Aiken & Sanders Inc Ps 324 S Main Street Unit A Montesano, WA 98563 360-533-3370

November 16, 2020

Vashon-Maury Island Land Trust Po Box 2031 Vashon, WA 98070

Vashon-Maury Island Land Trust:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Aiken & Sanders Inc Ps

Form E	387	'9 -	E	0
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IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name and title of officer

Name of exempt organization

For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2019

Employer identification number

94-3123021

20

VASHON-MAURY ISLAND LAND TRUST

THOMAS DEAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,266,354.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize AIKEN & SANDERS INC PS	to enter my PIN	13021
ERO firm name	-	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 9142793365 Do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	0	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	
LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19	For	m 8879-EO (2019)

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Α	⊦or th	ie 2019 calendar year, or tax year beginning and	ending					
В	Check i applica	C Name of organization D Employer identification number						
	Addı char							
	Nam char	ge Doing business as		94-3123021				
	Initia retur	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Fina			206-463-				
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,623,652.			
	lretur			H(a) Is this a group re				
	Appl tion pend	F Name and address of principal officer: I IIOMAS DEAN		for subordinates	? Yes X No			
		PO BOX 2031, VASHON, WA 98070		H(b) Are all subordinates in	ncluded? Yes No			
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
		ite: WWW.VASHONLANDTRUST.ORG		H(c) Group exemption	-			
		of organization: 🔟 Corporation 🔄 Trust 🔄 Association 🦲 Other 🕨	L Year	of formation: 1990 N	State of legal domicile: WA			
Pa	art I							
e	1	Briefly describe the organization's mission or most significant activities: TO C	ONSERV	E LAND AND	TO PROTECT			
Governance		THE NATURAL ECOSYSTEM AND RURAL CHARACTE						
/err	2	Check this box Check this box		_	ssets. 15			
ğ	3				15			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			80			
Activities &	6	Total number of volunteers (estimate if necessary)		6	0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	ĸ	Net unrelated business taxable income from Form 990-T, line 39	·····					
		Contributions and grants (Dart ) (III line 1b)		Prior Year 656,478.	Current Year 1,069,403.			
anu	8	Contributions and grants (Part VIII, line 1h)		2,610.	24,884.			
Revenue	-	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,020.	186,151.			
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,877.	-14,084.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		672,985.	1,266,354.			
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		374,706.	459,687.			
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	ŀ	Total fundraising expenses (Part IX, column (D), line 25) $\triangleright$ 90, 1	38.	-				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		264,096.	347,339.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		638,802.	807,026.			
	19	Revenue less expenses. Subtract line 18 from line 12		34,183.	459,328.			
or	3			ginning of Current Year	End of Year			
Assets ( Balanc	20	Total assets (Part X, line 16)			5,280,274.			
Ass	21	Total liabilities (Part X, line 26)		4,732,203. 14,918.	16,069.			
Planc		Net assets or fund balances. Subtract line 21 from line 20		4,717,285.	5,264,205.			
	a set 11	Oliverations Disate						

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer THOMAS DEAN, EXECUTIVE Type or print name and title	DIRECTOR	Date		
Paid	Print/Type preparer's name LONNIE RICH CPA	Preparer's signature Da	ite Check PTIN if self-employed P00333655		
Preparer	Firm's name 🕨 AIKEN & SANDERS		Firm's EIN 🕨 91-0870697		
Use Only	Firm's address 324 S MAIN STREE				
	MONTESANO, WA 98563-4502 Phone no.360-533-3370				
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No		
932001 01-2	0-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2019)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2019) VASHON-MAURY ISLAND LAND TRUST	94-3123021	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[
1	Briefly describe the organization's mission: TO CONSERVE LAND AND TO PROTECT THE NATURAL ECOSYSTEM A	AND RURAL	
	CHARACTER OF VASHON-MAURY ISLAND FOR THE BENEFIT OF THE		
	FUTURE GENERATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	.?	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.	noro, the total expenses, a	
4a	(Code: ) (Expenses \$ 255,035. including grants of \$ ) (Reve		3 <b>80.</b> )
	LAND CONSERVATION: PROTECTING LAND FOR PUBLIC BENEFIT A	AND WILDLIFE	
	HABITAT.		
4b	(Code: ) (Expenses \$ 339,799. including grants of \$ ) (Reve		
40	(Code:) (Expenses \$339,799. including grants of \$) (Reve LAND STEWARDSHIP: RESTORATION, LAND MANAGEMENT, BASELIN		ION '
		ISLAND AND	
	VISITORS.		
4c	(Code:) (Expenses \$72,091. including grants of \$) (Reve		38 <b>4</b> .)
	CONSERVATION EDUCATION: DEMONSTRATING ECOLOGICALLY BENI		NG
	PRACTICES, PROPERTY TOURS, NATIVE SPECIES STEWARDSHIP	PROGRAMS .	
<u></u>			
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	(Expenses \$ including grants of \$ )     (Revenue \$ )       Total program service expenses >     666,925.	)	
		Form <b>9</b> 9	<b>90</b> (2019)
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0/1	2 116 700540 15032 2010 05000 VACHON_MALERY TOLAND	<b>דאגד</b> חס 1500	<u>ງ</u> 1

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Form	990	(2019)

Form 990 (2019) VASHON-MAURY ISLAND LAND TRUST
Part IV 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		X
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		Х
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 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	Х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b	x	
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
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Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       Image: Check if Schedule O contains a response or note to any line in this Part V         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       Image: Check if Schedule O contains a response or note to any line in this Part V         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
21       Did the organization asswer "Ves" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? II "Ves," complete Schedule J, II "Ves, "to bline 28a       23         24a       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sued after Documber 31, 2002? II "Ves," answer lines 24 bit hough 24d and complete Schedule K. II "Ves," to bline 28a       24a         25       Did the organization maritaln an escrow account other than a refunding escrow at any time during the year?       24a         26       Did the organization and and 501(28) organizations. Did the organization anges in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that a engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that the engaged on any of the organization anges in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that the engaged entry and the organization reports on 35%. Controlled and contributor or margin subsector controlled entry of naving memory of any of these persons? II "Yes," complete Schedule L, Part I       25a         27       Did the organization reports an any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%. Controlled anothy or the angaristation reports and any	22		~		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete       23         24a       Did the organization have a tax-exempt bord 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, 2027; If 'Yes,'' answer lines 24b through 24d and complete       24a         D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         D Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         D Did the organization marks as an on behalf of issuer for bonds outstanding at any time during the year?       24d         25a       Section 601(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization ages 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 are persons in a prior year, and that the transaction has not been reported on any of these persons? If 'Yes,' complete Schedule L, Part I       25a         25b Did the organization ceptor any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If 'Yes,' complete Schedule L, Part II       26         27 Did the organization provide a grant or other assistance to any or turner of form, director, trustee, key employee, creator or founder, or substantial contributor? II       27         28 Was the organization neavere to a busines stramascion with one or hourder, or s	22		22		
241       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 issue dater December 31, 2002/ If 'Yes,' camplete 24b through 24d and camplete Schedule K. If 'No.'' go to line 25a.       24b         b       Did the organization maintain an escrow secount other than a refunding sector wat any time during the year 0 defease any tax-exempt bonds?       24d         c       Did the organization maintain an escrow secount other than a refunding sector wat any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // 'Yes,' complete Schedule L, Part 1       25a         b       Is the organization report any amount on Part X, line 5 or 22, for reservables from or payables to any current or former foller, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I       26         27       Did the organization provide againt or other assistance to any current or former foller, director, truste, key employee, creator or founder, substantial contributor or applyse benedities, and was thereof or annity member of any rift wes,' complete Schedule L, Part II       26         28       A current or former offer, director, truste, eyey employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part III       26         29       Did the organization provide segmetory threes consory II' Yes,'		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
Last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete         24a           b         Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         24b           c         Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year?         24c           d         Did the organization and at as an 'ro behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization act as an 'ro behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization avae that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction avae that it engaged in an excess benefit transaction with a disqualified person during the year?         25a           D Did the organization roport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finctuling an employee thereof of a miny member of any of these persons?         11***********************************					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c Did the organization maritation and that any term during the year to defease any tax exempt bonds?       24c         d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24c         25a Section 501(2(3), 501(2(3), 501(2(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       25a         25a Dection 501(2(3), 501(2(3), 501(2(3) organizations. Did the organization is prior Forms 990 or 990-E27 II 'Yes,' complete Schedule L, Part I       25a         25b Did the organization are that 1 engaged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990-E27 II 'Yes,' complete Schedule L, Part II       25b         261 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or nainy member of any of these persons? II 'Yes,' complete Schedule L, Part II       26         270 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part III       27         284 We are organization receive on remove individuals and/or organizations described in lines 28a or 28br/II       27         285 We are organization receive on remove individuals and/or organizations are scients on a 28br/II 'Yes,' complete Schedule L, Part IV       28a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exampt bonds?       24c         d)       Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24c         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 in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 or 900-E27 II 'Yes,' complete Schedule L, Part I       25b         25b       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or nounder, substantial contributor or 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       26         270       Did the organization payot to a burstess transaction with one of the following parties (see Schedule L, Part II'       27         281       Was the organization aprive to account or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       28         271       Was the organization aprive to a styp is an account with one of the following parties (see Schedule L, Part II'       27         282       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       28         27       A start of theoremorinterimity emotive astany target of theoremority parties Schedule					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       244         25a Section 501(c8), 501(c1)(a), and 501(c2)0 organizations. Did the organization encage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization's prior Forms 990 or 990-EZ/II 'Yes,' complete Schedule L, Part I       25a         25a Did the organization aware that 1 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/II 'Yes,' complete Schedule L, Part I       25b         25a Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled antity in chuding an employee theredo n family member of any of these persons? II 'Yes,' complete Schedule L, Part II       26         27a Did the organization provide theredo n family member of any of these persons? II 'Yes,' complete Schedule L, Part II       27c         27a Was the organization provide theredon family member of any individual described in the 28a /II'''''''''''''''''''''''''''''''''''	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
transaction with a disqualified person during the yea? // "Yes," complete Schedule L, Part //       25a         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has to been reported on any of the organization prior Forms 900 or 99.E2? // 'Yes," complete Schedule L, Part I       25b         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // 'Yes," complete Schedule L, Part I       26         27 Did the organization provide a grant or other assistance to any current or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? // 'Yes," complete Schedule L, Part IV       27         28 Was the organization provide director, trustee, key employee, creator or founder, or substantial contributor? // 'Yes," complete Schedule L, Part IV       27         29 Did the organization applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 'Yes," complete Schedule L, Part IV       28a         29 Did the organization receive more than \$25,000 in non-cash contributors? // 'Yes," complete Schedule M       20         20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 'Yes," complete Schedule M       20			24d		
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 E27 if "Yes," complete Schedule L, Part I         25b           260 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contribution, or 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II         26           271 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contribution, or 35%, controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III         27           283 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III)         28a           294 Oraphet Schedule L, Part IV         28a           295 Did the organization receive one individuals and/or organizations described in line 28a or 28b?III         28a           294 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M         200           295 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M         201           306 Did the organization receive contributions or arth, bistorical trea	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete       25b         Schedule L, Part I       25b         O lot the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%.       26         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol of a dran y of these persons? If "Yes," complete Schedule L, Part II       26         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):       27         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       27         20       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28         20       A family member of any individual sand/or organization secribed in lines 28 ar 28:01       28         20       Did the organization inquickle, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       20         31       Did the organization inquickle, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			25a		X
or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26         Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III       27         Was the organization a provide the set stransaction with one of the following parties (see Schedule L, Part III)       28         Was the organization a provide the set stransaction with one of the following parties (see Schedule L, Part III)       28         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28         b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28         c A 35% controlled entity of ne or more individuals and/or organizations described in lines 28a or 28b?/If 'Yes,' complete Schedule M       29         Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I       30         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If 'Yes,' complete Schedule N, Part I       31         32       Did the organization		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributions? If "Yes," complete Schedule L, Part IV       28a         29       Did the organization receive onthe than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28b         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30         30       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       31         31       Did the organization neated to any taxeempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       32         33       Did the organization complete Schedule R, Part V, Iine 2       33         34       Did the organization own 100% of an enti					
27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod) ramily member or 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):       28         2       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         2       A damily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset?If "Yes," complete Schedule N, Part I       31         32       Did the organization receive any taxeempt or taxible entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       31         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset?If "			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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       28         29       A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28a         29       A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28a         20       Did the organization and described in line 28a? If 'Yes,' complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M       30         31       Did the organization individual, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I       31         32       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, III, or IV, and Part V, Ime 1       33         33       Bid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?<			20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       a       a         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b         c A 33% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/If "Yes," complete Schedule L, Part IV.       28c         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization is equive, citato solut, entities or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization reality of or an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33         33       Bud 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         34       Bud the organization conduct more than 95% of its activities through an entity that is not a related organizat					
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         c       A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       32         33       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         34       Was the organization sub. Exclose any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <td></td> <td></td> <td>27</td> <td></td> <td>X</td>			27		X
"Yes," complete Schedule L, Part IV       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       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       32         34       Was the organization netated 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         36       He organization conduct more than \$5 of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       36a         37       Did the organization complete Schedule O any rovide explanations in Schedule O for Part V, lin	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         c       A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f       "Yes," complete Schedule L, Part IV         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part I       30         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part I       31         32       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         34       Was the organization neated to any taxexempt 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         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36         37       Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19?	а		28a		X
"Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       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       32         33       Did 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         34       Was the organization neated 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 necleve any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         b If "Yes," complete Schedule R, Part V, line 2       35b         363       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?         1f "Yes," complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19?       36         364		A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I       31         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part I       32         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         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the organization make any transfers to a newempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38	с		28c		x
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I       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         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         bit "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)?       35a         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
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32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete       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? /f "Yes," complete Schedule R, Part I       33         34       Was the organization related to any tax-exempt or taxable entity? /f "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         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)?       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? /f "Yes," complete Schedule R, Part VI ines 2       36         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37         38       Part V       Statements Regarding Other IRS Filings and Tax Compliance       1a       13         1a       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       13       10         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       1a       1a </td <td></td> <td></td> <td>31</td> <td></td> <td>X</td>			31		X
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33         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         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, Part VI       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         Note: All Form 990 filers are required to complete Schedule O       38       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1       13         La       13       13       0       0       0       0		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	32		x
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         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)?       35a         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35b         36       Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         9a       Note: All Form 990 filers are required to complete Schedule O       38         9a       Statements Regarding Other IRS Filings and Tax Compliance       38         9a       Check if Schedule O contains a response or note to any line in this Part V       31         1a       13       13       14       13         9a       0       Ib       0       0       0         9a       0       14       13       14       13 <tr< td=""><td>33</td><td></td><td></td><td></td><td></td></tr<>	33				
Part V, line 1       34         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         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?       36         37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37         39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38         Check if Schedule O contains a response or note to any line in this Part V       1       1         1a       13       1       1         1b       0       0       0       0         1a       13       1       0       1         1a       13       1       0       1       0         1a       13       0			33		X
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         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?       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         Note: All Form 990 filers are required to complete Schedule O       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1a       13         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a       13       1b       0			34		X
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37         39       Note: All Form 990 filers are required to complete Schedule O       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1a         Check if Schedule O contains a response or note to any line in this Part V       1a       13         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c					X
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         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         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       1         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         38       Note: All Form 990 filers are required to complete Schedule O       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       38         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38         Note: All Form 990 filers are required to complete Schedule O         9art V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       13         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c		t V Statements Regarding Other IRS Filings and Tax Compliance			 
1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       13         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c				Yes	N
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c					
(gambling) winnings to prize winners?					
	с				
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Form	990	(2019)	

Part V

2a         Inter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, index of the calcular year andmal with or within the year covered by this return         2a         9         2b         X           3b         If a least one is reported on line 2a, did the organization file all required to 6-file enstructions)         2a         X         X           3a         Do the organization have unelated business gross income of 51,000 or more during the year?         2a         X           3b         If "hes," that filed a Form 800 T for this year? If "Ao' to line 30, provide an explanation on Schedule 0         3b         3b           3a         If "wes," enter the numed the foreign contrly         4a         X           3b         If "wes," enter the numed the foreign contrly         5b         X           3b         If "wes," enter the numed the foreign contrly         5a         X           3c         Was the organization in party to prohibited tax sheater transaction?         5a         X           3c         Was the organization party to a prohibited tax sheater transaction?         5a         X           3c         If "wes," told the organization in fore m8861 7.         7a         X           3c         If "wes," told the organization in fore m8861 7.         7a         X           3c         If "wes," told the organization fore m8861 7.				Yes	No					
b         If a last one is reported on line 2a, did the organization fiel al required tearls employment tax returns?         2b         X           30         Did the organization have unrelated Dusiness gross income of \$1,000 or more during the year?         3a         X           31         Did the organization have unrelated Dusiness gross income of \$1,000 or more during the year?         3b         X           34         At any time during the calendary gave?         If me 3b, provide an explanation or Schedule O         3b         X           35         If "Yes," hast fitted a form 390 T for this year?         If me 3b, provide an explanation or Schedule O         3b         X           36         If "Yes," hast fitted a form 390 T for the year?         Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).         So         X           36         Wast the organization have share there transaction at any time during the tax year?         So         X           36         Did the organization appet to prohibited tax share transaction?         So         X           37         Organization appet to prohibit tax are normally greater than \$100,000, and did the organization solito any contributions that way creave y solication an express statement that such contributions or gifts were not tax deductible?         So         X           38         If "Yes," (did the organization necked appeterevery solication and party for good	2a									
Note:         It is und lines 1a and 2a is greater than 250, you may be required to <i>e-fie</i> (see instructions)         Image: Control 1 a foreign county (such as a bank account, securities account), or other financial accounts of this greater than you county (such as a bank account, securities account), or other financial accounts (FBAR).           54         Max the organization have an interest in, or a signature or other authority over, a financial account in a foreign county (such as a bank account, securities account), or other financial accounts (FBAR).         If 'vsc, 'net the name of the foreign county be abank account, securities account, or other financial accounts (FBAR).           54         Max the organization have an interest in, or a signature or other authority over, a financial accounts of filling equation that it was or is a party to a prohibited tax whetle transaction a party to a prohibited tax whetle transaction?         5a         X           55         Was the organization have annual gross naceipts that are normally greater than \$100,000, and did the organization sheelds.         5a         X           6         Was the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible or achtrabite contributions or gifts from the same and activation entity to a prohibitication set express that are arguing property for which it was required to the Form 1382.         To the organization set express that are normally greater than \$100,000, and did the organization file of the organization file activation that was or is a party to a prohibitication set express the activation at the activation and the activation at the activation at the actin the actin at a set activati the organization file actination		filed for the calendar year ending with or within the year covered by this return 2a 9								
3a       Did the organization have unrelated business gross income of \$1,000 or more during the yar?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         4b       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         bit 1'ves; 'reter the name of the foreign country.       bit 1'ves; 'reter the name of the organization in the test year?       5a       X         bit 1'ves; 'reter the name of the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         bit 1'ves; 'reter the organization in the rom 888-17.       5a       X         bit 1'ves; 'reter the organization in the rom 889-17.       5a       X         bit 1'ves; 'reter the organization in the rom 889-17.       5a       X         bit 1'ves, 'reter the organization include with every reter than \$100,000, and did the organization solicit any contributions under section 170(c).       6b       X         bit 1'ves, 'reter the organization include with every reter the value of the goads are vices provided 10 the prayor?       7a       X         control the organization include with every reter the value of the goads are vices provided 10 the prayor?       7a       X         dit 1'ves, 'indicat the number of Forms 8282? fie	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b       If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0       3b         4       A ray time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         b       If "Yes," exite the name of the foreign country [such as a back account; socurities account?       5a       X         b       Cale statute organization the organization thave an interest in, or a signature country [CBAR].       5a       X         5b       Did any taxable party notify the organization that twos or is a party to a prohibited tax shelter transaction?       5a       X         6       Does the organization and gross necesity to a prohibited tax shelter transaction?       5a       X         6       Does the organization neural gross necesity to a prohibited tax shelter transaction?       5a       X         10       The organization include with every solicitation are express statement that such contributions or gifts       6b       6b         7       Organization selve adjustion include with every solicitation are express statement that such contributions or gifts       6b       7a       X         10       The organization selve adjustion file form 80282 field during the year       7a       X       7b       X         10       The organization selve adjustion file form 82822 field during the year       7a <th></th> <th colspan="9">Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</th>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
4a       At any time during the calendar year, ald the organization have an inferent in, or a signature or other authority over, a       4a       X         b       If "Yea," anter the name of the foreign country (such as a bank account, securities account, or other financial account?       4a       X         b       If "Yea," anter the name of the foreign country        5a       X         b       Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c       If "Yea," to be as a or b, did the organization file form 88867?       5a       X         c       If "Yea," to be as a or b, did the organization file form 88867?       5a       X         c       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was charitable contributions?       6a       X         d       If "Yea," did the organization neity the doorn of the value of the organization adpartly as contribution and partly for goods and services provided?       7a       X         d       If "Yea," did the organization neity the doorn of the value of the organization neity the doorn of the value of the organization neity the doorn of the value of the organization neity the adorn of the value of the organization neity the value approximation, the value organization neity the value approximatidy the organization neity t										
financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b     fi*'ses', enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)?     4a     X       56     Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?     5a     X       61     Did any taxeble party notify the organization file Form BB86-17.     5c     X       62     Does the organization acquires that tax on care party to a prohibited tax shelfer transaction?     5c     X       63     Does the organization namual gross receipts that are normally greater than \$100,000, and did the organization toolid ta were not tax deductible contributions under section 170(c).     6b     7a     X       7     Types, 'did the organization notify the donor of the value of the goods or services provided to the part?     7a     X       7     Types, 'did the organization notify the donor of the value of the goods or services provided to the part?     7a     X       10     Hoff the organization receive a party (note, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       11     Types, 'did the organization receive any (unde, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       12     Did the organization receive any (unde, directly or indirectly, to pay premiums on a personal benefit contract?     7r <t< th=""><th></th><th colspan="9"></th></t<>										
b If "Yes," enter the name of the foreign county ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6a Was the organization aper to a prohibited sus shelter transaction? 6a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 88867 17. 6b Deas the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form 88867 17. 6c Deas the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form 88867 17. 6c Deas the organization neucle with every solicitation an operses statement that such contributions or gifts were not tax deductible as charatable contributions and partly for groups and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation and partly for groups and services provided 17 7 Organization sele, expanse in the value of the goods or services provided 7 7 C X X 10 If "Yes," did the organization function with every algo the drampile personal property for which it was required to file form 82827 7 C X 11 Uf the organization neceive a pyrment in excess of \$75 made partly as a contribution on a personal benefit contract? 7 7 C X 12 Did the organization neceive a ny funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 7 C X 13 Did the organization neceive a ny funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 7 A 7 8 9 Sponsoring organization maintaining door advised funds. 9 Sponsoring organization maintaining door advised funds 9 Sponsoring organization maintain by the sta	4a									
See Instructions for filling requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5a     Did any taxable party notify the organization file Form 8896 F7.     5c     X       6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wee not tax deductible as charitable contributions?     6a     X       b     If 'Yes,' did the organization neice year solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6b     6a       7     Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the gao?     7a     X       11     Yes,' did the organization notify the donor of the value of the goods or services provided to the paro?     7a     X       11     Hiers,' indicate the number of Forms 8282 field during the year     2a     7a     X       11     Hiers,' indicate the number of Forms 8282 field during the year     7a     X       12     Id the organization receive a gruf Unds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       13     If the organization received a contribution of cars, boats, airplanes, or other vehicles, dif the organization file a Form 1098C/C?     7a <th></th> <th colspan="8"></th>										
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       c     11 'Yes' to line Sa or 5b, did the organization file Form 8898-1?     5a     X       c     10 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?     6a     X       7     Organizations that may receive deductible contributions under section 170(c).     10 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       7     Organization sective apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the part?     7a     X       b     11 'Yes, 'i did the organization notify the doors or services provided?     7a     X       0     11 'Yes, 'i did the organization outly the doors or services provided?     7a     X       11 'Yes, 'i nicitate the number of Forms 8282 filed during the year     7d     X       12 Ubt the organization cave any funds, directly or indirectly, on a personal benefit contract?     7t     X       12 Ubt the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flae Form 1098.27     7a     X       12 Ubt the orga	b									
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       11 'Yes' to line 5a or 5b, did the organization file Form 8886 'To       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?       5c       5c         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts       6a       X         organization setue apyment in excess of \$75 made party is a contribution and party for goods and services provided to the part?       7c       X         d       If Yes,' did the organization notity the donor of the value of the goods or services provided?       7c       X         d       If Yes,' indicate the number of Form 8282 filed during the year       2d       7c       X         d       If Yes,' indicate the number of Form 8282 filed during the year       2d       7d       7d       X         f       Did the organization necevies any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         f       To spansoring organization necevies a contribution of cars, boats, apingenes, or ther violics, did the organization necevies a contribution or cars, boats, apingenes, or ther violics, did the organization necevies a contribution or cars, boats, apingenes,	<b>-</b>									
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c         6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organizations that may receive deductible contributions under section 170(c).       10 the organization notify the doors of the solad or services provided?       7c       X         0       If "Yes," idicate the number of Forms 8282 filed during the year       7d       X         10 the organization neceive any functs, directly or indirectly, on a personal benefit contract?       7t       X         11 the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       7d       X         12 the organization maintaining door advised funds. Did a donra advised fund maintained by the sponsoring organization maintaining door advised funds. Did a donra advised fund maintained by the sponsoring organization maintaining door advised funds. Did a donra advised person?       9b       9b       9b       9b       9b       9b       9b       10b       10b       10b       10b       10c       10c       10c       10c       10c       17e										
6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax adductible as charitable contributions?     6a     X       b     If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7a     X       c     Organizations that may receive deductible contributions under section 170(c).     0b     6b     7a     X       d     If "Ves," did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Ves," did the organization self, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       f     Did the organization needwe any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f     If the organization needwe a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       g     If the organization needwe any taxable distributions under section 4966?     9a     9a     9a       g     If the organization needwe any taxable distributions under section 4966?     9a     9a       g     Did the sponsoring organization make any taxable distributions under section 4966?<					21					
any contributions that were not tax deductible a charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6c       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       c     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f     Did the organization methy the year, pay premiums, directly or indirectly, or a personal benefit contract?     7f     X       g     If the organization methy the year, pay premiums, directly or indirectly, or a personal benefit contract?     7f     X       g     Sponsoring organization, unity the year, pay to not advised funds. Did a donor advised funds. Did a donor advised funds. Did a donor advised funds.     Did the organization methy any taxable distributions under section 4966?     9a       9     Sponsoring organization make a sitsribution to a donor, donor advised funds.     10b     10b     9a       9     Socias income from members or shareholders     10a     10b     10b     10a       10     Section 501(cl(2) organization			30							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Organizations that may receive deductible contributions under section 170(c).       a bid the organization stating any receive deductible contributions and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization notify the donor of the value of the goods or services provide?       7c       X         d       If "Yes," did the organization notify the donor of the value of the goods or services provide?       7c       X         d       If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?       7d       X         f       If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7n       X         g       Sponsoring organization have excess business holdings at any time during the year?       9a       9a </th <th>ou</th> <th></th> <th>6a</th> <th></th> <th>x</th>	ou		6a		x					
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization receive apyment in excess of 3/5 made partly as a contribution and partly for goods and services provided to the payor?     7a       2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7c     X       4 Dif Yes, ' indicate the number of Forms 8282 field during the year     7d     X       7 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       7 Did the organization receive a contribution of qualified intelectual property, did the organization face form 8289 as required?     7r     X       9 If the organization received a contribution of cars, bacts, aiprlanes, or other vehicles, did the organization file a Form 1098 Cf     7g     X       9 Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Soborsoring organization make a distribution to a donor, donor advisor, or related person?     9b     9b       10 the sponsoring organization. Enter:     10a     10a     10a       11 section 501(c)(2) organizations. Enter:     10a     10a     10a       12 Section 501(c)(12) organizations. Enter:     11a     12a     12a       13 Section 501(c)(2) q	b		00							
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization necket a payment in excess of \$7\$ made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If 'Yes,' (d) the organization notity the donor of the value of the goods or services provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d) If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7d       X         d) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g) If the organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Berton Form members or shareholders       11a       10a       10a       10a         10       Berton S01(c)(7) organizations. Enter:       10a       10b       10a       12a       12a       11a       10a </th <th>-</th> <th></th> <th>6b</th> <th></th> <th></th>	-		6b							
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f       Did the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8089 as required?       7d       X         f       If the organization neurisation maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a         g       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         g       Gross income from other sources (Do not net arounts due or paid to other sources against amounts due or received from them.)       11a       10a       10a       10a       10b       10b       10b       10b       11	7									
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c)       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d)       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d)       Did the organization indiring the year, pay premiums, on a personal benefit contract?       7f       X         g)       Did the organization indiring the year, pay premiums, or other vehicles, did the organization file a Form 1098-C?       7f       X         g)       If the organization indiring the year, pay premiums, or other vehicles, did the organization file a Form 1098-C?       7h       X         g)       Sponsoring organization make and instributions of advor advised funds.       9       Sponsoring organization make and instributions under section 4966?       9a         g)       Did the sponsoring organization make and instributions under section 4966?       9a       9b       9b         g)       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         g)       Section 601(c)(2) organizations. Enter:       11a       10b       10b       10b         g)       Goos income from mothers or shareholders       11a       10b       10b       10c <th>а</th> <th></th> <th>7a</th> <th></th> <th>Х</th>	а		7a		Х					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 the sponsoring organizations. Enter:       10a       10b       9a       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10a       10b         13 Section 501(c)(2) organizations. Enter:       11b       10a       10b       10b       10b       10c       10	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tf       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9       9a       9         10 Section 501(c)(X) organizations. Enter:       Inda       Inda       Inda       10b       10b       10b       10b       10c       10c </th <th>с</th> <th>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</th> <th></th> <th></th> <th></th>	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds.       a       1       1       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       1       1       1       1       1       1       1       1       10a       1       1       1       1       10b       1       1       10a       1       1       1       10a       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1		to file Form 8282?	7c		Х					
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       7n         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       9b       9b         10       Section 501(c)(12) organizations. Enter:       10a       10b       10c       10c <th>d</th> <th>If "Yes," indicate the number of Forms 8282 filed during the year 7d</th> <th></th> <th></th> <th></th>	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required??       7         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make a distribution to a donor, donor advised funds.       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(7) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       12b       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a         13a       13a         14a       13a         15b       13a         14a       X	е									
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8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b         13       Section 501(c)(12) organizations. Enter:       10a       10b         14       Gross income from members or shareholders       11a       10b         15       Section 601(c)(2) organizations. Enter:       11b       12a         16       Gross income from members or shareholders       11a       10b         17       Section 601(c)(2) organizations. Enter:       11b       12a         18       Gross income from thers.       11a       12b       12a         12       Section 601(c)(29) qualified nonprofit heatth insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified health plans in more than one statate?       13a       13a       13a <th>g</th> <th colspan="7"></th>	g									
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9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       If wes," has it filed a Form 720 to	8									
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         14a       X         b If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         b If "Yes," see instructions and flie form 4720, Schedule N.       15         15       Is the organization an educational information the section 4968 excise tax on net investment income?       16     <	•									
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       11b         13       Gross income from members or shareholders       11a       11b       12a         b       fross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         3       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to thesecton 4960 tax on payment(s) of more than \$1,000,000 in remuneratio		Did the second								
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(22) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         15       Is the organization and file Form 4720, Schedule N.         16										
a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Dotte: See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X			30							
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         c       Enter the amount of reserves on hand       13b       13a       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000										
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       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       13b       13b       13c         c       Enter the amount of reserves on hand       13c       14a       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15       X         ls the organization subject to t										
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         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       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X										
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         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       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		amounts due or received from them.) 11b								
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         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       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b									
Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Im										
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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	-	13a							
organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X										
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b									
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	-									
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X										
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X										
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			1-10							
If "Yes," see instructions and file Form 4720, Schedule N.         16         X			15		x					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					_					
	16		16		Х					
			-							

Form **990** (2019)

932005 01-20-20

Form 990 (2	2019)
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### VASHON-MAURY ISLAND LAND TRUST

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ect	Check if Schedule O contains a response or note to any line in this Part VI					
	ion A. Governing Body and Management					_
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1a	15			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	. 1b	15			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any oth	ner			l
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct super	rvision			I
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or				
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders,	or			
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	year by the followi	ng:			ĺ
а	The governing body?			8a	Х	J
b	Each committee with authority to act on behalf of the governing body?			8b	Х	I
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.	)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affilia	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	ise to conflicts?		12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14	Х	1
	Did the process for determining compensation of the following persons include a review and appro					ĺ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisior					I
	The organization's CEO, Executive Director, or top management official			15a	Х	1
	Other officers or key employees of the organization			15b	Х	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				l
	taxable entity during the year?			16a		l
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					J
	exempt status with respect to such arrangements?			16b		1
	ion C. Disclosure					1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WA					-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Sec	tion 501(c)(3)	s only	) avai	1
	for public inspection. Indicate how you made these available. Check all that apply.			2 0 my	,	
		ain on Schedule	O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			d finar	ncial	
	statements available to the public during the tax year.	Connot of Intere	sst policy, all	a midi	ioiai	
	State the name, address, and telephone number of the person who possesses the organization's to	hooks and reco	rde 🕨			
	THE ORGANIZATION - 206-463-2644	JUUNS ANU TECO	us 💌			-
						_
	PO BOX 2031, VASHON, WA 98070			Form	990	_

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	nd a d I	lirecto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIRK STARR	1.00	<u> </u>		0	$\leq$	Ξē	E			
BOARD MEMBER		x						0.	0.	0.
(2) TOM AMOROSE	1.00									
BOARD MEMBER		X						0.	Ο.	0.
(3) LINDA CRAYTON	3.00									
TREASURER		X		X				0.	0.	0.
(4) AMY HOLMES	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) MARY FRAN LYONS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) EUGENE CARLSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CHIP GILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KRIS OLSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SCOTT HUDSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CHARLEY ROSENBERRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DON STUART	3.00									
SECRETARY		Х		Х				0.	0.	0.
(12) TOM SPRING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JON THOMAS	3.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(14) SARA VAN FLEET	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DANA ILLO	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) THOMAS DEAN	40.00									
EXECUTIVE DIRECTOR				х				103,553.	0.	16,068.
										<b>– – – – – – – – – –</b>

932007 01-20-20

Form 990 (2019)

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		VASHON-MA	AURY IS	LAI	ND.	LA	٩NI	гc	'RI	UST	94-3	123	021	Pa	age <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(A) (I			not cl , unles	ss per d a di	ition more rson i irecto	Highest compensated target tar	ı an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on 1 S	an com fr org and	(F) timate nount o other pensa om the anizati d relate	of tion e ion ed
			line)	Individual trustee or director	Inst	Officer	Key	High	Forr						
										102 552			1	<u> </u>	<u> </u>
	Subtotal Total from continuation s									103,553.		0.		6,0	0.00
	Total (add lines 1b and 1c									103,553.		0.	1	6,0	-
2	Total number of individuals		ot limited to th	nose	liste	ed at	oove	e) wh	o r	eceived more than \$100	,000 of reportab	le			1
	compensation from the org	ganization 🕨												Yes	<u>1</u> No
3	Did the organization list an	y <b>former</b> officer,	director, trust	ee, I	key e	empl	loye	e, or	hig	phest compensated emp	oloyee on	[		163	
	line 1a? If "Yes," complete												3		Х
4	For any individual listed on and related organizations										the organization		4		х
5	Did any person listed on lir	-									idual for services				
	rendered to the organizatio		plete Schedul	e J f	or su	ich j	pers	son .					5		Х
<u> </u>	tion B. Independent Contr Complete this table for you		mpensated in	depe	ende	ent c	ontr	racto	rs t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report co	-	-	-											
	Nar	(A) ne and business	address	N	ONE	5				<b>(B)</b> Description of s	ervices	С	<b>C)</b> Iagmo	<b>;)</b> nsatior	n
					5111	-				•					
									_						
2	Total number of independe	ent contractors (i	ncluding but n	not li	mite	d to	tho	se lis	tec	d above) who received n	nore than				
	\$100,000 of compensation							)		-					
													Form	<b>990</b> (2	2019)

932008 01-20-20

					Y I	SLAND L	AND TRUST		94-3123	021 Page 9
Pa	rt \	/11								
			Check if Schedule O	contains a respor	nse o	r note to any lir	e in this Part VIII	(D)	(0)	
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
ts, Aπ			Fundraising events		1	.06,096.				
ilar İlar			Related organizations		- 1					
Sim',			Government grants (contr	· · · · · · · · · · · · · · · · · · ·	1	.07,457.				
utio		f	All other contributions, gifts,		0					
d Gti		~	similar amounts not included			355,850. 10,388.				
Son		-	Noncash contributions included in <b>Total.</b> Add lines 1a-1f				1,069,403.			
<u> </u>			Total. Add intes 1a-11			Business Code	1,000,1000			
e,	2	а	FARM SALES			900099	24,884.	24,884.		
° zic	-	b			-		,			
Se		с			-					
am eve		d								
Program Service Revenue		е								
ā		f	All other program service	revenue	L					
		g	Total. Add lines 2a-2f				24,884.			
	3		Investment income (inclue	-		-	10 771			10 771
			other similar amounts)				10,771.			10,771.
	4		Income from investment of		•	-				
	5		Royalties	(i) Real	<u>.</u>	(ii) Personal				
	6	а	Gross rents	6a 22,95						
	Ŭ		Less: rental expenses	6b 18,66	2.					
		С	Rental income or (loss)	6c 4,29	2.					
		d	Net rental income or (loss	3)		►	4,292.			4,292.
	7	а	Gross amount from sales of	(i) Securitie		(ii) Other				
			assets other than inventory	7a	4	84,000.				
		b	Less: cost or other basis							
evenue			and sales expenses	7b	1	308,620.				
			Gain or (loss)	7c		.75,380.	175,380.	175 200		
er R	•		Net gain or (loss)			····· ►	175,500.	175,380.		
Other	8	а	Gross income from fundraisi including \$ 106	5,096. of						
Ŭ			contributions reported on							
			Part IV, line 18	-	8a	11,640.				
		b	Less: direct expenses		8b	30,016.				
			Net income or (loss) from		ts	<b>)</b>	-18,376.			-18,376.
	9	а	Gross income from gamin	ng activities. See	T					
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from		3	►				
	10	а	Gross sales of inventory,							
		h	and allowances Less: cost of goods sold		10a 10b					
			Net income or (loss) from							
		<u> </u>			<u> </u>	Business Code				
snog	11	а			F					
ane		b								
		с								
Miscellaneous Revenue			All other revenue							
			Total. Add lines 11a-11d							2 2 4 2
	12		Total revenue. See instruction	ons		►	1,266,354.	200,264.	0.	1
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Part IX Statement of Functional Expenses

VASHON-MAURY ISLAND LAND TRUST

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	110 601	102 002	0 224	0 405
-	trustees, and key employees	119,621.	102,882.	8,334.	8,405.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	288,766.	225 434	17,365.	15 067
7	Other salaries and wages	200,/00.	225,434.	±7,303.	45,967.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	16,873.	10,242.	2,054.	4,577.
9	Other employee benefits	34,427.	27,325.	2,545.	4,557.
10	Payroll taxes	J4,44/•	47,545.	2,545.	4,557•
11	Fees for services (nonemployees):				
a h	Management	8,699.	8,396.	303.	
b		17,702.	11,002.	3,950.	2,750.
	Accounting	1777020	11,0020	575501	277500
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	95,284.	83,586.	4,762.	6,936.
12	Advertising and promotion	3,834.	3,661.	4,762.	6,936. 126.
13	Office expenses	144,401.	118,492.	9,602.	16,307.
14	Information technology			-	
15	Royalties				
16	Occupancy	26,409.	23,942.	1,090.	1,377.
17	Travel	19,002.	6,446.		12,556.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,048.	4,048.		
20	Interest				
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization	19,331.	14,358.	4,973.	
23	Insurance	13,853.	9,235.	2,309.	2,309.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROPERTY AND OTHER TAX	16,965.	16,965.		
b	DUES, SUBSCRIPTIONS, &	13,120.	7,757.	2,834.	2,529.
С	RENTAL EXPENSE	11,981.	120.	103.	11,758.
d	INKIND EXPENSE	1,388.	1,388.	10.200	20 010
	All other expenses	-48,678.	-8,354.	-10,308.	-30,016.
25	Total functional expenses. Add lines 1 through 24e	807,026.	666,925.	49,963.	90,138.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	h = h $h = h$ $h =$			1	

932010 01-20-20

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_____ if following SOP 98-2 (ASC 958-720)

Check here

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Form **990** (2019)

32

33

4,717,285.

4,732,203.

32

33

5,264,205.

5,280,274.

Form 990 (2019)

### VASHON-MAURY ISLAND LAND TRUST Part X Balance Sheet

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

(A) (B) Beginning of year End of year 67,193. 82,687. Cash - non-interest-bearing 1 1 637,121. 1,040,656. 2 2 Savings and temporary cash investments 116,393. 27,970. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 3,810,543. basis. Complete Part VI of Schedule D _____ 10a 220,295. 3,616,385. 3,590,248. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 308,534. 450,290. Investments - other securities. See Part IV, line 11 12 12 75,000. 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 4,732,203. 5,280,274. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 14,918. 16,069. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 of Schedule D 14,918. 16,069. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 1,314,028. 1,745,579. Net assets without donor restrictions 27 27 3,403,257. 3,518,626. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Assets

_iabilities

Net Assets or Fund Balances

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

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	990 (2019) VASHON-MAURY ISLAND LAND TRUST	94-3	123021	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,266				
2	Total expenses (must equal Part IX, column (A), line 25)	2	807				
3	Revenue less expenses. Subtract line 2 from line 1	3	459				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,717				
5	Net unrealized gains (losses) on investments	5	87	, 5	92.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ -		
	column (B))	10	5,264	1,2	05.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			v			
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				х		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Si	0			х		
	Act and OMB Circular A-133?		3a		Δ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		0010)		

Form **990** (2019)

932012 01-20-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(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.

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

	OMB No. 1545-0047
1	2019
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

			VASH	ON-MAIIRY T	SLAND LAND T	RIIST			p.0,0.	4-3123021				
Pa	nrt		Reason for Public (				is part.) Se	e instruction		1 5125021				
			zation is not a private found		<u> </u>	· ·	. ,							
1														
2			A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (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											
5			section 170(b)(1)(A)(iv). (Complete Part II.)											
6														
7	F	Ħ	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in</li> </ul>											
'	L		section 170(b)(1)(A)(vi). (Co	-	Initial part of its support	ion a gov	ennentai		ine general					
8	X	7			(1)(A)(vi) (Complete Der	+ 11 \								
9	-	7	A community trust describe				nd in ooni	notion with a	land grant	oollogo				
9	L		An agricultural research org											
			or university or a non-land-g	grant college of agric		Enter the	name, city	y, and state o	r the colleg					
10			university:	Illy reacives: (1) more	than 22 1/20/ of its our	nort from	oontributi	ono mombor	bin face a	and areas respired from				
10	L		An organization that norma											
			activities related to its exen		-					-				
			income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lifed by the of	ganization	aner June 30, 1975.				
11			See section 509(a)(2). (Cor	-	ively to toot for public or	foty Soo	nantion E(	O(a)(4)						
12			An organization organized a An organization organized a	-	•	•			orn out the	purpass of ana ar				
12	L		more publicly supported or	-	•	-			-					
	. [		lines 12a through 12d that				-		-	( diving				
а			<b>Type I.</b> A supporting orga	-	-	•								
			the supported organization		• • • •	a majonty (				supporting				
L.	. [		organization. You must o	-					na (a) hu ha	u dia a				
b	) [		<b>Type II.</b> A supporting org	-				-		-				
			control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported				
_	. [		organization(s). You mus	•					II into quat	a alith				
С	; [		Type III functionally inte						illy integrate	ed with,				
	. [		its supported organization											
d			Type III non-functionally						-					
			that is not functionally int			-		-	d an attent	iveness				
_	ſ		requirement (see instruct	,	• •	,								
е	; L		Check this box if the orga					а туре ї, туре	ii, iype iii					
		nto	functionally integrated, or		nally integrated support	ing organiz	zation.							
f			r the number of supported or ide the following informatior	•	d organization(a)									
g			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetarv	(vi) Amount of other				
			organization		(described on lines 1-10	in your governi Yes	ng document?	support (see ir	-	support (see instructions)				
					above (see instructions))									
Tota	al													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

### Schedule A (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST

94-3123021 Page 2

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	524,779.	769,825.	1,166,737.	662,928.	1,081,043.	4,205,312.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	524,779.	769,825.	1,166,737.	662,928.	1,081,043.	4,205,312.
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.						4,205,312.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	524,779.	769,825.	1,166,737.	662,928.	1,081,043.	4,205,312.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	46,949.	35,526.	32,849.	44,127.	33,725.	193,176.
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.)	350.	1,225.		12,892.		14,467.
11	Total support. Add lines 7 through 10						4,412,955.
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12	207,748.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	95.29 %
	Public support percentage from 2018					15	94.95 %
<b>16</b> a	<b>33 1/3% support test - 2019.</b> If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the o	•					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	o 10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

932022 09-25-19

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### Schedule A (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST 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.)

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per- formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization'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 $\dots$								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
<b>b</b> Amounts included on lines 2 and 3 received								
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
<b>c</b> Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)								
Section B. Total Support								
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
9 Amounts from line 6								
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired offer June 20, 1075								
<ul> <li>c Add lines 10a and 10b</li> <li>I1 Net income from unrelated business activities not included in line 10b, whether or not the business is required on</li> </ul>								
regularly carried on <b>12</b> Other income. Do not include gain								—
or loss from the sale of capital								
assets (Explain in Part VI.)		1						
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for 1</li> </ul>	the organization	l	I fourth or fifth t		$1 = 501(a)^{1}$		tion	
-	-			•		3) organiza		
check this box and stop here	Support Pe	ercentage						_
15 Public support percentage for 2019 (lir			oolump (f))		15			%
					16			%
16 Public support percentage from 2018 Section D. Computation of Inves								90
-					17			
17 Investment income percentage for 201					18			%
18 Investment income percentage from 2						and line 1	7 :	%
<b>19a 33 1/3% support tests - 2019.</b> If the c								
more than 33 1/3%, check this box an								
<b>b 33 1/3% support tests - 2018.</b> If the c	•							
line 18 is not more than 33 1/3%, chec								╡
20 Private foundation. If the organization	aid not check a	1 DOX ON IINE 14, 19	a, or 19b, check t					<u> </u>
032023 09-25-19			15	Sch	edule A (	Form 990	or 990-EZ) 20	119
041116 790549 15932	20	19.05000	15 VASHON-MA	URY ISLAN		-		-

### Schedule A (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST

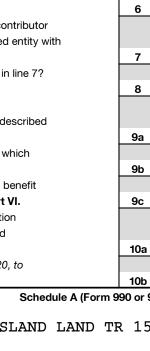
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

932024 09-25-19



1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes

No

Schedule A (Form 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST Part IV 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		<u> </u>
b	A family member of a person described in (a) above?	11b		L
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe 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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
Sec	tion 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 yea(see instructions)			
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 insi	tructions	s).	
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.	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.			
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		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
	17			

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### Schedule A (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

## Schedule A (Form 990 or 990 EZ) 2019 VASHON-MAURY ISLAND LAND TRUST

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	¥
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
-	Excess from 2018			
e	Excess from 2019			Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	(Form 990 or 990 EZ) 2019 VAS						- 3123021 Part III, line 12:	1 45
<u> </u>	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F	8c, 4b, 4c, 5a, 6, 9a, nd 3; Part IV, Sectio	9b, 9c, 11a, on E, lines 1c	11b, and 11c; F , 2a, 2b, 3a, and	Part IV, Section 3 3b; Part V, lir	n B, lines 1 and 2 ne 1; Part V, Sect	; Part IV, Sectio ion B, line 1e; Pa	n C, art V
	(See instructions.)					-		
32028 09-25-1	19			20		Schedule A (Fo	orm 990 or 990	EZ)
	790549 15932			20	AURY ISI			

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

	VA	SHON-MAURY ISLAND LAND TRUST	94-3123021					
Organiza	ation type(check o	ne):						
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General	Rule							
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

94-3123021

### VASHON-MAURY ISLAND LAND TRUST

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 93,579. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 328,523. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 82,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22

2019.05000 VASHON-MAURY ISLAND LAND TR 15932__1

11041116 790549 15932

Employer identification number

94-3123021

VASHON-MAURY ISLAND LAND TRUST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. Port I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2019.05000 VASHON-MAURY ISLAND LAND TR 15932_1

Page 3

	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page		
Name of or	ganization		Employer identification number		
VASHON	I-MAURY ISLAND LAND TRU	IST	94-3123021		
Part III		tions to organizations described in a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi			
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gi			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
923454 11-06-	-19	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2019		

11041116 790549 15932 2019.05000 VASHON-MAURY ISLAND LAND TR 15932__1

24

(Form 990 or 990-EZ)	DULE C POlitical Campaign and Lobbying Activities										
		if the organization is described				2019					
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 for i			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Open to Public Inspection					
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, liı	ne 46 (Political Campa	aign Activ	vities), then					
<ul> <li>Section 501(c)(3) or</li> </ul>	<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> </ul>										
<ul> <li>Section 501(c) (other</li> </ul>	<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>										
•	Section 527 organizations: Complete Part I-A only.										
-		n Form 990, Part IV, line 4, or Fo									
	-	have filed Form 5768 (election un			-						
	-	have NOT filed Form 5768 (election									
If the organization ans Tax) (see separate inst		n Form 990, Part IV, line 5 (Proxy	/ Tax) (see separate i	nstructions) or Form	990-EZ, I	Part V, line 35c (Proxy					
		tions: Complete Part III.									
Name of organization	,, e. (e) e.ga			E	mployer	identification number					
		MAURY ISLAND LANI				4-3123021					
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	27 orgai	nization.					
1 Provide a descripti	on of the organiz	ation's direct and indirect politica	I campaign activities i	n Part IV.							
2 Political campaign	activity expendit	ures			▶\$						
3 Volunteer hours for	political campai	gn activities									
		<u> </u>									
		anization is exempt unde			<u> </u>						
		incurred by the organization unde			►\$						
		incurred by organization manager				Vee Ne					
		n 4955 tax, did it file Form 4720 f				Yes No					
<b>b</b> If "Yes," describe i						Ves No					
		anization is exempt unde	er section 501(c),	except section 5	501(c)(3						
-	-	by the filing organization for sec		-	► \$						
		ization's funds contributed to oth			· •						
			-		▶\$						
		. Add lines 1 and 2. Enter here an									
line 17b					▶\$						
4 Did the filing organ	ization file <b>Form</b>	1120-POL for this year?				Yes No					
5 Enter the names, a	ddresses and en	nployer identification number (EIN	l) of all section 527 pc	litical organizations to	which the	e filing organization					
		tion listed, enter the amount paid									
	-	omptly and directly delivered to a additional space is needed, provid			parate se	gregated fund or a					
	IIIIIIIIEE (FAC). II	auditional space is needed, provid		IV/							
		<i></i>									
political action con (a) Nam	e	(b) Address	(c) EIN	(d) Amount paid fro		e) Amount of political					
	e	(b) Address			's con '-0 P	tributions received and promptly and directly					
	9	<b>(b)</b> Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate					
	9	<b>(b)</b> Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate					
	9	<b>(b)</b> Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	3	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	3	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	3	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					
	9	(b) Address		(d) Amount paid fro filing organization	's con -0 p de	tributions received and promptly and directly elivered to a separate political organization.					

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 VASHON-M	AURY ISLAND LAND TRUST
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Pa	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).		· ·	
A C	heck 🕨 🛄 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	1,000.	
b	Total lobbying expenditures to influence a lea	gislative body (direct lobbying)	495.	
с		d 1b)	1,495.	
d			715,393.	
е		s 1c and 1d)	716,888.	
f	Lobbying nontaxable amount. Enter the amo		132,533.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	33,133.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	Г	Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total	
2a Lobbying nontaxable amount	78,435.	90,038.	107,367.	132,533.	408,373.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					612,560.	
<b>c</b> Total lobbying expenditures	159.		365.	1,495.	2,019.	
<b>d</b> Grassroots nontaxable amount	19,609.	22,510.	26,842.	33,133.	102,094.	
e Grassroots ceiling amount (150% of line 2d, column (e))					153,141.	
f Grassroots lobbying expenditures	159.		200.	1,000.	1,359.	

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

### Schedule C (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST

### 94-3123021 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(b	)
of the	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

**SCHEDULE D** 

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

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



Department of the Treasury Internal Revenue Service Name of the organization

### VASHON-MAURY ISLAND LAND TRUST

Employer identification number 94-3123021

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	-	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	X Preservation of land for public use (for example, recrea	tion or education) $[X]$ Preservation of a his	storically important land area
	X Protection of natural habitat	Preservation of a ce	rtified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 33
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ucture included in (a)	<u>2c</u> 0
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶0_		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	▶ <u>41</u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶\$ <u>861.</u>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019
93205	10-02-19		
		28	

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Sche		MAURY ISLA						94-31			age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Historio	cal Tr	easures, c	or Oth	er Simil	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the	following tha	t make	significant	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔛 Loan	or exc	hange progra	am					
b	Scholarly research	e	Othe	r							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they fu	urther t	he organizati	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histori	cal trea	sures, or othe	er simila	ar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the organizat	ion's co	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	anizatio	on answered "	'Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	:				i			
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						<b>1</b> f				1
	Did the organization include an amount on Fo							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V Endowment Funds.</b> Complete in	-							( ) [		
		(a) Current year	(b) Prior y		(c) Two year		• •	•	(e) Four		
	Beginning of year balance	55,725.	61	,449.	54	2,112.		49,001.		49,	884.
b	Contributions	50,000.	-	764		2 2 2 1		2 0 4 7			146
	Net investment earnings, gains, and losses	15,640.	-3	,764.	2	9,321.		3,947.		-	146.
	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs	1 760		0.00		0.0.4		0.2.6			
	Administrative expenses	1,762.		960.		984.		836.		4.0	737.
-	End of year balance	119,603.		5,725.		),449.		52,112.		49,	001.
2	Provide the estimated percentage of the curr			lumn (a	a)) held as:						
	Board designated or quasi-endowment	30.14	_%								
	Permanent endowment  69.86	%									
С	·	%									
-	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organization	ation that are	held a	ind administe	red for 1	the organi	zation	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	X	X
	(ii) Related organizations								3a(ii)		A
	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		owment fund:	S.							
Fai	Complete if the organization answered		Dort IV line	. 110 0	Soo Form 000	Dort V	line 10				
	· · ·		<u>, , , , , , , , , , , , , , , , , , , </u>			,	,			المعامية	
	Description of property	(a) Cost or o basis (investr		•	or other	• •			( <b>d)</b> Boo	k value	e
	Level				(other)	ue	preciation	1	3,25	1 2	20
	Land		·	-	9,314.		220 2	95		<u>1,2</u> 9,0	
	Buildings			55	9,314.		220,2	90.	55	9,0	13.
	Leasehold improvements										
	Equipment										
	Other							-	2 50	<u> </u>	10
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B	), line 1	IUC.)		<u></u>		3,59		
								Schedule	D (Forn	n 990)	2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 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	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SEATTLE			
(B) FOUNDATION-BENEFICIAL			
(C) INTEREST	119,603.	END-OF-YEAR MARKET	VALUE
(D) INVESTMENTS	330,687.	END-OF-YEAR MARKET	
(E)			
(F)			
(G) (I)			
(H)	450,290.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	430,290.		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	t of yoor market yolyo
		(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	<b>(1)</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) lime           Part X         Other Liabilities.	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.           Complete if the organization answered "Yes"	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) lime           Part X         Other Liabilities.	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (b) Paravisition of line line	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.           Complete if the organization answered "Yes"           1.         (a) Description of liability	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)           (7)	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.         (a) Description of liability           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)	Description		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 VASHON-MAURY ISLAND LAND	RUST		94-	3123021 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,402,624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	87,592.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			48,678.		
е	Add lines 2a through 2d			2e	136,270.
3	Subtract line 2e from line 1			3	1,266,354.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,266,354.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per		rn.
Pa	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		Retu	
Pa 1	<b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	1.			rn. 855,704.
	<b>rt XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 		Retu	
1	<b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	a. 		Retu	
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 		Retu	
1 2 a	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	a. 2a 2b 2c		Retu	
1 2 a b c d	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	48,678.	Retu	855,704.
1 2 a b c d	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	48,678.	Retu	<u>855,704.</u> 48,678.
1 2 a b c d	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	48,678.	Retu 1	855,704.
1 2 b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	48,678.	1 2e	<u>855,704.</u> 48,678.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	48,678.	1 2e	<u>855,704.</u> 48,678.
1 2 b c d e 3 4 a	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	48,678.	1 2e	855,704. 48,678. 807,026.
1 2 3 4 3 4 b	Image: triangle state in the image: triangl	2a 2b 2c 2d 2d 4a 4b	48,678.	1 2e 3 4c	855,704. 48,678. 807,026. 0.
1 2 a b c d e 3 4 a b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	48,678.	1 2e 3	855,704. 48,678. 807,026.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART II, LINE 9:

THE ORGANIZATION REPORTS CONSERVATION EASEMENTS AT A NOMINAL \$1 VALUE IN

ITS FINANCIAL STATEMENTS AS IT CONSIDERS THE LIABILITY TO MONITOR AND

ENFORCE THE EASEMENTS AS GREATER THAN THE UNDERLYING VALUE OF THE

EASEMENT.

PART V, LINE 4:

ULTIMATELY, THE INTENTION IS TO BUILD THE ENDOWMENT FUND TO A POINT WHERE

IT GENERATES REVENUE SUFFICIENT TO COVER THE ONGOING STEWARDSHIP/PROGRAM

### EXPENSES OF THE ORGANIZATION'S WORK.

PART X, LINE 2:

932054 10-02-19

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL & FUNDRAISING EXPENSE REDUCING REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL AND FUNDRAISING EXPENSE

48,678.

48,678.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2019					
Department of the Treasury		organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		_{to} www.irs.gov/Form990 for instruct	uction	s and	I the latest informat	ion.		Inspection ntification number
	VASHON-	MAURY ISLAND LAND					94-3123	021
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person sc</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations vlicitations on have a written o red in Form 990, P ) highest paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 BIG SKY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
2		(event type)	(event type)	(total number)	– col. <b>(c)</b> )
	1 Gross receipts	117,736.			117,736
2	2 Less: Contributions	106,096.			106,096
3	<b>3</b> Gross income (line 1 minus line 2)	11,640.			11,640
4	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,758.			11,758
	7 Food and beverages	12,085.			12,085
	8 Entertainment				2,750
	9 Other direct expenses				3,423
1	<b>10</b> Direct expense summary. Add lines 4 through	h 9 in column (d)			30,016
1 1	<ul><li>Direct expense summary. Add lines 4 through</li><li>Net income summary. Subtract line 10 from I</li></ul>	h 9 in column (d) ine 3, column (d)			30,016
1 1	<b>10</b> Direct expense summary. Add lines 4 through	h 9 in column (d) ine 3, column (d)			30,016
1 1 Part	10 Direct expense summary. Add lines 4 through         11 Net income summary. Subtract line 10 from 1 <b>till Gaming.</b> Complete if the organization	h 9 in column (d) ine 3, column (d)			3,423 30,016 -18,376 (d) Total gaming (add col. (a) through col. (c
1 1	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from I</li> <li>11 Gaming. Complete if the organization</li> <li>\$15,000 on Form 990-EZ, line 6a.</li> </ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
1 Parl	10 Direct expense summary. Add lines 4 through         11 Net income summary. Subtract line 10 from 1 <b>till Gaming.</b> Complete if the organization	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
1 Parl	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from I</li> <li>1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from I</li> <li>1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from 1</li> <li>1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from 1</li> <li>1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	30,016 -18,376
	<ul> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from 1</li> <li>1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	h 9 in column (d) ine 3, column (d) answered "Yes" on Forn (a) Bingo (a) Bingo (b) Bingo (c)	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	30,016 -18,376

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ∐Yes L No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

34

Sch	edule G (Form 990 or 990-EZ) 2019 VASHON-MAURY ISLAND LAND TRUST 94-	-3123021	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	
10	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	. LI Yes	
	The organization's facility	13a	%
	An outside facility		%
	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?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
с	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	
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 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93208	3 09-11-19 Schedule G (Fo 35	rm 990 or 990	)-EZ) 2019
	55		

11041116 790549 15932 2019.05000 VASHON-MAURY ISLAND LAND TR 15932__1

Schedule G (Form 990 or 990-EZ)	VASHON-MAURY	ISLAND	LAND	TRUST
Part IV Supplemental Info	rmation (continued)			

		0.1.1.1.0/5
932084 04-01-19	26	Schedule G (Form 990 or 990-EZ)
	36	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

VASHON-MAURY ISLAND LAND TRUST

Employer identification number 94 - 3123021

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE BENEFIT OF THE PUBLIC AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

THE VASHON-MAURY ISLAND LAND TRUST IS A MEMBERSHIP ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL CURRENT MEMBERS (FINANCIAL SUPPORTERS) MAY CAST A VOTE IN THE ELECTION

OF PERSONS TO SERVE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDING THE BY-LAWS REQUIRES APPROVAL BY A VOTE OF THE CURRENT MEMBERS.

EACH CURRENT MEMBER PRESENT AT THE CALLED MEETING MAY CAST ONE VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

AN OUTSIDE ACCOUNTANT PREPARES THE FORM 990 AND PROVIDES TO THE

ORGANIZATION. A COPY IS PROVIDED TO EACH DIRECTOR FOR REVIEW. QUESTIONS AND

DISCUSSION ARE SOLICITED AT THE NEXT BOARD MEETING PRIOR TO THE FORM 990

BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO REVIEW AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ANNUALLY AND DISCLOSE ANY CONFLICTS.

FORM	990,	PART	vi,	SECTION	в,	LINE	15:						
LHA F	or Paperw	ork Redu	ction Act	Notice, see the	e Inst	ructions fo	or Forn	n 990 or 990-EZ.	Schedu	le O (Forn	n 990	or 990-EZ) (	(2019)
932211 09	9-06-19												
								37					
1104111	L6 79(	)549 3	15932		20	19.05	000	VASHON-MAURY	ISLAND	LAND	ΤR	15932_	1

83,586.

4,762.

6,936.

95,284.

Name of the organization VASHON-MAURY ISLAND LAND TRUST

THE ORGANIZATION CONDUCTED A SALARY STUDY USING LOCAL AREA DATA TO ASSIST

IN DETERMINING SALARY FOR MANAGEMENT AND THE BOARD DISCUSSES AND APPROVES

SALARY LEVELS.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND FORM 990 ARE MADE AVAILABLE UPON A WRITTEN OR IN PERSON

REQUEST TO THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON A WRITTEN OR IN

PERSON REQUEST. BYLAWS ARE AVAILABLE ON THE ORGANIZATION WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS & OTHER SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 95,284.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)							
print	VASHON-MAURY ISLAND LAND 1		94-3123021						
File by the due date for filing your return. See	the e for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructions.	City, town or post office, state, and ZIP code. For a VASHON, WA 98070	foreign add	ress, see instructions.						
Enter the	Return Code for the return that this application is for (1	file a separa	te application for each return)			01			
Application			Application			Return			
ls For			Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 990-T (trust other than above) 06 Form 8870 THE ORGANIZATION						12			
Telephone No. ▶       206-463-2644       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         • If this is for part of the group, check this box       ▶       and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       NOVEMBER 16, 2020       , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ▶       X       calendar year 2019       or         •       tax year beginning									
	is application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.	3a	\$	0.					
	is application is for Forms 990-PF, 990-T, 4720, or 606								
	mated tax payments made. Include any prior year over		Зb	\$	0.				
c Bal	ance due. Subtract line 3b from line 3a. Include your p								
using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.			
instruction	If you are going to make an electronic funds withdrawans. or <b>Privacy Act and Paperwork Reduction Act Notice</b>	•		453-EO a		79-EO for payment 8868 (Rev. 1-2020)			

923841 12-30-19