### Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2017, or liscal year degitining	, 2017, and officing		
Department of the Treasury	Do not send to the IRS. k			
Internal Revenue Service	➢ Go to www.irs.gov/Form8879E			d - 600 - 61
Name of exempt organization		E	mployer i	dentification number
• 4				
MOUNT ST. HEL	ENS INSTITUTE		91-1	569993
Name and title of officer				
RAY YURKEWYCZ				
EXECUTIVE DIR	ECTOR			
	Return and Return Information (Whole Do	ilars Only)		
Check the box for the retu	urn for which you are using this Form 8879-EO and en	iter the applicable amount, if any, from	the retu	rn. If you check the box
on line 1a, 2a, 3a, 4a, or 5	sa, below, and the amount on that line for the return be lank (do not enter -0-). But, if you entered -0- on the re	being filed with this form was blank, the	en leave	line 1b, 2b, 3b, 4b, or 5b,
ia Form 990 check here	h Total revenue if any (Form 990 P:	art VIII, column (A), line 12)	1h	920.234.
2a Form 990-EZ check h		D-EZ, line 9)		
	b Total revenue, if any (Form 990)	F-EZ, inte 9/	20	
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL,	line 22)	30	
4a Form 990-PF check h	ere b Tax based on investment inco	ome (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check her	b Balance Due (Form 8868, line 3c)		5b	
Part II Declara	tion and Signature Authorization of Offic	OOF		· · · · · · · · · · · · · · · · · · ·
	, I declare that I am an officer of the above organizat			
return, and the financial in 1-888-353-4537 no later to processing of the electro- payment. I have selected organization's consent to	al institution account indicated in the tax preparation nstitution to debit the entry to this account. To revoke han 2 business days prior to the payment (settlemen nic payment of taxes to receive confidential information a personal identification number (PIN) as my signature electronic funds withdrawal.	e a payment, I must contact the U.S. Tr t) date. I also authorize the financial ins on necessary to answer inquiries and re	reasury I stitutions esolve is	Financial Agent at involved in the ssues related to the
Officer's PIN: check one				
X   authorize M.	CHAEL J. PLYMALE, INC.	to	enter m	10689
	ERO firm name			Enter five numbers, b
is being filed w	e on the organization's tax year 2017 electronically fil ith a state agency(ies) regulating charities as part of t n the return's disclosure consent screen.	ed return. If I have indicated within this he IRS Fed/State program, I also autho	return torize the	hat a copy of the return aforementioned ERO to
indicated within	f the organization, I will enter my PIN as my signature n this return that a copy of the return is being filed wit enter my PIN on the return's disclosure consent scre	th a state agency(ies) regulating charitie	es as pa	ally filed return. If I have int of the IRS Fed/State
Officer's signature 🔊		Date		
Part III Certific	ation and Authentication			
	our six-digit electronic filing identification	01400055550		
number (EFIN) followed b	by your five-digit self-selected PIN.	91499066689  Do not enter all zeros		
I certify that the above n confirm that I am submit e-file Providers for Busin	umeric entry is my PIN, which is my signature on the ting this return in accordance with the requirements on the Returns.	2017 electronically filed return for the o	organizat nformati	tion indicated above. I ion for Authorized IRS
ERO's signature 📂		Date ▶ <u>04/2</u>	24/18	<b>3</b>
	FRO Must Retain This Fo	rm - See Instructions		
	Do Not Submit This Form to the II	RS Unless Requested To Do S	in.	

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)

OMB No. 1545-0047

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

Open to Public Inspection

Form 990 (2017)

A F	or the	2017 calendar year, or tax year beginning and	ending						
В	Check if applicable:	C Name of organization		D Employer identific	ation number				
	Address			01 1					
	Name change	Doing business as		91-1569993					
	]Initial return	realised and street for 1.0. box it main to not sometime to	Room/suite	E Telephone number					
	Final return/	42218 NE YALE BRIDGE RD.			449-7883				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 953,777					
	Amende return	MBOY, WA 98601		H(a) Is this a group re	turn				
	Applica tion	F Name and address of principal officer: RAY YURKEWYCZ		for subordinates'	?Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in					
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. (see instructions)				
J '	Website	E: ▶ WWW.MSHINSTITUTE.ORG		H(c) Group exemption					
K	Form of o	organization: X Corporation Trust Association Other	L Year	of formation: 1996 M	State of legal domicile: WA				
	art I	Summary							
4)	1 E	Briefly describe the organization's mission or most significant activities: ${ m TO}$ A	DVANCE	UNDERSTAND:	ING AND				
Governance	5	STEWARDSHIP OF THE EARTH THROUGH SCIENCE	, EDUC	CATION AND E	XPLORATION				
rna	2	Check this box   if the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	sets.				
ove	1 8	Sumber of voting members of the governing body (Part VI, line 1a)		3	14				
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14				
SS	5	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	33				
itie	1	otal number of volunteers (estimate if necessary)		1 1	417				
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
A		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
•	8 (	Contributions and grants (Part VIII, line 1h)		695,650.	635,112.				
Revenue	9	Program service revenue (Part VIII, line 2g)		193,703.	263,062.				
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1.				
Ä	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,193.	22,059.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		875,160.	920,234.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
(A)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		571,645.	563,910.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per	. h	Total fundraising expenses (Part IX, column (D), line 25)   89,1	09.						
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		291,025.	340,002.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		862,670.	903,912.				
		Revenue less expenses. Subtract line 18 from line 12		12,490.	16,322.				
or			В	eginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		148,300.	138,396.				
Ass	21	Total liabilities (Part X, line 26)	I .	93,722.	67,496.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		54,578.	70,900.				
P	art II	Signature Block							
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	y knowledge and belief, it is				
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.					
		CLIENT COPY							
Si	an	Signature of officer		Date					
	ere	RAY YURKEWYCZ, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	7	Date Check	PTIN				
Pa	id	MICHAEL J. PLYMALE, INC.	- I	04/23/18 self-employ					
	eparer	Firm's name MICHAEL J. PLYMALE, INC.		Firm's EIN	91-1304455				
	e Only	Firm's address P.O. BOX 268							
	•	VANCOUVER, WA 98666-0268		Phone no. (3	60)695-0068				
NA.	av tha II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

including grants of \$

663,007.

(Expenses \$

Total program service expenses

Form 990 (2017) MOUNT ST. HELENS INSTITUTE Part IV Checklist of Required Schedules

, ai	tra Officeriate of required contention		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
1		1	X	
_	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
4	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			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1	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			
0	Schedule D, Part III	8		X
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
L.	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
نہ	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			
u	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
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated limitarional statements for the tary positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	1	X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the limited States?	14a		X
i4a b	and the state of t			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? 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 Part IX,			
1.7	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		X

MOUNT ST. HELENS INSTITUTE Form 990 (2017) Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a ..... Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? If "Yes," complete X 25b Schedule L, Part I 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 disqualified persons? If "Yes," X 26 complete Schedule L, Part II 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 entity or family member Χ 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017) MOUNT ST. HELENS INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Check if Schedule O contains a response or note to any line in this Part V					
	Grieck in Schledule O contains a responde of note to any line whether a line				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
				1c	X	
	(gambling) winnings to prize winners?	]				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	33			
	filed for the calendar year ending with or within the year covered by this return			2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	e)				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			За		X
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
b	If "Yes," has it filed a Form 990-1 for this year? If "No, to line 3b, provide an explanation in Schedule	autho.	rity over a	0.0		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	20000	nt)?	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	110):	-14		
b	If "Yes," enter the name of the foreign country:	CCOLIF	ote (FBAR)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	1000ai	its (i b) ii i).	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	action'		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transf			5c		<u></u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			- 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			6a		X
	any contributions that were not tax deductible as charitable contributions?			- Ua		22
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			6b		
	were not tax deductible?			OD		
7	Organizations that may receive deductible contributions under section 170(c).	nuicae	provided to the payor?	7a		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7b		1
b	II 165, Uld the organization notify the derive of the rate of		nuirod	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	quired	7c		x
	to file Form 8282?	74		70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	contra	c+2	7e		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	tract2		7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	orm 8	899 as required?	7g		† <del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file F	zation	file a Form 1098-C?	7h	<b>†</b>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	d by ti	ne a r o.m. rood o .			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	u by ti		8		
	sponsoring organization have excess business holdings at any time during the year?			<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.			9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
				0.0	1	
10	Section 501(c)(7) organizations. Enter:	10a				
а	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1		
b		100		1		
11	Section 501(c)(12) organizations. Enter:	11a				
а		110		1		
b	•	11b				
	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization himly form 950 in field of 1 on	12b			1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?			.00	1	
	Note. See the instructions for additional information the organization must report on Schedule O.				1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	.1			
	organization is licensed to issue qualified health plans		7	1		
C	Enter the amount of reserves on hand	-		14a	1	X
14a	Did tile organization reconversity payments in			14b		T
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	410 0				1/2017

Form 990 (2017) MOUNT ST. HELENS INSTITUTE 91–1569993 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Fal	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
				X
	Check if Schedule O contains a response or note to any line in this Part VI	**********	*****	
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 14			
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or in the governing	1 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Sometimes the number of voting members included in line 1a, above, who are independent 1b 14			
b	Life the number of voting members in the rate of the numbers and the numbers of t			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		X
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		- 22
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		X
	more members of the governing body?	14		- 22
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		X
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		T	Yes	-
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	37	-
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.		77	
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 conflicts?	12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	77
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?		77	
а		15a	X	<del> </del>
b		15b	X	<del> </del>
	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 with a			7.7
	taxable entity during the year?	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WA			
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	) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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 policy, a	nd finar	ncial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RAY YURKEWYCZ, EXECUTIVE DIRECTOR - 360-891-5107			
	42218 NE YALE BRIDGE RD., AMBOY, WA 98601			

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

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

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

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

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

		(B)			10					lirector, or trustee. (E)	(F)	
	(A) Name and Title		(C) Position						(D) Reportable	(E) Reportable	Estimated	
Name	and mue	Average hours per	box,	unle	ss per	rson	than o	n an	compensation	compensation	amount of other compensation from the	
		week		er an	d a di	irecto	or/trus	tee)	from	from related		
		(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)		
		hours for related	36 OF C	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1000 141100)	organization	
		organizations	trust	Institutional trustee		oyee	ompe		(		and related	
		below	vid ua	itution	Officer	Key employee	hest c	Former			organizations	
			ig .	Inst	110	Key	Hig	FOT				
(1) JOHN BISHOP		1.00									0	
SECRETARY		4 00	X				-		0.	0.	0.	
(2) BILL NYE		1.00									0	
MEMBER		1 00	X		<u> </u>	_	-		0.	0.	0.	
(3) FRANK BARSOT	TI	1.00							0	_	0	
MEMBER		1 00	X	-	-		-		0.	0.	0.	
(4) JENNIFER WYL	aD	1.00	х						0.	0.	0.	
MEMBER		1.00	Δ	-	-	-	+-		0.	0.	0.	
(5) MICHELLE HOW	ELL	1.00	X		X				0.	0.	0.	
TREASURER		1.00	22	-	22							
(6) JEFF MARSO		1.00	X						0.	0.	0.	
MEMBER (7) DAN WAGNER		1.00										
PRESIDENT			X		X				0.	0.	0.	
(8) TOM WOLVERTO	ON	1.00										
MEMBER			X						0.	0.	0.	
(9) EVAN STRANDE	BERG	1.00										
MEMBER			X		X				0.	0.	0.	
(10) WILLIAM IYAL	L	1.00									_	
MEMBER			X	-		ļ	-	-	0.	0.	0.	
(11) MARY SAUER		1.00										
VICE PRESIDENT		4 00	X	-	X	-	-	ऻ—	0.	0.	0.	
(12) PHIL DODD		1.00	-									
MEMBER	,	1 00	X	-	-	-	+	+-	0.	0.	0.	
(13) GARY BOCK		1.00	x		X				0.	0.	0.	
MEMBER		1.00	<u>^</u>	+	1	+	+	+	0.	0.	0.	
(14) JENNIFER KON	NOPASEK	1.00	x						0.	0.	0.	
MEMBER (15) RAY YURKEWYO	<b></b>	40.00	_	-	+	$\dagger$	+	1				
EXECUTIVE DIRECTO		10:00	1		x				57,877	0.	1,790.	
LANCOLL VE DIMECTO			1	1	1			T				
								_				

(A)	(B)			) (C	•			ompensated Employee (D)	(E)		2000	(F)	
Name and title	Average hours per week	box.	not cl	ss pe	more rson i	than ( is bot) or/trus	n an	Reportable compensation	Reportable compensation	npensation amoun om related othe		ount	
	(list any	irector						from the organization	organizations			pensa	
	related	Individual trustee or director	rustee		<b>a</b> )	Highest compensated employee		(W-2/1099-MISC)	(***-2/1099-14113	,0,	orga	anizat	ion
	organizations below	idual tru	Institutional trustee	15	Key employee	est com oyee	er					d relat Inizati	
	line)	Indiv	Instit	Officer	Key e	High	Form						
									<u> </u>				
		-											
		-											
		_	-										
		-			_	-							
		-											
1b Sub-total								57,877.		0.		1,7	
c Total from continuation sheets to Par d Total (add lines 1b and 1c)								57,877.		0.		1,7	90.
2 Total number of individuals (including b									,000 of reportabl				
compensation from the organization	<b>&gt;</b>											Yes	No.
3 Did the organization list any former office	cer, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		5.1		
line 1a? If "Yes," complete Schedule J f  For any individual listed on line 1a, is th											3		X
4 For any individual listed on line 1a, is th and related organizations greater than §								•	ine organization		4	-	X
5 Did any person listed on line 1a receive								-					77
rendered to the organization? If "Yes," of Section B. Independent Contractors	complete Schedu	le J	for s	uch	per	son					5		X
Complete this table for your five highes										npens	ation t	rom	
the organization. Report compensation (A)	for the calendar	year	end	ing \	with	or w	/ithir	n the organization's tax (B)	year.			C)	
Name and busin	ess address	N	ON	E	**********			Description of s	services	С	ompe		on
		***************************************						r					
								1					
Water of the Control													

Form 990 (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a b Membership dues 1b 29,720. c Fundraising events 10 1d d Related organizations 403,141. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 202,251 similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 635,112. h Total. Add lines 1a-1f ..... Business Code 263,062. 263,062. 900099 2 a PROGRAM INCOME Program Service Revenue f All other program service revenue 263,062. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ... ...... (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 29,720. of contributions reported on line 1c). See 53,582 Part IV, line 18 a b Less: direct expenses \_\_\_\_\_ b 20,039. 20,039. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 2,020. 2,020. 900099 11 a MISCELLANEOUS REVENUE b d All other revenue 2,020. e Total. Add lines 11a-11d 20,039. 265,083.

920,234.

Total revenue. See instructions.