter the number of voting members that are independent 1b 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	_3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	6		Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a		Х		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х		
8	John Strategy and					
	by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ		
9a	Does the organization have local chapters, branches, or affiliates?	9a		X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must					
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	_	<u> </u>		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X		
<u> 5ec</u>	tion B. Policies					
40			Yes	No		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_				
42	In Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		<u>X</u>		
14	Does the organization have a written document retention and destruction policy?	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			v		
_	The organization's CEO, Executive Director, or top management official?	15a	_	X		
	Other officers or key employees of the organization?	15b				
16-	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 with a	1				
ıva	taxable entity during the year?			v		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		X		
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's]				
	exempt status with respect to such arrangements?	401				
Sec	tion C. Disclosure	16b				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	· · · ·	-			
	public inspection. Indicate how you make these available. Check all that apply.	or				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	-1 <i>P</i> 1	•			
	statements available to the public.	a finai	ncial			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat					
	Vermont Wilderness School – 802–257–8570	ion: 🟲				
	P.O. Box 2585, Brattleboro, VT 05303-2585					
832000			000			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 the organization did not of (A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	/0		Posi			ЬA	Reportable	Reportable	Estimated
	per week	director	Institutional frustee		Key employee	Highest compensated Completes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Rebecca Martenson	0.00									
Board President	2.00	X		Х				0.	0.	0
Barry Shaw Secretary	1.50	x		х				0.	0.	0
Charlie Laurel	1.50			-		<u> </u>	_	•	•	
Vice President	1.00	Х		Х				0.	0.	0
Ben Riseman										
Ireasurer	1.50	X		X			L	0.	0.	0
						ŀ				
		-								
		=		_	_					
	-									
	-			_						
				_						

832007 12-18-08

i di	(A) (B) (C) Name and title Average Position			est	(D)	(E)	(F)							
	Name and title	Average hours per					app	ly)	Reportable compensation from	Reportable compensation from related	n		stimate nount other	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fı org an	pensa rom th janizat d relat anizati	e Ion ed
				:					,	,				
_										 .				
							-				-	_		
								· ·-						
														-
												-		
	Total					41	>	20.	0.		0.			0.
2 —	Total number of individuals (including those compensation from the organization	e in Ta) who re	ceiv	ea m	ore	tna	.n . p 1	00,0	UUU In reportable	···			Yes	0 No
3	Did the organization list any former officer,		stee	, ke	y en	plo	yee,	or h	nighest compensated er	mployee on			162	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	m of reportab								the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f						ices rendered to		4		X
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	ule J for such	<u>oers</u>	on								5		<u> </u>
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation 1	from	
	(A) Name and business	address							(B) Description of s	services	С	ompe	C) nsatio	n
												_		
2	Total number of independent contractors (in from the organization ▶	ncluding those	e in	1) wł	no re	ecer	ved	mor	e than \$100,000 in com	pensation				

Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

90820

137438.

1064. Form **990** (2008)

Form 990 (2008) Vermont Wilde Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			•	······································
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	39290.	35426.	3864.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5149.	4412.	737.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	300.		300.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10610	10610		
9	Other .	13610.	13610.	1000	
12	Advertising and promotion	3240.	1280.	1960.	
13	Office expenses	1781.	622.	1159.	
14	Information technology				
15	Royalties	10224	7052	0.4.0.1	
16	Occupancy	10334.	7853.	2481.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		660		
9	Conferences, conventions, and meetings	660.	660.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2520	745	0775	-
23	Insurance	3520.	745.	2775.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Program Supplies	9888.	9888.		
b	Tuition Waivers	6519.	6519.		
c	Bank Charges	1306.	622.	684.	
d	Bad Debts	297.	297.		
е	Dues & Subscriptions	74.		74.	
f	All other expenses	260.	260.		
25	Total functional expenses. Add lines 1 through 24f	96228.	82194.	14034.	0
26	Joint Costs. Check here ▶ ☐ If following		_		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form 990 (2008)

1 Cash - Non-Interest-bearing 1 2 2 2 2 3 2 6 6 1.2 4 2 5 6 1.2 4 2 2 2 2 2 2 2 2	Fa			(A) Beginning of year		(B End of		
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Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? Yes No Yes No Accrual Other 2a		34	Total liabilities and net assets/fund balances	48514.				
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3a X b If "Yes," did the organization undergo the required audit or audits?	3=				امنیک ما			
b If "Yes," did the organization undergo the required audit or audits?	- u		· · · · · · · · · · · · · · · · · · ·	action at sectional in the Silly	io Aud	ł		x
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		-					990 /	20081

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008

Internal Revenue Service

Name of the organization

Employer identification number

		Vermont	Wilderness	Schoo	1				03	3-0365090	
Part I	Reason	for Public Chari	ty Status (All organiz	zations mu	st complet	te this par	t.) (see ıns	tructions)			_
The organ	ization is not a	private foundation I	because it is: (Please ch	eck only o	ne organiz	zation.)					_
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.			
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospit	al service organization	described	in section	170(b)(1)	(A)(iii) . (At	tach Sche	dule H.)		
4	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter ti	he hospital's name,	
	city, and stat										
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or or	perated by	a govern	mental uni	t describe	ed in	_
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗀	A federal, sta	ite, or local governme	ent or governmental uni	t describe	d ın sectio	n 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). (Comple	te Part II.)	, ,		_					
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross receipts from	ı
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 ¹	1/3% of its	support	from gross investment	t
	Income and I	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	ınızatıon a	ıfter June 30, 1975.	
	See section	509(a)(2). (Complete	the Part III.)								
10 🗔	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sect io	on 509(a)(4	I). (see ins	tructions)	1	
11 🔲	An organizat	on organized and op	perated exclusively for the	ne benefit :	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of one or	
	more publicly	supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Che	ck the box that	
	describes the	e type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h.					
	a Type	l b 🗀	Type II 🔻	с 🔙 Тур	e III • Fund	tionally in	tegrated		d 🗀	Type III - Other	
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	persons other than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	is box								⅃
9	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing per	sons?		_
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (์แi) below,	Yes No	<u>. </u>
	the gov	erning body of the su	upported organization?							11g(i)	_
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)	_
h	Provide the f	ollowing information	about the organizations	the organ	ızatıon su	pports.					
		-	, <u>,</u>	т		Г		1			_
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizati	the	(vii) Amount of	
orga	anızatıon		(described on lines 1-9		sted in your document?		r support?	(i) organiz U S	ed in the	support	
			above or IRC section	- Yes			No	-Yes	No		
			- (see instructions))	163	140	162	140	162	140		_
				<u> </u>	-		ļ		 		_
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Total											
Total	Privacy Act ar	d Panerwork Redu	ction Act Notice, see t	t he instruc	tions for	Earm 991	1	Schodul	o A (Form	n 990 or 990-EZ) 2008	_
LINT I'VI F	usy mot al	upu: : 116UU	mot 140000; 300 U			<i></i>			~~ (-011)		ن

ection A. Public Support		,				,		
alendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not			ļ.					
include any "unusual grants.")				ļ				
? Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
The value of services or facilities								
furnished by a governmental unit to								
the organization without charge			-					
Total. Add lines 1 · 3			ļ					
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)		[
Public Support. Subtract line 5 from line 4		<u> </u>	1	<u>L</u>	<u> </u>			
lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
Amounts from line 4	(4, 200)	(5) 2000	(0) 2000	(0) 2001	10,2000	(1) 1014		
Gross income from interest,		-		İ				
dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources		ŀ						
Net income from unrelated business								
activities, whether or not the								
business is regularly carried on								
O Other income. Do not include gain				<u> </u>				
or loss from the sale of capital					ŀ			
assets (Explain in Part IV.)								
Total support. Add lines 7 through 10								
2 Gross receipts from related activities, e	tc (see instructi	ous)	.d	<u></u>	12			
First five years. If the Form 990 is for t	•	•	rd fourth or fifth t	ay yaar as a sactic				
organization, check this box and stop		o (1101, 0000110, 1111		ar year as a scone	71.001(0)(0)	▶ 「		
ection C. Computation of Public		rcentage	~ .			<u>, </u>		
Public support percentage for 2008 (lir	e 6, column (f) d	livided by line 11,	column (f))		14	·		
Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15			
33 1/3% support test - 2008. If the or	ganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and		
stop here. The organization qualifies a	s a publicly supp	oorted organization	n			▶[
b 33 1/3% support test - 2007. If the or	ganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box		
and stop here. The organization qualif	es as a publicly	supported organiz	ation			▶[
a 10% -facts-and-circumstances test	- 2008. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
and if the organization meets the "fact:	s-and-circumstar	ices" test, check t	his box and stop l	here. Explain in Pa	rt IV how the organ	nization		
meets the "facts-and-circumstances" to	est. The organiza	ation qualifies as a	publicly supporte	d organization		▶[
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
organization meets the "facts-and-circu		-	•	icly supported org		▶[
					and see instruction			

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 48500. 29058 23453. 18996. 45554. 165561. 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 163114. 157217 36245. 85368. 91827. 533771. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 211614. 186275 59698. 104364. 137381. 699332. 6 Total, Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 699332. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 211614 186275 59698. 104364 137381 9 Amounts from line 6 699332. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 910 16. 20. 63 57 and income from similar sources 1066. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 910. 16. 20. 63. 57. 1066. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 1264. 1264. assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 701662. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 99.67 15 % 16 Public support percentage from 2007 Schedule A. Part IV-A. line 27g 94.72 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .15 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .26 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Vermont Wilderness School

Employer identification number

	vermont wilderness		03-0365090
Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	(h) Francisco de Alexander
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in		<u></u>
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		· — —
Da	for charitable purposes and not for the benefit of the donor of		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p	· —	storically important land area
	Protection of natural habitat	Preservation of certif	ied historic structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		J
			Held at the End of the Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the taxable
_	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations, a	
_	enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
D	conservation easements.	4 A . 4 . 11	ALL OLD II A
Pa	Till Organizations Maintaining Collections or Complete if the organization answered "Yes" to Form		tner Similar Assets.
	Complete if the organization answered Tes to Form	990, Part IV, line 6.	
4	If the access we then also the discount of the discount of the CEAO 440 and		
ıa	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed		blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		.
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$
	For Drivoey Act and Danamusk Badustian Act National	the lecturations for Farm 200	Oak data D.E. Annuaria
∟ПН	For Privacy Act and Paperwork Reduction Act Notice, see	e ure misuructions for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Vermont Wilderness School	Employer identification number 03–0365090
Form 990, Part VI, Section A, line 10: The treasurer exam	ines the Form
990.	
Form 990, Part VI, Section C, Line 19: Governing document	s and conflict of
interest policy information is available upon request. T	he organization's
self-prepared financial statements are available at its w	eb site. Form 990
and 1023 are available upon request.	
	