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Fgrm **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Department of the Treasury

lung benefit trust or private foundation)

Open to Public Inspection

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-	tial retu		oom/outle							
-	minate			(802) 454-8500						
⊣	ended	0.500		G Gross receit		24	14,853			
⊣) Isthisa (•			Yes			
) Areallaf			-	Yes			
I Ta	x-exe	mpt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527		ittach a list		L uctions)	_] . . . L			
		27 / 2) Group ex			201.07.07				
		ganization Corporation Trust Association Other ▶ L Year of fo				e of legal do	omicile			
Par	rt I	Summary			1					
	1	Briefly describe the organization's mission or most significant activities		-	_					
^	Nat	ure based education		-						
A GOVE										
ŢÕ						_				
	2	Check this box ▶ If the organization discontinued its operations or disposed of more	re than 25	5% of its r	et assets					
Į R Į N	3	Number of voting members of the governing body (Part VI, line 1a)			3		(
ΕÄ	4	Number of independent voting members of the governing heady (Part VI, line 4h)			4					
ĖÑ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5		1			
Е &	6	Total number of volunteers (estimate if necessary)			6	_				
οx	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		_			
		Net unrelated business taxable income from Form 990-T, line 34			7b		(
			1	rlor Year		Curre	nt Year			
REVENUE	8	Contributions and grants (Part VIII, line 1h)		60,52	25		32,947			
Ī	9	Program service revenue (Part VIII, line 2g)		145,15			9,019			
Ñ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			38					
Ę	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64	11		1,332			
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		206,36	50	24	13,299			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	21,10		-	37,490			
F	14	Benefits paid to or for members (Part IX, column (A), line 4)								
EXPERSES	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,25	54	1.8	39,766			
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
N S	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,378								
Ě	17	Other expenses (Part IX, column (A), lines 11a 11d, 116249		39,64	17	5	1,025			
3	18	Other expenses (Part IX, column (A), lines 11a 11d, 11t, 24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		197,00	8		8,281			
		Revenue less expenses. Subtract line 18 from line 12		9,35	52		34,982			
P P P		Total accord (Part V. line 16)	Beginnin	ng of Currer	nt Year	End o	of Year			
BALAXCE OR FUX	1-0	Total assets (Fart A, line 10)		9,51	14		4,157			
FUZD FUZD	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 DEN, UT		16,51		4	16,137			
SDS	22	Net assets or fund balances Subtract line 21 from line 20		-6,99	8	- 4	1,980			
Par	H	Signature Block								
		s of perjury, I declare that I have examined this return, including accompanying schedules and statemen	its, and to t	he best of i	my knowle	dge and be	lief, it is ti			
JITECT	, and C	implete. Deglaration of prepare (other than officer) is based shall information of which preparer has an	Ty knowled(ge 		/_				
		Mena Turious			\	< 71	15/1			
Sign		Signature of officer / C				Date /	· / '			
dere)	Angella Gibbons Execut:	rve D	irect	or	,				
		Type or print name and title								
י- : - כ		Print/Type preparer's name Preparer's signature Date	~ ,	Check		PTIN	_			
Paid		Donna Samson-Sprake Jon Am Jn 94 7-1	2.13	self-er	mployed	P0137	<u>73139</u>			
	arer	Firm's name ▶ DONNA SAMSON-SPRAKE		ırm's EIN	>					
10-	UNI	4.07.0	١.	hone no						
Jse	•	THE THE TOTAL TOTAL								
		Firm's address ▶ 1070 GORE ROAD BARRE VT 05641 discuss this return with the preparer shown above? (see instructions)		802)4	79-5		Yes 🛛 I			

	990 (2011) EarthWalk Vermont Inc. 11-3744202	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	Nature based education	
2	Did the organization undertake any significant program services during the year which were not listed on	5
	the prior Form 990 or 990-EZ?	×Ν
_	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	F7
	services? Yes	ΧN
_	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 234,719 including grants of \$) (Revenue \$	<u> </u>
	See attachment #1	
		-
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	· · · · ·
	/ (Institute) / (Institute)	
		· -
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 234,719	

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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Χ
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
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
	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)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII 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, & program service activities outside the United States, or aggregate foreign investments			~~
4-	valued at \$100,00 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 assistance to any organization			
	or entity located outside the United States? 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 assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			٠,
45	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, -		
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		

Part IV Checklist of Required Schedules (continued)

		i	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			1,7
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	23		^
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	25a		<u> </u>
_	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	256		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		_^
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			1
	Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		Х
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	}	Χ
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
13.64	11 QQA TME 000 Comment Form (0.5) QAA 0045 TM			_

'art				
	Check if Schedule O contains a response to any question in this Part V			Щ.
1a	Enter the number reported in Pay 2 of Form 1000 Fator 10 of not applicable	F	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ū	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		- 11	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible? N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a		Х
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h	-	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
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 b	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	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	422		v
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O	.56		Λ
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1		
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 in Schedule O N/A	14b	1	

Part VI

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

	Check if Schedule O contains a response to any question in this Part VI			X
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 6			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		-
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n 🗔		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	}		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Section 1	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	↓	X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/J		37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	-
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	120	Х	-
12a b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	<u> </u>	ļ
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u>^</u>	╁
Ī	describe in Schedule O how this is done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	. 14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	Х	f
b	Other officers or key employees of the organization	. 15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a	1	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b €		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year,			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ See attachment #2			

JVA

Part VII

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

Check if Schedule O contains a response to any question 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

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

Check this box if neither the or (A)	(B)							(D)	(E)	(F)
Name and Title	Average	Average Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week		officer	less pe and a d	rson is irector/	both an trustee)		compensation	compensation	amount of
	(describe	TRUSTEE COR	-ZST - TUT	Ιo	K E M P L	H - GHEST	F O	from	from related	other
	hours for	DUR	P U	FICER	ΥP	G M P H P L	R M E R	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	VTC	T E	C E	O Y E	EEO	E R	(W-2/1099-MISC)	(VV-2/1099-WIISC)	organization
	organiza- tions in	DEO	ŢΕ	R	E	TSE		(** =, *********************************		and related
	Schedule	U R A C L R	ÒZĄL			T E D				organizations
Hal Cohen	O)		L			, D			_	
Treasurer	1.00	Х		X				0	n	0
Carla Hancock										ľ
Board Member	1.00	X						o	o	lo
Reese Hersey										
Board Member	1.00	Χ						0	0	О
Owen Bradley					i					
Board Member	1.00	X	ĺ					0	0	р
Heather Holter	1 00	37		77						
Secretary Tino O'Brien	1.00	Х		Х				0	О	О
Chair	1.00	X		X				0		
Angella Gibbons		11		**				O		O
Executive Director	40.00			Х				39,456	0	0
			j ,							
			;							

JVA

Par	VII Section A. Officers	, Director	s, Trust	ees, K	ey En	nploye	es, and	High	est Compensated E	mplovees (continue	d)		- 3-
L	(A)	(B)				ition			(D)	(E)	T T	(F)	_
	Name and title	Average		(do no	Pos t check	ition more th	nan one		Reportable	Reportable	Es	tımate	d
		hours per	1	box, ur	niess pe	rson is	both an /trustee		compensation	compensation	1	nount (
		week (describe	ITD	J. T	O F	ΚE	H C E I O M	F	from	from related		other	
		(describe	IDUR	NST -	F	E M Y P	IGMP	Ř	the	organizations	1	pensa	
		related	I S E V T C I E T	ΙΙŤ	CER	ò	PENYE T AT	E R	organization	(W-2/1099-MISC)	1	om the	
		organiza-	DEÖ	T E	Ř	O Y E	TSE	, n	(W-2/1099-MISC)			anızatı	
		tions in Schedule	ΔO	Ņ		-	֓֞֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡				1	d relate	
		0)		024L			E D			·	l org	anızatıd	5116
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1b	Sub-total		.,		1		L	▶	39456	0	0		
С	Total from continuation sh	eets to Pa	rt VII, S	ectlor	n A			•					
d	Total (add lines 1b and 1c)	<u>.</u>						•	39456	0	0		
2	Total number of individuals	(ıncludıng	but not l	ımıted	to tho	se liste	ed abov	e) who	received more than	\$100,000 of reporta	able cor	npensa	ation
	from the organization >	_											
												Yes	No
, 3	Did the organization list any						ey emplo	yee, c	or highest compensa	ted employee			
	on line 1a? If "Yes," complet										3		Х
4	For any individual listed on I												
_	organization and related org										4		X
5	Did any person listed on line									ndividual for			ŀ
<u></u>	services rendered to the org		If "Yes,"	comp	olete S	chedu	lle J for s	such p	person	· <u> </u>	5		X
	On B. Independent Contractor			4 .	-11								
1	Complete this table for your												
	compensation from the orga		eport co	mpen	Isalion	ior in	e calend	ar yea		nin the organization's			
	Name and	(A) I business	addross						(B)			C)	
	Name and	Dusiness	auuress				-		Description of se	ervices	Comp	ensatio	n
	<u> </u>												
													
	<u></u>			-									
							-			- -			
2	Total number of independen	nt contracto	ors (inclu	dına t	out not	l limite	d to the	se liste	ed above) who receive	ved more than			
	\$100,000 of compensation fr												
1)//	11 0009 TWE 000 Co	`	10. 11			. =						000	

Pan	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns 1a			ļ		
$0 \in HI$		Membership dues 4h				1	<u> </u>
NTE		Eundroiging quento	 :		İ	1	ŧ
R G S		Polotod avenuestions			1		
RGS					1		
D N		Government grants (contributions) 1e					İ
RANTS	f	All other contributions, gifts, grants, &				1	
OAAI		similar amounts not included above.	32,947				1
N NM S D T	_	Noncash contributions included in lines 1a-1f					
s	h	Total. Add lines 1a-1f		32,947			
P			Business Code				
R OS	2a	Tuition	611600	201,536	201,536		
G E	b	Workshop fees	611600	7,483	7,483		
R R R A V E	С						
MIA	d						
C E	е						
Ū	f	All other program service revenue					
E	g	Total. Add lines 2a-2f	_>	209,019			_
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	▶	1			11
	4	Income from investment of tax-exempt bond p	roceeds ▶				_
	5	Royalties	▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		(ı) Real	(II) Personal				
		Gross Rents					
İ		Less rental expenses			-	-	
į		Rental income or (loss)			‡	1	
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less. cost or other basis and sales expenses					
0	С	Gain or (loss)					
_T		Net gain or (loss)				†	
H		Gross income from fundraising					
R		events (not including \$]	
		of contributions reported on line 1c).			 	† [
R		See Part IV, line 18 a					
E	b	Less [*] direct expenses b				}	
Ė	С	Net income or (loss) from fundraising events				1	
N	9a	Gross income from gaming activities. See		***************************************			
U E		Part IV, line 19				ŧ	
-	b	Less direct expenses b				•	
l	C	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances a	2,886		•	1	
ŀ	b	Less cost of goods sold b	1,554		<u> </u>		
	С	Net income or (loss) from sales of inventory		1,332			
		Miscellaneous Revenue	Business Code				
	11a						
ĺ	þ						
	С						
		All other revenue					
		Total. Add lines 11a-11d	•		<u> </u>		
	12	Total revenue. See instructions .	<u> </u>	243,299	209,019		11

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

compi	Check if Schedule O contains a response to any question	n in this Part IV			
Do not	· · · · · · · · · · · · · · · · · · ·	,		· · · · ·	· · · · · · · · · · · · · · · · · · ·
	Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21				······
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	37,490	37,490		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16				*****************************
4	Benefits paid to or for members		<u> </u>		
5	Compensation of current officers, directors,		1		
	trustees, and key employees	42,228	36,547	2,966	2,715
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	130.092	118,203	6,847	5,042
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17.446	15,377	1,364	705
11	Fees for services (non-employees)	1			
а	Management				
b	Legal				
С	Accounting	1,940		1,940	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	11.055	11.055		
12	Advertising and promotion	362	65	144	153
13	Office expenses	5.479	1,959	1,771	1,749
14	Information technology	354		354	
15	Royalties				
16	Occupancy	11,065	265	10,800	
17	Travel	284	167	117	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4.259	4,259		
20	Interest	854		854	
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization			<u> </u>	
23	Insurance	5,544	ļ	5,544	
24	Other expenses Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O)				
a	Program supplies	9 272	9,272		
b	Bank charges	505	55	436	14
С	Miscellaneous	32		32	
d	Dues and licenses	20	5	15	
е	All other expenses		_		
_25	Total functional expenses. Add lines 1 through 24e	278.281	234,719	33,184	10.378
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ I If following SOP 98-2 (ASC 958-720)	<u></u>			
JVA	11 99010 TWF 990 Copyright Forms (Software Only) - 201	11 TW			Form 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash -- non-interest-bearing 9,371 1 3,896 2 Savings and temporary cash investments . . . 2 Pledges and grants receivable, net 3 Accounts receivable, net 143 4 215 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions), 6 Notes and loans receivable, net 7 8 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10c 11 Investments -- publicly traded securities . . . 11 12 Investments -- other securities See Part IV, line 11 12 13 Investments -- program-related See Part IV, line 11 13 14 Intangible assets . . . 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,514 4,157 16 17 Accounts payable and accrued expenses 6,665 17 5,763 18 Grants payable 18 . . . 19 Deferred revenue 9,847 19 15,274 20 Tax-exempt bond liabilities ... 20 A B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 L 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 25,100 E S 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 ... 16,512 26 46,137 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. F N E T Ù 27 Unrestricted net assets -6,998 27 -41,980 Ň 28 Temporarily restricted net assets 28 29 Permanently restricted net assets . . 29 ASSETS В Organizations that do not follow SFAS 117, check here ▶ │ │ ALANC and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 o Ε 32 Retained earnings, endowment, accumulated income, or other funds 32 R 33 Total net assets or fund balances -6,998 -41,980 34 Total liabilities and net assets/fund balances 9,514 34 4,157

Form	990 (2011)		Pag	je 12				
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	243,	299	!				
2	Total expenses (must equal Part IX, column (A), line 25)	278,						
3	Revenue less expenses. Subtract line 2 from line 1 ,	-34,	982					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)							
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	-41,	980					
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			П				
			Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			T				
	If the organization changed its method of accounting from a prior year or checked "Other," explain			1				
	ın Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X				
b	Were the organization's financial statements audited by an independent accountant?	2b		Х				
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on							
	a separate basis, consolidated basis, or both			1				
	Separate basis Consolidated basis Both consolidated and separate basis							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		L X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b						
JVA	11 99012 TWF 990 Copyright Forms (Software Only) – 2011 TW	Form	990	(2011)				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		the organization							mployer		tion nu	mbei	•
			rmont Inc.						1-374	4202			
Pa				ty Status (All organ					structions				_
	orga □			ecause it is (For lines 1	_		•	•					
1 2	H			association of churche		ea in sec i	ion 170(b))(1)(A)(I).					
3	Н			i (1)(A)(II). (Attach Sche ervice organization de:	-	section 1	70/b\/1\/A	VIIIV					
4	H			ated in conjunction wi					/1\/ A \/ii\	Enter the	hospit	al'e na	me
-	ш	city, and state:		atou iii oonjunotoii w	ar a noop.	.a. accorn	04 111 3001	.ioii 170(D)	(Liner the	поэри	u	arric,
5		An organization	operated for the bendary. (Complete Part II)	efit of a college or univ	ersity own	ed or ope	rated by a	governme	ntal unit d	escribed i	n secti	on	
6	П	A federal, state	, or local government	or governmental unit d	lescribed i	n section	170(b)(1)((A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community tr	ust described in secti	on 170(b)(1)(A)(vi). (C	omplete P	art II)							
9	X			s: (1) more than 33 1/3					•	,	-		
				xempt functionssubj							ts		
				e and unrelated busine ne 30, 1975 See secti e					from busi	nesses			
	П	•	•	·	` ' '	, , ,		,					
10	Н			ted exclusively to test t									
11	Ш			ted exclusively for the ported organizations of									
				pes the type of support							JII		
		a Type I	b Type	_	Гуре III-Fu					ype III-O	thor		
е	П	□	U "	organization is not co	• •	•	-				li iCi		
	ш			gers and other than on		-			•		ion		
		509(a)(1) or sec	ction 509(a)(2)										
f		If the organizati	ion received a written	determination from the	IRS that r	t is a Type	I, Type II	or Type III	supportin	q			
			heck this box							J			Γ
g		Since August 1 following perso		nization accepted any g	gift or cont	ribution fro	om any of	the				_	_
				y controls, either alone			sons desc	ribed in (ii)	_		Yes	No
				dy of the supported org	ganization'	? .	•			[11g(l)		X
		•	ember of a person des	***							1g(li)		X
			•	on described in (i) or (i	•					1	1g(III)		X
<u> </u>		Provide the foli	owing information abo	ut the supported orgai	nization(s) T		r		· · ·		1		
(I) N	am	e of supported	(ii) EIN	(III) Type of organization	(IV) is the	organization	(V) Did yo	u notify the	(vi)	***	(vII)	Amou	nt of
	org	janization		(described on lines 1-9	ın col. (İ) lı					nincol (I) edinthe		uppor	
				above or IRC section (see instructions))	governing	document?	of your :	support?	_	5 ?			
				(ccc manacache)	Yes	No	Yes	No	Yes	No	}		
										_			
										İ			
	_		<u> </u>		<u> </u>	ļ	 	ļ			ļ		
Tota	ıl				1								

JVA

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	34,438	49,003	47.474	60,525	32,947	224,387		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	112.583	91,188	111,028	145.797	211,905	672,501		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	147,021	140,191	158,502	206,322	244,852	896,888		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	24,870	42,764	30,000	48,042	20,000	165,676		
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								
C	Add lines 7a and 7b	24,870	42,764	30,000	48,042	20,000	165,676		
8	Public support (Subtract line 7c from line 6)						731,212		
	tion B. Total Support		1						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9	Amounts from line 6	147.021	140,191	158,502	206,322	244,852	896,888		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2	203	38	1	244		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		2	203	38	1	244		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)	147,021	140,193	158,705	206,360	244,853	897,132		
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's fırst	, second, third, f		year as a section	on 501(c)(3) 	▶ ∏		
Sec	tion C. Computation of Public Sup	•							
15	Public support percentage for 2011 (line 8, c		-	ımn (f))		15	81.51 %		
16	Public support percentage from 2010 Sched				<u>. </u>	16	77.70 %		
	ection D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))								
17									
18	Investment income percentage from 2010 Sc					18	0.03 %		
19a	33 1/3 % support tests 2011. If the organ						_		
b	not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization								
	line 18 is not more than 33 1/3 %, check this						_		
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a, d	or 19b, check thi	s box and see if	nstructions	▶ 🗂		

OMB No. 1545-0047	Open to Public Inspection	Employer Identification number		🕅 Yes 🗌 No	d "Yes" to	on of (h) Purpose of grant stance or assistance	A	•	Schedule I (Form 990) (2011)
		Employ 11-37		and .	ization answere Part II can be d	(g) Description of non-cash assistance			σ
tions,	States ne 21 or 22.			Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated	(f) Method of valuation (book, FMV, appraisal, other)			
nts and Other Assistance to Organizations, numents, and Individuals in the United Stat	Form 990, Part IV, 0.			itees' eligibility for the	United States.	(e) Amount of non-cash assistance			
er Assistance I Individuals	GOVERNMENTS, AND INDIVIDUAIS IN THE UNITED STATES Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.			assistance, the gran	inizations in the Check this box if n	(d) Amount of cash grant	line 1 instructions		
ants and Othe			istance	nount of the grants or	ments and Orga	(c) IRC section if applicable	nizations listed in the	structions	orm 990.
Gran			General Information on Grants and Assist	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	tance to Govern	(p)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions	Enter total number of other organizations listed in the line 1 instructions	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
		zation Vermont Inc.	Information on	on maintain records to used to award the gathe organization's profile	nd Other Assist	It additional space is needed and address of organization or government	of section 501(c)(3) a	of other organization	retion Act Notice, see the
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization EarthWalk Ver	Part I General	Does the organizate the selection criterial Describe in Part IV	Part II Grants a	1 (a) Name and address of organization or government	Enter total number	Enter total number	For Paperwork Reductio

Schedule I (Form 990) 2011

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III

Part III can be duplicated if additional space is needed	uation (book, (f) Description of non-cash assistance ial, other)	Tuition discount
	(e) Method of valuation (book, FMV, appraisal, other)	FMV
	(d) Amount of non-cash assistance	37,491
	(c) Amount of cash grant	
	(b) Number of recipients	107
	(a) Type of grant or assistance	Scholarship discounts all under 5000

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Tuition discounts are awarded to approximately 57% of participants during There is a discussion All awarded discounts are used to reduce the total tuition paid by the with the participant and a final discussion between the Exec.Director and the Business Manager to work out available resources. participant for attending the programs of Earthwalk Vermont Inc. the completion of an application detailing financial need while during the school year and 26% for summer camp participants providing room for other extenuating circumstances. The process to award scholarships involves

Schedule I (Form 990) (2011)

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TWF 990

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury 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.

OMB No. 1545-0047

2011

Open to Public Inspection

Internal Revenue Service Name of the organization

EarthWalk Vermont Inc.

Employer Identification number

11-3744202

Form 990, Part VI, line 15

The organization maintains a board approved payscale for all staff including the Executive Director and the Business Manager. Individual executive salaries are reviewed annually at the Board of Trustees meetings(s) devoted to organization budget development, review and approval.

Form 990, Part VI, line 11

The Form 990 is submitted to board members prior to filing. Board members are invited to ask questions of either the Form 990 preparer or Executive Director if desired.

Form 990, Part VI, line 19

The organization makes the following documents available upon request: Form 990, Article of Incorporation, Bylaws, conflict of interest policy.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2011, or tax period beginning 09-01-2011, and ending 08-31-2012.

Name of Organization Employer Identification Number 11-3744202

EarthWalk Vermont Inc. 11-3744202

Part III - Statement of Program Service Accomplishments

Code Expenses: 234,719 including Grants of Revenue

Exempt Purpose Achievements

The organization enrolled 51 students between the ages of 7 and 12 during the school year in its EarthWalk Village school, a full day program that meets weekly. The Teen Land project, a full day academic program enrolled 19 students during the school year. After school programs had an enrollment of 24 students between the ages of 8 and 12. The summer camp program enrolled 160 children. EarthWalk Vermont conducted teacher training programs reaching 15 teachers. Seasonal community festivals engaged many members of the community in workshops and land stewardship activities.

990 BOOKS ARE IN CARE OF

Attachment	2: Form 990	Page 6, Part	. VI, Section	1 C, Line 20	
Open to Public	 .				
Inspection	For calendar year 2011 or	tax period beginning	09-01	, and ending	08-31-2012
Name of Organization					oyer Identification Number
	Vermont Inc.			11-	3744202
Part VI - Line 20					
Individual Name			N11a	. Cibboo	
	• • • • • • • • • • • • • • • • • • • •		Angella	d GIDDONS	
or Business Name					
Dusiness Name					
			DO D	24	
Street Address	• •		PO Box	21	
					
US Address					
Zıp code	05667	Cuty Plainfie	eld	State V	T
or					_
Foreign Address					
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City					
Province or	State .				
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Country .					<u> </u>
Postal code					
Postal code	• • • •				
Phone Num	ber				(802)454-8500
Fax Number	•				•