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EARTHWALK 02/12/2015 10 43 AM

990

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

A	For the 2013 c	alendar year, or tax year beginning 09/01/13, and ending 08/31/1	4		
В (Check if applicable	C Name of organization	"	D Employ	er Identification number
,	Address change	Earthwalk Vermont Inc.			
. 1	Name change	Doing Business As		11-	-374 <u>4202</u>
	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
'	nitial return	PO Box 21			
-	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
,	Amended return	Plainfield VT 05667		G Gross rece	eipts \$350,224
	Application pending	F Name and address of principal officer			
,	Application pending		H(a) Is this a gro	oup return for su	rbordinates? Yes X No
			H(b) Are all sub	ordinates inclu	ded? Yes No
			If "No,"	" attach a list (see instructions)
	Tax-exempt status	X 501(c)(3)	1		
J	Website ▶ €	earthwalkvermont.org	H(c) Group exe	mption number	•
к	Form of organization	X Corporation Trust Association Other ► L Y	ear of formation 2		M State of legal domicile VI
		ummary			
		scribe the organization's mission or most significant activities			
40		re based education.			
2					
Ē					
Š	2 Chook th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of the cost accost	_	
တိ			or its net asset) 1	5
Activities & Governance		of voting members of the governing body (Part VI, line 1a)		3	5
ties	l	of independent voting members of the governing body (Part VI, line 1b)		4	
ξi	Į.	nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	20
Act	6 Total nur	nber of volunteers (estimate if necessary)		6	0
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	ated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
<u>o</u>	8 Contribut	tions and grants (Part VIII, line 1h)		1,105	97,953
Revenue	9 Program	service revenue (Part VIII, line 2g)	21	9,136	241,918
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2	21
IL.	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,165	6,683
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25	1,408	346,575
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	3	9,004	40,359
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
s	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	17	5,234	204,749
2015 Jenses		onal fundraising fees (Part IX, column (A), line 11e)			0
₩ ŭ		draising expenses (Part IX, column (D), line 25) ► RECEIVED penses (Part IX, column (A), lines 11a–11d, 11f–24e)	4	2,260	47,226
4-4		enses Add lines 13–17 (must equal Part IX, column (A), (ine 25)		6,498	292,334
2	19 Revenue	less expenses Subtract line 18 from line 12		5,090	54,241
MAR	10 110101100	A WAY S 5013 A	Beginning of Cui		End of Year
# # #		ets (Part X, line 16)		8,272	91,499
As E		ulities (Part X, line 26)		5,342	84,328
ANNEC Net Asset:		ts or fund balances Subtract line 21 from June 20		7,070	7,171
7 P		gnature Block		. /	
*		pergury, I declare that I have exampled this return michigal accompanying schedules and statements,	and to the best o	f my knowled	Igo and hallof it is
U tru	ie, correct, and co	proplete Declaration of preparer when than officer) is trated on all information of which preparer has a	nv knowledge	I IIIy KIIOWIEL	age and belief, it is
@^		Mankley Millivier	<u> </u>	- X	1000
S:~	P [3	Signature of office		Vate	1614012
Sig)'' <u>'</u>	· / / / / / / / / / / / / / / / / / / /	bica Dia		,
He	1 -	Type or punt name and title	tive Dir	ector	
			Ta:		(== 1 ==
D-1	. ! "	e preparer's name	Date	Check	X # PTIN
Paid	10011110	Samson-Sprake CPA Com Amu, Jun, CA	02/12	/15 self-em	ployed P01373139
	parer Firm's na		F	irm's EIN	
Use	Only	1070 Gore Rd	+		
	Firm's ad		F	Phone no	802-479-5196
		s this return with the preparer shown above? (see instructions)			X Yes No
For	Paperwork Redu	oction Act Notice, see the separate instructions.			Form 990 (2013

 4d Other program services (Describe in Schedule O)

 (Expenses \$ including grants of \$) (Revenue \$)

 4e Total program service expenses ▶ 225,877

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	X	
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	 -∤	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		<u>X</u>
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_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	[i	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	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		i	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
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	- 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
	complete Schedule D, Part VI	11a		<u>X</u>
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		<u> </u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	,		ľ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		
_	Schedule D, Parts XI and XII	12a		<u> </u>
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	\rightarrow	X
14a	, , , , ,	14a	-+	X
b	3, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	ļ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	\longrightarrow	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ	77
	for any 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		- 1	
	assistance to 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	ا ۔ ا	į	v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,	}	v
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
D.	ii 163 to mie 204, uie trie organization attach a copy of its addited illiancial statements to this fetum?	20b		

P <u>a</u>	art IV Checklist of Required Schedules (continued)			
	,		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	government 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 or 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	X	<u> </u>
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	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	İ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	l		
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ļ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X_
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		<u> </u>	l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		1
	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-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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 11b and]	🚚	
	192 Note: All Form 990 filers are required to complete Schedule O	70	. X	1

	. Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	reportable gaming (gambling) winnings to prize winners?			<u>1c</u>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	,		<u>2b</u>	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					٠,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	L		3b		 -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan- account)?	ciai		4-		x
b	If "Yes," enter the name of the foreign country			4a_		
~	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac	counte				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	counts		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		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 as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ог				
	gifts were not tax deductible?			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 goo	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1 1	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		a required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	i ilic a i	1 01111 1090-0	'''		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ì		
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	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		l			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	l l				
12-	against amounts due or received from them)	11b			- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1		12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
a	Is the organization licensed to issue qualified health plans in more than one state?			42-		
~	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				
С	Enter the amount of reserves on hand	13c				
4a	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			14b		
DAA				For	m 990	(2013)

Part VI

Form 990 (2013) Earthwalk Vermont Inc.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Covernance, management, and bisclosure for each fire response to miles 2 through to below, and for a five
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	5			
	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				1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			_ 5		X
6	Did the organization have members or stockholders?			6		X
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 b	y the fo	llowing	j		
а	The governing body?			8a	X	
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>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Interi	nal Re	evenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13		<u> </u>
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?					
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	, , ,			15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ıoa						v
L	with a taxable entity during the year?			16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
Sec	organization's exempt status with respect to such arrangements?			16b_	L	
<u>3ec</u> 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)c ~-	nk/\			
	available for public inspection. Indicate how you made these available. Check all that apply	(U)a UI	·· <i>サ</i> /			
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olice :	and			
	financial statements available to the public during the tax year	oncy, a	21 IU			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization Carolyn Munno PO Box 21					
P]	ainfield VT 0566	7				

Part VII

Form 990 (2013) Earthwalk Vermont Inc.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	of	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1095-MIGG)	organization and related organizations
(1)Doug Boyden										
	1.00	l	ļ					_		
Co-chair	0.00	X		X				0	0	0
(2) Martin Hahn	1.00					1				
W	0.00	x	 	x						
Treasurer (3) Reese Hersey	0.00	^	 	^	├	\vdash		0	0	0
(3) Reese hersey	1.00	ŀ								
Director	0.00	x	l			1 1		o	o	0
(4) Vicky Tebbetts	0.00					╁┈╁				
(4,12011) 1000000	1.00			ĺ						II.
Secretary	0.00	x		x				0	0	0
(5) Heather Holter	_									<u>~</u>
•	1.00									
Co-chair	0.00	X		X				0	0	0
(6) Angella Gibbons										
	40.00									
Executive Director	0.00			X				43,056	0	0
(7) Carolyn Munno										
	24.00						:			
Business Manager	0.00	<u> </u>	<u> </u>	X	<u> </u>			12,590	0	0
(8)										
(9)				_						
(10)		-								
(11)										
DAA		<u> </u>	<u> </u>							Form 990 (2013)

<u> Pa</u>		(B)	stees	s, Ke			yees	, an	d Highest Compensated E				
	(A) Name and title	bo	x, unle	Posi Posicheck r ess per nd a di	tion nore rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated mount of other spensatio	n	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the janization d related anization:	
(12)				-									
(13)												_	
(14)			-										
(15)			-										
(16)													
(17)			-										
(18)													
(19)			 										
1b c	Sub-total Total from continuation she	ets to Part VII. S	Section	on A	ii	L	1	▶	55,646				
	Total (add lines 1b and 1c)							<u> </u>	55,646				
2	Total number of individuals (in reportable compensation from			to th	ose I	iste	d abo	ve)	who received more than \$10	00,000 in			
3	Did the organization list any fo	rmer officer dura	ctor	or tri	ustaa	ke	v em	nlov	ee or highest compensated			Ye	es No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Sched a 1a, is the sum of	ule J of rep	for s ortab	uch II Ile co	ndiv mpe	idual ensat	on a	and other compensation from	n the	<u> ;</u>	3	X
_	organization and related organindividual	_									L.	4	x
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Ye										5	x
Sect 1	ion B. Independent Contractor Complete this table for your five		nsate	ed inc	deper	ndei	nt cor	ntrac	ctors that received more than	\$100,000 of			
	compensation from the organi								r year ending with or within the			(0) nsation
	Name and	d business address							Descript	on of services		Compe	ńsation
	·												
			<u> </u>		· ·							 -	
2	Total number of independent of	contractors (inclu	ding l	but n	ot lim	nited	to th	ose	listed above) who				

Description Description	Pa	rt V	Statement of Reverse Check if Schedule (s a response or	note to any line in	this Part VIII		
Barriage Barriage						(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
23 Tultion 238,717	t t	1a	Federated campaigns	1a					
23 Tultion 238,717	iran oun	ь	Membership dues	1b					
23 Tultion 238,717	Š, G	С	Fundraising events	1c					
23 Tultion 238,717	a E	d	Related organizations	1d					
23 Tultion 238,717	S.E	е	Government grants (contributions)	1e)	Ì		
23 Tultion 238,717	Fig.	f							
23 Tultion 238,717	ള	ŀ	and similar amounts not included above	1f					
23 Tultion 238,717	Ę	g	Noncash contributions included in lines 1a-	1f \$	19,510				
1		<u>h</u>	Total. Add lines 1a-1f		>	97,953			
1	Jue				Busn. Code				
1	eve	1	Tuition						
1	و چ	b							
1	<u>Ş</u>	١.	Workshop fees			1,401	1,401		
1	လ္မ	d			 				
1	lan	e	A.11						
1	õ		• •	nue		241 010			
and other similar amounts) A Income from investment of tax-exempt bond proceeds E	_					241,918	 -		
Income from investment of tax-exempt bond proceeds Social Royalties Company		3	· · · · · ·	liviaenas, in	lerest,	21	21		
S Royalties		۱,	•	overnet her	nd proceeds				
(i) Real (ii) Personal (iii) Personal Personal (iii) Personal Pe		_		exempt bor	id proceeds	· · · · · · · · · · · · · · · · · · ·			
Securities Sec		"			(n) Personal				
D Less rental exps c Rental inc or (loss) 500 500 500 500 500 500 500		68	<u> </u>	500					
C Rental inc or (loss) 500 500		١.							
d Net rental income or (loss)			'	500					
Page of assets about from sales of assets other than inventory D Less cost or other basis & sales eyis C Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events b Less direct expenses c Net income or (loss) from fundraising events b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities The lass direct expenses c Net income or (loss) from gaming activities The lass direct expenses c Net income or (loss) from gaming activities The lass direct expenses c Net income or (loss) from gaming activities The lass direct expenses c Net income or (loss) from sales of inventory Miscellaneous Revenue Busin. Code That D All other revenue e Total. Add lines 11a-11d					•	500			500
other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities lace of Net income or (loss) from gaming activities lace of Net income or (loss) from gaming activities lace of Net income or (loss) from gaming activities lace of Net income or (loss) from gaming activities lace of Net income or (loss) from sales of inventory Miscellaneous Revenue Busin. Code 11a b c d All other revenue e Total. Add lines 11a–11d			Gross amount from (i) Secunties		(II) Other				
b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8usin. Code 11a b c d All other revenue e Total. Add lines 11a-11d		1							
C Garn or (loss) d Net garn or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Niscellaneous Revenue 11a b C d All other revenue e Total. Add lines 11a–11d		b	· -						
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a–11d			basis & sales exps						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		c	Gain or (loss)				ļ		
(not including \$ of contributions reported on line 1c) See Part IV, line 18		d	Net gain or (loss)		>				
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory 1,493 Niscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	a	8a	Gross income from fundraising ever	nts					
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory 1,493 Niscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	Ž		(not including \$		ł				
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory 1,493 Niscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	ě		of contributions reported on line 1c)						
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory 1,493 Niscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	er F	l	See Part IV, line 18	a	4,690				
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory 1,493 Niscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	Ě	b							
See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	_	С			its 🕨	4,690			
b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a		9a		5					
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory		١.							
10a Gross sales of inventory, less returns and allowances a		l		·			1		
returns and allowances a 5,142 b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory				ng activities					
b Less cost of goods sold b 3,649 c Net income or (loss) from sales of inventory 1,493 Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		102	=		5 142				
C Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		۱ "							
Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		ı	-			1 493	1 493		
11a b c d All other revenue e Total. Add lines 11a–11d		<u> </u>		or inventor	* 	1,455	1,433		
b c d All other revenue e Total. Add lines 11a–11d		112					ļ		
d All other revenue e Total. Add lines 11a–11d									
d All other revenue e Total. Add lines 11a–11d		"							
e Total. Add lines 11a–11d		l .	All other revenue						-
		l -			•				- 11.
		12	Total revenue. See instruction	s	▶	346,575	243,432	0	500

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 40,359 40,359 the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,623 5,009 43,056 34,424 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 142,735 115,937 20,713 6,085 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 18,958 14,695 3,196 1,067 10 Payroll taxes Fees for services (non-employees) Management b Legal 2.396 2,396 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 4,749 4,118 631 (A) amount, list line 11g expenses on Schedule O) 1,032 158 874 Advertising and promotion 12 5,891 413 3,509 969 Office expenses 1,127 500 627 Information technology 15 Royalties 10,900 50 10,800 50 16 Occupancy 125 107 17 18 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,350 3,840 375 135 19 Conferences, conventions, and meetings 752 752 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 6,790 754 6,036 23 Insurance 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) 4,720 Program supplies 4,714 6 2,275 2,275 Bad debt expense 1,832 1,817 Dues and fees 14 287 217 Miscellaneous 70 All other expenses 292,334 225,877 52,422 14,035 Total functional expenses. Add lines 1 through 24e 25 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 ▶ following SOP 98-2 (ASC 958-720)

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
1	Cash—non-interest bearing	10,334	1	70,670
2	Savings and temporary cash investments	35,021	_ 2	19,09
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,917	4	1,73
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		_5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	1		
3	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	<u></u>	8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		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)	48,272	16	91,49
17	Accounts payable and accrued expenses	4,483	17	5,438
18	Grants payable		18	
19	Deferred revenue	67,962	19	78,89
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	22,897	23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u>-</u>
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	95,342	26	84,328
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	4- 4-		
27	Unrestricted net assets	-47,070	27	7 <u>,17</u> 1
28	Temporarily restricted net assets		_28	
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
5	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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-47,070	33	7,171
34	Total liabilities and net assets/fund balances	48,272	34	91,499

Form 990 (2	2013) Earthwalk Vermont Inc.	11-3744202			Pa	ge 12
Part XI	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any lii	ne in this Part XI				
1 Total	revenue (must equal Part VIII, column (A), line 12)		1			575
2 Total	expenses (must equal Part IX, column (A), line 25)		2			334
3 Reve	nue less expenses Subtract line 2 from line 1		3			241
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4		<u>17,</u>	070
5 Net u	nrealized gains (losses) on investments		5			
6 Dona	ted services and use of facilities		6			
7 Inves	tment expenses		7			
8 Prior	period adjustments		8			
9 Othe	changes in net assets or fund balances (explain in Schedule O)		9			
10 Net a	ssets or fund balances at end of year Combine lines 3 through 9 (must	equal Part X, line				
<u>33, c</u>	olumn (B))		10		7,	171
Part XII	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any lii	ne in this Part XII				
	_				Yes	No
1 Acco	unting method used to prepare the Form 990 🔃 Cash 🗶 A	ccrual Other		_		
If the	organization changed its method of accounting from a prior year or che	cked "Other," explain in				ļ
Sche	dule O					
2a Were	the organization's financial statements compiled or reviewed by an inde	ependent accountant?		2a		X
lf "Ye	s," check a box below to indicate whether the financial statements for th	ne year were compiled or				
revie	wed on a separate basis, consolidated basis, or both					
s	eparate basis Consolidated basis Both consolidated	and separate basis				1
b Were	the organization's financial statements audited by an independent acco	ountant?		2b		X
If "Ye	s," check a box below to indicate whether the financial statements for the	ne year were audited on a				
sepa	rate basis, consolidated basis, or both					1
€	eparate basis 🔲 Consolidated basis 🔲 Both consolidated	and separate basis				İ
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assume	es responsibility for oversight				
of th	e audit, review, or compilation of its financial statements and selection o	f an independent accountant?		2c		
If the	organization changed either its oversight process or selection process	during the tax year, explain in		T		
Sche	dule O					
3a Asa	result of a federal award, was the organization required to undergo an a	udit or audits as set forth in				ļ
the S	ingle Audit Act and OMB Circular A-133?			_3a		X
b If "Ye	s," did the organization undergo the required audit or audits? If the orga	nization did not undergo the				
requi	red audit or audits, explain why in Schedule O and describe any steps to	aken to undergo such audits		3b		
				Form	n 990	(2013)

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.

Reason for Public Charity Status (All organizations must complete this part) See instructions

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Earthwalk Vermont Inc.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Employer Identification number 11-3744202

2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	-]	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b))(1)(A)(iii)	١.							
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hospi	tal's na	me,		
	•	city, and state	!											
5	-7	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	เก				
		section 170(b)(1)(A)(iv). (Complete Part	H)										
6	1	A federal, stat	te, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	<i>(</i>).							
7	, [An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental ur	nt or fron	n the ge	neral pu	blic				
	1.2 .3	described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)	-			_						
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II)									
9	X	An organization	on that normally receives (1)	more than 33 1/3% of its suppor	rt from co	ntributions	s, membe	ership fe	es, and	gross				
	_	receipts from	activities related to its exemp	ot functions—subject to certain ex	xceptions	and (2) r	o more t	han 33	1/3% of	ıts				
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5	11 tax) fr	om busi	nesses					
		acquired by th	ne organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)								
10		An organization	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a)(4).							
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the					
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a)(1) or se	ction 509	9(a)(2) S	See sec	tion				
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	and com	plete lines	s 11e thr	ough 11	h					
		a Type	l b Type II	c Type III-Functiona	illy integra	ited	d	Тур	e III–No	n-function	onally ir	ntegrate	d	
e		By checking the	his box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	dısqualı	fied per	sons				
		other than fou	indation managers and other	than one or more publicly suppo	rted orga	nizations	describe	d in sect	ion 509	(a)(1)				
		or section 509	9(a)(2)											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the								_
		following pers	sons?											
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wit	th persons	s describe	ed in (ii) a	and					Yes	No
		(III) belov	v, the governing body of the s	supported organization?								11g(ı)		
		(ii) A family	member of a person describe	ed ın (ı) above?								11g(ii)		
		(iii) A 35% co	ontrolled entity of a person de	escribed in (i) or (ii) above?								11g(iii)		
<u>h</u>		Provide the for	ollowing information about th	e supported organization(s)										
(e of supported	(ii) EiN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(VII)	Amount of	monet	ary
	orç	ganization		(described on lines 1–9 above or IRC section	1	sted in your document?	the organ	nization in of your	organizat	ion in col zed in the		suppo	rt	
				(see instructions))	govenning	document.		oort?		S ?				
					Yes	No	Yes	No	Yes	No				
(A)														
					<u> </u>	<u> </u>			<u> </u>					
(B)														
									<u> </u>					
(C)				ļ			,	ļ	ļ	, ,				
					<u> </u>	<u> </u>		<u> </u>						
(D)														
					 	.	<u> </u>	<u> </u>	<u> </u>					
(E)							1							
					 	} -	 	<u> </u>						
					1	1	}	l						
Tota			41 - 4 - 4 - 41 - 41 - 41 - 41		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>				
	_		tion Act Notice, see the Ins	structions for					Sched	ule A (F	orm 99	00 or 99	0-EZ	2013
For	ท 99(0 or 990-EZ.												

Schedule A (F	orm 990 or 990-EZ) 2013	Earthwalk Verm	ont Inc	•	:	11-37442	202
Part II	Support Schedule 1	or Organizations Des	ribed in Se	ctions 170(b	o)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you	i checked the box on lir	e 5, 7, or 8 d	of Part I or if	the organizati	on failed to	qualify under
•	Part III If the organiz	cation fails to qualify und	der the tests	listed below,	please comp	lete Part III)	

Sec	tion A. Public Support	· · ·		, 110.00 DOIOW, F				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					<u> </u>		
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							
Sec	tion B. Total Support							
Caler	idar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	13	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	Ĺ						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	is a section 501(c)	(3)		
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2013 (line 6,	• • •	•	(f))			14	
15	Public support percentage from 2012 Scher						15	%_
16a	33 1/3% support test—2013. If the organiz				1/3% or more, che	ck this		
	box and stop here. The organization qualifi	•			00.41001			▶ ∐
D	33 1/3% support test—2012. If the organization is the latest the base of the b			•	is 33 1/3% or more	9,		▶ □
170	check this box and stop here. The organization	•		J	40h 4	4		
17a	10%-facts-and-circumstances test—201	•		•				
	10% or more, and if the organization meets Part IV how the organization meets the "fac				•			
	organization	is-and-circumstant	cs lest the orga	mzadon qualiles as	a publicly support	.eu		▶ [
b	10%-facts-and-circumstances test—201	2 If the organization	on did not check a	hov on line 13, 16a	16h or 17a and	line		
-	15 is 10% or more, and if the organization r	=						
	Explain in Part IV how the organization mee			•	•	clv		
	supported organization			o organización (1	,		▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a. 16b.	17a, or 17b. check	this box and see			نے ۔
-	instructions		.,,,	_, _, _, _, _,				▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

500	tion A. Public Support	quality under th	e tests listed be	elow, please co	mpiete Part II.)	 -	
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2009	(b) 2010	(6) 2011	(d) 2012	(e) 2013	(1) Total
	grants ")	47,474	60,525	32,947	31,105	97,953	270,004
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	111,028	145,797	211,905	220,301	251,771	940,802
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	158,502	206,322	244,852	251,406	349,724	1,210,806
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	30,000	48,042	20,000	50,000	77,401	225,443
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						
С	Add lines 7a and 7b	30,000	48,042	20,000	50,000	77,401	225,443
8	Public support (Subtract line 7c from line 6)						985,363
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	158,502	206,322	244,852	251,406	349,724	1,210,806
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	203					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	203	38	1	2	521	765
С	Add lines 10a and 10b	203	38	1	2	521	765
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	158,705	206,360	244,853	251,408	350,245	1,211,571
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth	, or fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2013 (line 8,	''		<u> </u>	· .	15	81.33%
16	Public support percentage from 2012 Schee			,,		16	80.92 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lin	ie 10c, column (f) di	vided by line 13, co	olumn (f))		17	%
18	Investment income percentage from 2012 S	Schedule A, Part III,	line 17			18	%
19a	33 1/3% support tests—2013. If the organ						
_	17 is not more than 33 1/3%, check this box			•			► X
b	33 1/3% support tests—2012. If the organ					· ·	
20	line 18 is not more than 33 1/3%, check this		-	•	cly supported organ	nization	

Schedule A (Form 990 or 990-EZ) 2013 Earthwalk Vermont Inc. 11-3744202

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

8 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 11-3744202 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Earthwalk Vermont Inc. the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part II Part I $\widehat{\Xi}$ € 3 ල 3 9 3 8

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

Enter total number of other organizations listed in the line 1 table

6

Schedule I (Form 990) (2013)

Part III

Schedule I (Form 990) (2013) Earthwalk Vermont Inc.

11-3744202

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 can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1 Schol	1 Scholarship discounts	57		40,359	FMV	Tuition discoun
2						
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information rec	quired in Part I, line	2, Part III, column (b),	and any other additional	nformation

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Tuition discounts are awarded to approximately 31% of school year

participants and 17% of summer camp participants. The process to award

scholarships involves the completion of an application detailing financial

need while providing room for other extenuating circumstances. There is

discussion with the participant and a final discussion between the Exec

Director and the Business Manager to work out available resources. All

awarded discounts are used to reduce the total tuition paid by the

participant for attending the programs of Earthwalk Vermont.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Earthwalk Vermont Inc.

Employer identification number 11-3744202

Form 990, Part III, Line 4a - First Accomplishment

Continued:

The organization also holds seasonal community festivals engaging the general public in festival, min-workshop and land stewardship and outreach activities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

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

Form 990, Part VI, Line 15a - Compensation Process for Top Official
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 meeting(s) devoted to organization budget development, review and
approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The organization maintains a board approved payscale for all staff.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization makes the following documents available upon request: Form
990, Articles of Incorporation, Bylaws, conflict of interest policy.

•						
2/12/2015 10:43 AM' •	,	Fund Raising	\$ 631 \$ 631			
2	employee)	Management & General	\$			
ements	ses for Service (Non-	Program Service	\$ 4,118 \$ 4,118			
Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses	\$ 4,749			
Vermont Inc	Form 990, Part	c				
EARTHWALK Earthwalk Vermont Inc 11-3744202 FYE: 8/31/2014		Description	Total			

EARTHWALK Earthwalk Vermont Inc.		2/12/2015 10:43 AM•
11-3744202 FYE: 8/31/2014	Federal Statements	
	Schedule A, Part III, Line 1(e)	
Desc	Description	Amount
total less amount reporting on SchB		\$ 20,443
Cash Contribution		6,000
Cash Contribution		42,000
Cash Contribution		10,000
Exxon stock Total		19,510 \$ 97,953
	Schedule A, Part III, Line 2(e)	
Desc	Description	Amount
Tuition Workshop fees School contract Taxable Interest on Savings and Tempo	and Temporary Cash Investments	\$ 238,717 1,401 1,800
Auction		5, 142 4, 690
Total		\$ 251,771
	Schedule A, Part III, Line 3(e)	
Desc	Description	Amount
Sublet rent Total		0 8 8