

4... 990°

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Departr					
Internal	Rev	enu	e S	ervic	e i

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.

■ Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

<u> </u>	For the 2	017 cale	endar year, or tax year b	eginning	07/01	, 2	<u>201</u> 7, an	d ending	06	/30	, 20 18	
В	Check if ap	plicable:	C Name of organization Va	shon Wil	derness Program					D Employ	er identification n	umber
	Address ch	ange	Doing business as		•						42-1625469	
	Name char	age	Number and street (or P C	box if ma	il is not delivered to s	treet addres	s)	Room/suite		E Telepho	ne number	
	Initial return	-	PO Box 712								206-651-5715	
$\bar{\sqcap}$	Final return/		0.1	/ince, count	try, and ZIP or foreign	postal code	•					
$\overline{\Box}$	Amended r		Vashon, WA, 98070			•				G Gross re	eceints \$	286,982
\exists			F Name and address of prin	cinal office	Jeff Stevenso				Way to the a se		- '	
ш	Application	pending				"		. ~	1		subordinates? Yes	
			PO Box 712, Vashon, V	_		П	 (-	/7) 	1 ''		s included? L. Yes ee instructions)	. □ No
<u> </u>	Tax-exemp		<u>✓</u> 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)	(1) or \ ⊾	J/627	1	-	•	
<u></u>	Website:		w.vashonwildernesspro		\neg	-\	Τ		H(c) Group	т		
			Corporation Trust	Associat	ion ∐ Other►		L Year	of formation	2004	M State	of legal domicile.	<u>WA</u>
P		Summ				\						
_	1		escribe the organization						hon Wilder	ness Pro	gram provides i	nature
ဦ	_ <u>.i.</u>	nmersic	on experiences and natu	re based	education for chi	ldren, teen	ns and a	dults				
Activities & Governance												
Ver	1		is box 🕨 🗌 if the orgar			-		posed of	more than	25% of	rts net assets.	
မ္ပ	3 N	umber	of voting members of t	he gover	ning body (Part '	VI, line 1a))			3		5
9	4 N	umber (of independent voting	members	s of the governin	g body (Pa	art VI, I	ine 1b)		4		5
ţį	5 T	otal nur	mber of individuals emp	ployed in	calendar year 2	017 (Part \	V, line 2	2a) .		5		13
έŽ	6 T	otal nur	mber of volunteers (est	imate if n	necessary)					6	_	40
Ac	7a T	otal unr	elated business revenu	ue from F	Part VIII, column	(C), line 12	2.			7a		0
	b N	et unrel	lated business taxable	income f	from Form 990-T	, line 34				7b		0
	1					-			Prior Ye	ar	Current Ye	
4	8 C	ontribu	tions and grants (Part)	√ffi. line.	MACINE!) l		🗀		21,419		77,462
ğ	9 P	rogram	service revenue (Part	VIII line 3	The Column	781		`		45.003		204,640
Revenue			ent income (Part VIII, co			7d) 181		`	 	10,000		0
æ	11 0	ther rev	enue (Part VIII, columr	VA) line	2 6 78 7 9 2 C	16A	 1e)	· ·		745		-3,665
	12 T	ntal reve	enue—add lines 8 throu	idioci i (m	He paros, sc, i	U-001	(Δ) line	. 12)		67,167		278,437
			nd similar amounts pai		The second secon		(/-), III ic	- 12/	·	9,550		
			paid to or for members				, .	· ·		9,550		26,340
			other compensation, em				ince 5	<u> </u>		70.505		100.050
Şe			·				111162 0-	-10) <u> </u>		78,525		189,958
Expenses	N .		onal fundraising fees (P			-						
푔	1		draising expenses (Par				30,	,309				
_			penses (Part IX, columi			•		· · ⊢		17,037		40,662
		-	penses. Add lines 13–1	•	-	umn (A), II	ine 25)	· [—		105,112		256,960
		evenue	less expenses. Subtra	ict line 18	from line 12 .	• • • •	• •			-37,945		21,477
sets or			. (5					Rei	ginning of Cu		End of Ye	
Set	20 T		sets (Part X, line 16)					· · _		86,404	 -	110,716
Net Ass Fund Ba	21 T		oilities (Part X, line 26)					· ·		56,853		59,688
			ts or fund balances. Su	ubtract lir	ne 21 from line 2	<u> 0</u>	· ·	<u> </u>		29,551	·	51,028
			ture Block				-					
Un	der penaltie	s of perju	iry. I declare/that I have examilete. Declare/ion of preparer (nined this re	etum, including accor	npanying scl	hedules a	and stateme	nts, and to th	e best of r	ny knowledge and	belief, it is
ıru	e, correct, a	на сотр	leter Declaration of proparer	DUID TOTAL	omicer) is based on al	Intormation	or which	preparer na	as any knowle	eage	· -1 · 61	
	i i		JU SI		7					11/	15/1X	
Sig		Sign	ature of officer						Dat	е	Ū	
He	re 📙		f Stevenson, Treasurer									
			e or print name and title		<u> </u>							
Pa	id	Print/Ty	pe preparer's name	I	Preparer's signature			Date		Check	ıf PTIN	
	eparer	L								self-em		
	e Only	Firm's n	name ►						Firm	's EIN ▶		
	Jing	Firm's a	ddress ►						Pho	пе по		
Ма	y the IRS		s this return with the pi	reparer s	hown above? (se	e instruct	tions)				· · UYes	No
			ction Act Notice see the				•	Cat No.	110007		 	90 (2017)

Part	Ш	Statement	of Program	Service /	Accomplish	ments			•	v	_
4	Profi	Check if Sci	hedule O cor	ntains a re	esponse or r	note to any lin	e in this Part	<u> </u>	· · · · · ·	<u> </u>	<u>. L</u>
	The \	Vashon Wilde	rness Progran	n provides	weekly and r	nonthly school	year nature p	ograms, summer	camps. seaso	nal	
	ceier										
	D: 1.4										
2	prior	Form 990 or	990-EZ? .					which were not I		☐Yes	☑ No
3		es," describe					nace in how	v it conducts, a	ny program		
3	servi	ces?					-			☐Yes	☑ No
4		es," describe				oliebmente for	each of its th	ree largest progr	am convices	ac moac	ured by
•	expe	nses. Section	n 501(c)(3) an	nd 501(c)(4	l) organizatio		d to report th	ne amount of gra			
4a	(Code	e:) (Expenses	\$	49,502 ınclu	uding grants of	\$	11,295) (Revenu	e\$	77,069	<u>)</u>
	Fire	Tenders 2017-	18 Weekly Pro	ogram for 7	7-12 year olds	3					
4b	(Code	0:) (Evpopeoe	<u>•</u>	20 EEO IDON	iding grapts of	<u>¢</u>	7.000 \ /Povonu		40.070	
40	Wind	Gatherers 20) (Expenses 17-18 Weekly	Ψf	or 4-6 year of	ds	Ψ	7,000) (Revenu	e a	49,370	!)
4c	(Code	e:) (Expenses	\$	14,723 inclu	uding grants of	\$	4,250) (Revenu	e \$	20,606	<u>i</u>)
	Earth	h Walkers 201	7-18 - monthly	program (or teens						
					·						
								· -			
4d						e Schedule O, S					
4e		enses \$ I program ser		icluding gr es ▶		3,795)	(Revenue \$	57,737)		

Part	Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	ļ
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		,
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? <i>If "Yes," complete Schedule C, Part II</i>	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		•
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	_	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	~	v
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		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	~	_
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		~
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Part	V Checklist of Required Schedules (continued)		.,	
			Yes	No
20 g	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		- 60
b	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		~
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	~	
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	Į	~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	}	~
b	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	i		1
	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		1	1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		~
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	i		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├──	~
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			<u> </u>
	Schedule L, Part IV	28b		"
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ļ
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Ť
	conservation contributions? If "Yes," complete Schedule M	30	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		\vdash	
	Part I	31		V
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		~
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		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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,	l		
	Part VI	37		~
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	~	

Form **990** (2017)

	5 (2017)			Page 4
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			r
	Official in Confedence of Confedence of Note to any line in this Fart V	- · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		163	"
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
·	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	_	
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	·	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		\vdash	.
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	† ·· · · · ·	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	 	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	,	V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b	1	}
7	Organizations that may receive deductible contributions under section 170(c).	H-	<u> </u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		1
	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	,	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 . [10b]	<u> </u>		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
_	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	
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	ļ.,		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	~
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 990 (2017) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Ż V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: / 8a Each committee with authority to act on behalf of the governing body? / Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy? . . . 13 14 Did the organization have a written document retention and destruction policy? 14 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? 15a 1 15b ~ 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 16a 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ wA 17 18 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. ☐ Another's website ✓ Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

financial statements available to the public during the tax year.

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

Check if Schedule O contains a response or note to any line in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unies er an	Pos heck ss pe d a d	rson Irect	e than one of the thick that the thick the thi	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Caroline Peani	1									
President	0	~	<u> </u>	~				0	0	-
Jeff Stevenson	11		İ			ĺ	Ĭ			
Treasurer	0	~		~			ļ	0	0	
Renee Marceau	1									V.
Secretary	0	_		~	L			0	0	
Andy Valencia	1									
Board Member		~						0	0	
Kaycie Alanis	11	ļ	Ì						İ	
Board Member	0	~	L					0	0	
Tiffany Lutnick-Coleman	11		l			İ				
Board Member	0	~	<u> </u>	<u>_</u>	<u> </u>			0	0	
Zoe Hughes	1 1						1			
Board Member	0	-	<u>.</u>		L.		<u> </u>	0	0	
Stacey Hinden	40		İ							
Executive Director				~				54,572	0	
Kathryn Payne	1		İ				l			
Board Member				~			L	0	0	
	<u> </u>									
	<u> </u>		<u>L</u>	<u>L</u>	<u> </u>					
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (continu	ued)	A
					-	C)				·			
<u> </u>	(A)	(B)=	(do n	ot cr		more	than o	one	(D)	 (6) =	 -	(F	7
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportab compensation		Estim amou	
		week (list any	ļ			T .	or/trus	-	from	related		oth	ner
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-N		comper from	
		organizations	ecto	tion	4	藚	sto	9	(W-2/1099-MISC)	(,,, = ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	organi	zation
		below dotted line)	1 2	ם) Ve	om o					and re	
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1b	Sub-total		l	i	L_	<u>. </u>	1	┕	54,572		0		0
C	Total from continuation sheets to Part	VII. Sectio	n A	•			•	•	54,572				
d								•	54,572		0		0
2	Total number of individuals (including but			nose	list	ted	above	e) w		ore than \$1	00.000	 0 of	
	reportable compensation from the organ								0				
													Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated	t t	
	employee on line 1a? If "Yes," complete							•				3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$	150,	JOOL)? [t "Ye	s,"	complete Sch	edule J to	r suci	 	_ _
_	individual				· tian				· · · · · ·		 Histialssa	. 4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Soction	on B. Independent Contractors	: 11 163, 6	Jonipi	CIC	001	icut	216 0 1	-	acri persori	<u>· · · · · </u>	<u>· · · </u>] 3	
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more tha	n \$10	0 000 of	
•	compensation from the organization. Rep												n's tax
	year.	po			,				, ou. o., u., g			g	• 1001
	(A)							1	(B)			(C)	
	Name and business add	iress							Description of s	ervices		Compensa	ition
None										. "			
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	Total number of independent contractor	oro (voolustu	na b	ı+ ~	O+	lumi		_	noce listed ab-	מליני (פער			•
2	received more than \$100,000 of compens							יו כ	ose listed abo	JVE) WITO			

Part	VIII	Statement of Revenue						
		Check if Schedule O contains a	a resp	onse or note to		Part VIII		· · · · · 🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0		-		
irai our	ь	Membership dues	1b	0				
S, G	С	Fundraising events	1c	23,060				
ar la	d	Related organizations	1d	0				
S, (е	Government grants (contributions)	1e	0				
r Si	f	All other contributions, gifts, grants,						ı
t e		and similar amounts not included above	1f	54,402				•
E O	g	Noncash contributions included in lines 1a-	1f: \$	14,930		Į.		
S E	h	Total. Add lines 1a 1f		•	77,462			,
_				Business Code	-3,1	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	2a	Fire Tenders Weekly Program	F	611699	77,615	77,615	0	0
- Be	b	Wind Gatherers Weekly Program		611699	49,565	49,565	0	0
<u>8</u>	C	Earth Walkers Program		611699	20,720	20,720	0	0
er	d	Forest Trackers Monthly Program		611699	13,858	13,858	0	0
S E	e	Woodland Ways Monthly Program		611699	8,920	8,920	0	0
E G	f	All other program service revenue		0.1000	33,962	33,962	0	0
ē	g	Total. Add lines 2a–2f			204,640	30,302)	1 1
	3	Investment income (including			204,040			
	_			▶				
	4	Income from investment of tax-exen	nnt hor	nd proceeds				-
	5	Royalties		[
		(i) Real	· · · · ·	(ii) Personal				
	6a	Gross rents	-+					
	b	Less: rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)	<u> </u>					
	7a	Gross amount from sales of (i) Securities	es T	(II) Other				
	74	assets other than inventory	+	(1) - 11101				
	ь	Less: cost or other basis						
		and sales expenses .				İ		
	_	Gain or (loss)	0					
	C			0				
	đ	Net gain or (loss)						· · · · · · · · · · · · · · · · · · ·
ne	90	Gross income from fundraising			ŀ			
	8a				1			
ě		events (not including \$ 23,06) of contributions reported on line 10		•				
E.		See Part IV, line 18					k.	
Other Reve				4,405				
ō		Less direct expenses	b_	8,212				
		Net income or (loss) from fundrai Gross income from gaming activit		vents . >	-3,807		0	-3,807
	94	See Part IV, line 19						
			- F	0				
		Less: direct expenses		0		<u></u>		
	C	Net income or (loss) from gaming	_	ities ▶	0	0	0	0
	10a	Gross sales of inventory, le						•
		returns and allowances	· -	475				•
	b	Less: cost of goods sold		333				
	С	Net income or (loss) from sales of	of inver		142	142	0	0
		Miscellaneous Revenue		Business Code		· · · · · · · · · · · · · · · · · · ·		
	11a		L					· · · · · · · · · · · · · · · · · · ·
	b		L					
	С							
	d	All other revenue	. [
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions.		🕨	278,437	204,782	0	-3,807

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		evhenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	26,340	26,340		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,211	24,084	12,043	24,084
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	113,171	105,950	4.815	2,406
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	16,576	12,432	1,612	2,532
11	Fees for services (non-employees):				
a b	Management				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,425	2,425		
12	Advertising and promotion	4,402	1,750	2,110	542
13 14	Office expenses	684		684	
15	Information technology	1,894		1,894	
16	Occupancy	4,742	3,659	1,083	
17	Travel	4,961	3,397	1,564	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	2,083	2,083	0.700	· · · · · · · · · · · · · · · · · · ·
23 24	Other expenses Itemize expenses not several	8,799		8,799	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ĺ			
	(A) amount, list line 24e expenses on Schedule O.)				
а	Misc Program Expenses	4,900	3,766	389	745
b	B&O Taxes	2,971	0	2,971	0
C	Paypal fees for tuition	1,601	1,601	0	
d	Employee Appreciation	1,200	0	1,200	0
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	256,960	197.497	20.164	0
26	Joint costs. Complete this line only if the	230,900	187,487	39,164	30,309
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

om 990 (20	om 990 (2017)			Pag
Part X	Balance Sheet		_	
	Check if Schedule O contains a response or note to any line in this F	Part X .		
		(A)		(B)
		Beginning of year		End of year

		,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	86,104	1	104,999
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	- "		
S.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(L)(3)(B), and contributing employers and sponsoring organizations of section 501(o)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use	300	8	300
	9	Prepaid expenses and deferred charges	300	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 7,500			
	ь	Less: accumulated depreciation 10b 2,083		10c	5,417
	11	Investments—publicly traded securities		11	0,417
	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	Total assets. Add lines 1 through 15 (must equal line 34)	86,404	16	110,716
	17	Accounts payable and accrued expenses	151	17	436
	18	Grants payable	101	18	400
	19	Deferred revenue	55,642		58,557
	20	Tax-exempt bond liabilities	33,042	20	30,331
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>ia</u>	02	· · · · · · · · · · · · · · · · · · ·		23	<u> </u>
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	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	1,060	25	695
	26	Total liabilities. Add lines 17 through 25	56,853	26	59,688
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	29,551	27	51,028
Ba	28	Temporarily restricted net assets	0	28	0
פַ	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	29,551	33	51,028
_	34	Total liabilities and net assets/fund balances	86,404		110,716

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Page	1	~

Total revenue (must equal Part VIII;column (A);line 12) ———————————————————————————————————	Part	XI Reconciliation of Net Assets			4	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Colorated services and use of facilities Revenue less of the services and use of facilities Colorated services and use of facilities Colorated services and use of facilities Revenue less of facilities Colorated services and use of facilities Colorated services and use of facilities Revenue less of fund balances Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 3, column (A) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses substract line 2 from line 1 Revenue less expenses. Subtract l		Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments To the changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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 Circula	=1=	-Total revenue (must equal Part.VIII, column (Δ), lino 12)	=1= =		— 27	8,437-
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 23,551 Net unrealized gains (losses) on investments. 5 0 Conated services and use of facilities. 6 0 Conated services and use of facilities. 7 1 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 Net asset so fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 Stage Tail Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis are both Separate basis Consolidated basis and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the require	2	Total expenses (must equal Part IX, column (A), line 25)	2		25	6,960
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If "Yes" to line 2 a 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3	Revenue less expenses. Subtract line 2 from line 1	3		2	1,477
Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	9,551
7 Investment expenses	5	Net unrealized gains (losses) on investments	5			0
8 Prior period adjustments	6	Donated services and use of facilities	6			0
9 Other changes in net assets or fund balances (explain in Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 51,028 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and 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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	7	Investment expenses	7			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	8	Prior period adjustments	8			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other Yes No Yes No Schedule O. 2a Were the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a V Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b V Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate b	10		1			
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		5	1,028
Accounting method used to prepare the Form 990:	Part	• •	1			
Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? If the organization did not undergo the			•		Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_		
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the Single Audit Act and OMB Circular A-133?		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		forth in)		
						~
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	þ			•		
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
Form 990 (2017)				For	n 99 0	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Vashon Wilderness Program 42-1625469 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		r	· · · · · · · · · · · · · · · · · · ·	/		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		· · · · · · · · · · · · · · · · · · ·				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	/					
Section	on C. Computation of Public Suppor			· · · · ·	· · · · ·		▶ 🗀
14	Public support percentage for 2017 (line 6			1 column (fl)	· -	14	%
15	Public support percentage from 2016 Sch						//
16a	331/3% support test - 2017. If the organi						
	box and stop here. The organization qual						▶ 🗆
b	331/3% support test—2016. If the organization this box and stop here. The organization					ıs 33 ¹ /3% or	more, check . ▶ □
17a	10%-facts-and-circumstances test – 20 10% or more and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop he	re. Explaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization n supported organization	ition meets the neets the "fac	e "facts-and-o ts-and-circum: 	circumstances' stances" test.	' test, check the the organizati	this box and on qualifies	d stop here. as a publicly
18	Private foundation. If the organization di instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	i — — — I					
_	received. (Do not include any "unusual grants")	21,332	29,233	24,697	36,716	67,577	179,555
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	111,617	123,466	139,173	170,142	204,165	748,563
3	Gross receipts from activities that are not an unrelated trade or business under section 513				383	3,811	4,194
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	132,949	152,699	163,870	207,241	275,553	932,312
_	received from disqualified persons . Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
	Add lines 7a and 7b	-					
8	Public support. (Subtract line 7c from line 6.)	5`**				b ,	000.040
Section	on B. Total Support		4	3 X	e "	, 12	932,312
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	132,949	152,699	163,870	207,241	275,553	932,312
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			ŕ	,		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						,
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					•	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	132,949	152,699	163,870	207,241	275,553	932,312
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u></u>		· · > 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line to		-			15	100 %
16 Socti	Public support percentage from 2016 Schon D. Computation of Investment In				· · · · ·	16	100 %
			.	v line 12 colum	on (fl)	17	0.06
17 18	Investment income percentage for 2017 (Investment income percentage from 2016)					18	0 %
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz		_	•		-	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de	d not check a f	box on line 14,	19a, or 19b, o	heck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Sec	tion	A. All	Supporting	C	Organizations
-----	------	--------	------------	---	---------------

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

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		L
	A family member of a person described in (a) above?	11b		
Cooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secu	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			لــــا
Conti	on C. Type II Supporting Organizations	2		L
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		┌──
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u></u>		<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	kı
1 Check here if the organization satisfied the Integral Part Test as a qualifying	, tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other_Type Ill.non=functionally_integrated_supporting_organ	izat	ions must-complete Secti	ons.A.through,E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		•	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III supporting	ng organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)		
Secti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish	exempt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whice	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.	3			
9	Distributable amount for 2017 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·			
			(ii)	(iii)	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
а	1				
b	From 2013	''			
С	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to Underdistributions of prior years Applied to 2017 distributable amount				
<u>b</u>	Remainder. Subtract lines 4a and 4b from 4.				
C					
5	Remaining underdistributions for years prior to 2017, if			,	
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h		!		
	and 4b from line 1. For result greater than zero, explain in Part Vi. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е					

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Vashon Wilderness Program 42-1625469 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. ਲੜੋੜ Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . C 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part									
3	Using the organization's acquisition,			ds, chec	k any of th	e followino	that are a si	gnificant	use of its
	collection items (check all that apply);						_		
a	☐ Public exhibition ☐ Scholarly research				or exchang				
b	Scholarly researchPreservation for future generations		е						
4	Provide a description of the organizations		and expla	in how th	nev further	the organi	zation's exem	ant numo	se in Part
·	XIII.		2.10 0,010		io, iai iiioi	tiro organi	24 0 0/.0/.	.pr. pu.po	00
5	During the year, did the organization	solicit or receive	donation	s of art. I	historical tr	easures. c	or other simila	ar	
	assets to be sold to raise funds rather								s 🗆 No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗆 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:				
		•					Ar	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			•
е	Distributions during the year					1e			
f	Ending balance					1f	_		
2a	Did the organization include an amoun						•		
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	has been	provided o	on Part XIII .		
Par	t V Endowment Funds.		n	000 5	N=.4 IV / I	- 40			
	Complete if the organization	(a) Current year	(b) Pro		(c) Two year		Three years back	(a) Four	ears back
10	Reginning of year halance	(a) Current year	(0) 711	n year	(C) I WO year	S Dack (U)	years back	(e) Four y	/ears back
1a b	Beginning of year balance							+	
C	Net investment earnings, gains, and							+	
•	losses								
d	Grants or scholarships							1	
e	Other expenditures for facilities and							+	
	programs								
f	Administrative expenses						**		
g	End of year balance					-		1	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	nt ▶	_%						
b	Permanent endowment ▶	<u></u> %							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	it are held	and admir	istered for the	_	
	organization by:								Yes No
	(i) unrelated organizations .							3a(i)	
	• • • • • • • • • • • • • • • • • • • •							3a(ii)	
ь 4	If "Yes" on line 3a(ii), are the related on Describe in Part XIII the intended uses							3b	
			on s endu		ilius.				
rar	Land, Buildings, and Equip Complete if the organization		" on For	~ 000 E	ort IV line	110 80	Form 000	Dort V II	no 10
	Description of property								
	Description of property	(a) Cost or ot			r other basis her)		imulated ciation	(d) Book	value
	Land		0		0				0
b	Buildings	·	0		0		0		0
c	Leasehold improvements		0	-	0		0		0
ď	Equipment		0		7,500		2,083		5,417
e	Other		0		0		0		0,417
Total	Add lines 1a through 1e (Column (d) n	oust savel Form Of		/ aal::maa		1-1			

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	derivatives		
	neld equity interests		
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(U) (H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.	l	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11c. See Fe	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			•
(5)			
(6)			
(8)			
(9)	1 mark and 5 m 000 Part V and (P) (m 10)		
Part IX	b) must equal Form 990, Part X, col. (B) line 13) ► Other Assets.		L.
Fartin	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			-
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form 990, Part X.
	line 25.		<u> </u>
1.	(a) Description of liability		(b) Book value
(1) Federal II	ncome taxes		-326
	ayroll tax liabilities		1,044
	ax Liability	· · · · · · · · · · · · · · · · · ·	-23
(4)			
(5)			
(6)			
(7)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial etal	tements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the to		

Part	· · · · · · · · · · · · · · · · · · ·		Return.
	Complete if the organization answered "Yes" on Form 990, I		
=1=	Total revenue gains, and other support per audited financial statements:		=1=
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i	
а	Net unrealized gains (losses) on investments	2a	<u> </u>
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d	1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	վ՝
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			1 -
rait	Complete if the organization answered "Yes" on Form 990, I		er neturn.
		raitiv, iiie iza.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	↓
C	Other losses	2c	4 1
đ	Other (Describe in Part XIII.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a] [
		4b	
b	Other (Describe in Part XIII.)	40	
c	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5; Part V, line 4; Part X, line aformation.
5 Part Provid 2, Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5; Part V, line 4; Part X, line information.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5; Part V, line 4; Part X, line information.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5; Part V, line 4; Part X, line information.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5; Part V, line 4; Part X, line information.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provid 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional ir	5 p; Part V, line 4; Part X, line offormation.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Vash	on Wilderness Program						-1625469
Par	Form 990-EZ filers are	not required to	complete	this part.			line 17.
1 a b c d 2a b	Indicate whether the organizati Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writer or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 be	ons atten or oral agre n 990, Part VII) o d individuals or e	e [f [g [ement with or entity in c entities (fun	Solicitat Solicitat Special any individ	ion of non-govern ion of government fundraising events dual (including offi with professional f	ment grants t grants cers, directors, trust fundraising services	? 🗌 Yes 🗌 No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody of	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No		,	
2							
3							
5							
6							
7							
9			<u> </u>				
10							
Total 3	List all states in which the organization or licensing.	anization is regis	stered or lid	▶ ensed to s	olicit contribution	s or has been notifi	ed it is exempt from

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		TITE O. NEW . Daniel B. STRIPLE.	4	4.1		
			(a) Event #1 WILD Fundraiser	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Р			;			,
Revenue	1	Gross receipts	27,465			27,465
æ						
	2	Less Contributions	23,060			23,060
	3	Gross income (line 1 minus				
		line 2)	, 4,405			4,405
	4	Cash prizes	0			0
	5	Noncash prizes	109			109
w						
Se	6	Rent/facility costs	1,435			1,435
둉						
X	7	Food and beverages	4,590		i ol	4,590
to		_				
Direct Expenses	8	Entertainment	300		ol	300
				- "-		
	9	Other direct expenses .	1,778			1,778
		outer an out on periods				
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)	•	8,212
	11	Net income summary. Subtra				-3,807
Pa	rt III	Gaming. Complete if the	organization answer	red "Yes" on Form 99	90 Part IV line 19 or	reported more
-		than \$15,000 on Form 9		00 100 0111 01111 01	50,1 (21114, 11110 10, 01	oportod moro
		(11d1 \$10,000 011 0111 0	JO LL, IIIC Ou.	(b) Pull tabs/instant	T : : : : :	(d) Total coming (odd
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ΛeΓ						
æ	4	Cross revenue				
		Gross revenue				
"		Cook prizes			1	
Š	2	Cash prizes				
Direct Expenses		Al				
X	3	Noncash prizes				
to						
ē	4	Rent/facility costs				
۵						
	5	Other direct expenses .		- <u></u>		
			☐ Yes %	☐ Yes%		1
	6	Volunteer labor	☐ No	☐ No	□ No	· ·
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	En	nter the state(s) in which the or	ganization conducts ga	ming activities:		
	a Is	the organization licensed to co	onduct gaming activities	s in each of these state	s?	
		WAI- 01				
					*	
10	a 1/1/	ere any of the organization's g	aming licenses revoked	suspended or termin	ated during the tay year	Yee No
		"Yes " evolain:	•	•	•	
	. "					

chedu	ile G (Form, 990 or 990-EZ) 2017		P	age 🍮
11 12	Does the organization conduct gaming activities with nonmembers?	□ Y	es 🗌	No
	formed to administer charitable gaming?	□ Y	es 🗌	No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility			%
b	An outside facility			//
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🗆	No
c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	_		
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶		·	
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Y	es □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		_	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	nd (v): matio	; and n.	
			·	
			·	

SCHEDULEI (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

1545-0047	47
OMB No	W 6

Open to Public Inspection

Department of the Treasury Internal Revenite Service	fine Treasury			▼ Go to w	Go to www.irs.gov/Form990 for the latest information.	Attach to Form 990. ov/Form990 for the latest inf	ormation.			Inspection
Name of the organization	o'ganization								Employer identification number	fication number
Vashon W	Vashon Wilderness Program	ogram							42-	42-1625469
Part I	General	Information	General Information on Grants and Assistan	Assistance						
1 Do	es the orgar selection co	nization maints riteria used to	Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	nt of the grants or	assistance, the g	e amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ice?	r the grants or ass		✓ Yes
2 De	scribe in Pa	rt IV the organ	Describe in Part IV the organization's procedures for mon	res for monitoring	iltoring the use of grant funds in the United States.	nds in the United	States.			
Part II	Grants &	and Other As	ssistance to Do	mestic Organiz	ations and Dom	estic Governm Part II can be d	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any recipient that received more than \$5,000 Part II can be dualicated if additional space is needed	the organization	ı answered "»	Yes" on Form
	- 1000	, , , , , , ,	any region of		(a) A 40,000.	ימין וייין איין אייין אייין איין	Method of valuation	מיוים בממלה ומיוי		
1 (a) Nam	ie and address of or government	(a) Name and address of organization or government	(b) EIN	(c) INC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance		(h) Purpose of grant or assistance
(1)										
(2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
(9)										
(4)										
(2)										
									+	
9									_	
6										
(8)										
(6)										
	_									
(10)										
(11)										
	4									
(12)	1									
-									-	
ස ස ස	ter total nun ter total num	nber of section ober of other o	יספ and gov organizations listec	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ions listed in the li	ne 1 table		· · · · · · · · · · · · · · · · · · ·	▲ ▲ · ·	

Schedule I (Form 990) (2017)

Cat No 50055P

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

Page 2

Schedule I (F	chedule I (Form 990) (2017)
Part III	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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 1					
2					
3					
4					
ıo					
9					
L					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 · To accomplish the mission of VWP and ensure that programs are accessible to all enrolled families, the Vashon Wilderness Program provides scholarships to	the information of VWP and ensure the	equired in Part I, lin at programs are access	e 2; Part III, columi sible to all enrolled fan	ilon required in Part I, line 2; Part III, column (b); and any other additional information. The that programs are accessible to all enrolled familles, the Vashon Wilderness Program provides in	onal information. Program provides scholarships to
families in need based on their self-reported income. All Awards are calculated using a formula that takes into account income as well as family size. The Executive Director calculates and an analysize the fletching of awards. The Board of Director receive reports on award allocations by program year and ad by requests to approve	Awards are calcularity	ted using a formula the	at takes into account in	ncome as well as family size.	The Executive Director calculates and
additional funds to be set aside for scholarships, as needed.	eded.				
			~		
					Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Vashon Wilderness Program	42-1625469		
Form 990, Part VI, Section A, Line 2 - Jeff Stevenson, Treasurer is the spouse of the Executive and Pro- Valencia, Board member, is the spouse of employee (Instructor) Jane Valencia.	gram Director, Stacey Hinden, Andy		
Form 990, Part VI, Section B, Line 11b - Our bookkeeper meets with our Treasurer who approves the document with the full authority of the Board			
Form 990, Part VI, Section B, Line 12c - At the beginning of each quarterly Board meeting, the board re interest. Board members with conflicts recuse	views all past and current conflicts of		
Form 990, Part VI, Section B, Line 15 - Compensation for the ED is determined by the Board of Director VWP Human Resources subcommittee to determine appropriate, market competitive wages int the cor			
Compensation for other key personnel is determined by the ED with approval by the Board of Director			
Form 990, Part VI, Section C, Line 19 - Upon request			