-	990-EZ	
Form	JJU-LL	

Revenue

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax 2020 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **Open to Public** Do not enter social security numbers on this form, as it may be made public. Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning and ending 01/01/2020 12/31/2020 C Name of organization B Check if applicable: D Employer identification number Address change VAMOS OUTDOORS PROJECT 82-5321659 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1210 Ellis St 360-223-0178 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return Number **>** Bellingham, WA, 98225 Application pending Other (specify) ▶ Cash Accrual **G** Accounting Method: H Check ► if the organization is **not** I Website: ► required to attach Schedule B https://www.vamosoutdoorsproject.com J Tax-exempt status (check only one) - \checkmark 501(c)(3) \Box 501(c) ((Form 990, 990-EZ, or 990-PF). 527 **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ 148,627 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I ~ 1 Contributions, gifts, grants, and similar amounts received 1 80,626 2 Program service revenue including government fees and contracts 2 64,013 3 3 Membership dues and assessments . . . 0 4 4 Investment income . . 0 5a Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c С 0 Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than а \$15,000) 6a 0 b Gross income from fundraising events (not including \$ 3,135 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 3,988 Less: direct expenses from gaming and fundraising events . . . 6c 4.716 С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract h

	u u			
		line 6c)	6d	-728
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	143,911
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
es	12	Salaries, other compensation, and employee benefits	12	84,029
us.	13	Professional fees and other payments to independent contractors	13	840
Expenses	14	Occupancy, rent, utilities, and maintenance	14	0
ш	15	Printing, publications, postage, and shipping	15	327
	16	Other expenses (describe in Schedule O) See Schedule O, Statement 2	16	10,828
	17	Total expenses. Add lines 10 through 16	17	96,024
S	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	47,887
ssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	9,115
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	57,002
	_			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

Form 9	990-EZ (2020)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				ł
	Check if the organization used Schedule	O to respond to an	ny question in this	Part II....		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[10,635	22	53,326
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 3	[0	24	9,251
25	Total assets			10,635	25	62,577
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	4	1,520	26	5,575
27	Net assets or fund balances (line 27 of column			9,115	27	57,002
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🛛 . 🗌		Expenses
What	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 5			quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest p	rogram services.		anizations; optional for
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe	ers.)
28	Our Connections program served 140 youth in Bellin		t identified as the 10 ^o	% furthest from		
	educational justice, supporting them with in school	-*				
	ran 4 days a week for 8 weeks.					
	(Grants \$ 41,847) If this amount	includes foreign gra	nts. check here	►	28a	52,995
29	The Bellingham Summer Migrant Program provided					02,770
	Bellingham School District. Students received math					
	(Continued on Schedule O, Statement 6)			well as		
	(Grants \$ 25,246) If this amount	includes foreign gra	nts check here		29a	30,877
30	The Burlington-Edison GearUp program provided ou				200	30,077
	District's GearUp program, including hiking and outo		······································			
	during the isolation of COVID-19. Vamos served 15 y			Interactions		
	(Grants \$ 2,920) If this amount				30a	2,837
31	Other program services (describe in Schedule O)				000	2,037
0.		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a t				32	
Par						00/.07
	Check if the organization used Schedule					
	.		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Andr	rew Basabe	40.00	26,253		0	0
	eutive Director				-	-
	h Moench	2.00	0		0	0
Direc			-		-	
	Brown	2.00	0		0	0
	ident, Director		-		-	
	Ferrare	2.00	0		0	0
	/ice President, Director		-		-	-
	er Worthington	2.00	0		0	0
	ice President, Director					·
	y deVicrtoria-Michel	2.00	0		0	0
	etary, Director	2.00			Ĭ	Ŭ
	s Carter	2.00	0		0	0
	surer, Director	2.00	, v		Ĭ	Ŭ
					-	
		1				
		1				
					+	
		1				
					+	
		1				
			I			

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	. 🗆
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		-
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40e		~
41	List the states with which a copy of this return is filed	400		•
42a		360-22		8
b	Located at ► 1210 Ellis St, Bellingham, WA 98225 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	982	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b		~
С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	420		
43	and enter the amount of tax-exempt interest received or accrued during the tax year \ldots \therefore	· ·	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Tes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		· ·
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<i>v</i>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3) Organizations Only	

All section 501(c)(3) organizations must answer que	estions 47–49b and 52, and	d complete the tables for lines
50 and 51.		

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trust	ees, and key
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter '	

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
	-	
d Total number of other independent contractors each receiving	over \$100,000 ►	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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

Sign Here	Signature of officer Andy Basabe, Director			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN	
Use Only	Firm's name			Firm's	s EIN 🕨		
	Firm's address ► Phone no.						
May the IRS	discuss this return with the preparer	shown above? See instructions			🕨 [Yes	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

2020 Open to Public Inspection

Name of the organization

Employer identification number

-	
VAMOS OUTDOORS PRO JECT	

82-5321659

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- \Box An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - Provide the following information about the supported organization(s) α

3						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			×1	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0			8,000	80,626	88,626
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	8,000	80,626	88,626
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						27,340
	on B. Total Support						61,286
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	8,000	80,626	88,626
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						88,626
12	Gross receipts from related activities, etc		,			12	64,013
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,	-		
14	Public support percentage for 2020 (line			11, column (f))		14	%
15	Public support percentage from 2019 Scl					15	%
16a	33 ¹ / ₃ % support test – 2020. If the organ box and stop here. The organization qua						
b	33 ¹ / ₃ % support test — 2019. If the organization this box and stop here. The organization	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33¹/₃% or m	ore, check
17a	10%-facts-and-circumstances test — 2 / 10% or more, and if the organization metry Part VI how the organization meets the organization	020. If the organeets the facts facts-and-circu	anization did n -and-circumsta umstances tes	ot check a box ances test, che st. The organiz	x on line 13, 10 eck this box a ation qualifies	6a, or 16b, and nd stop here. as a publicly	d line 14 is Explain in supported
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cire	cts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	r e. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
					Sch	edule A (Form 99	0 or 990-EZ) 2020

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 0016	(b) 0017	(-) 2019	(4) 0010	(a) 2020	(f) Total
9	Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
ј 10а	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a secti	ion 501(c)(3)
	organization, check this box and stop her	re					🕨 🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2020 (line 8	, (),		, , , , , , , , , , , , , , , , , , , ,		15	%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (I			-			<u>%</u>
18 10-	Investment income percentage from 2019					18	%
19a	33 1 / ₃ % support tests – 2020. If the organi 17 is not more than 33 1 / ₃ %, check this box a						
b	33 ¹ / ₃ % support tests - 2019. If the organize	-	-	-		-	
b	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
				,,,			990 or 990-EZ) 2020
						, ·	_,

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

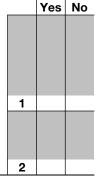
3b

Yes No

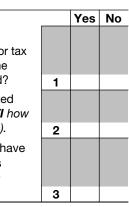
11a

11b

11c



Yes No



1

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

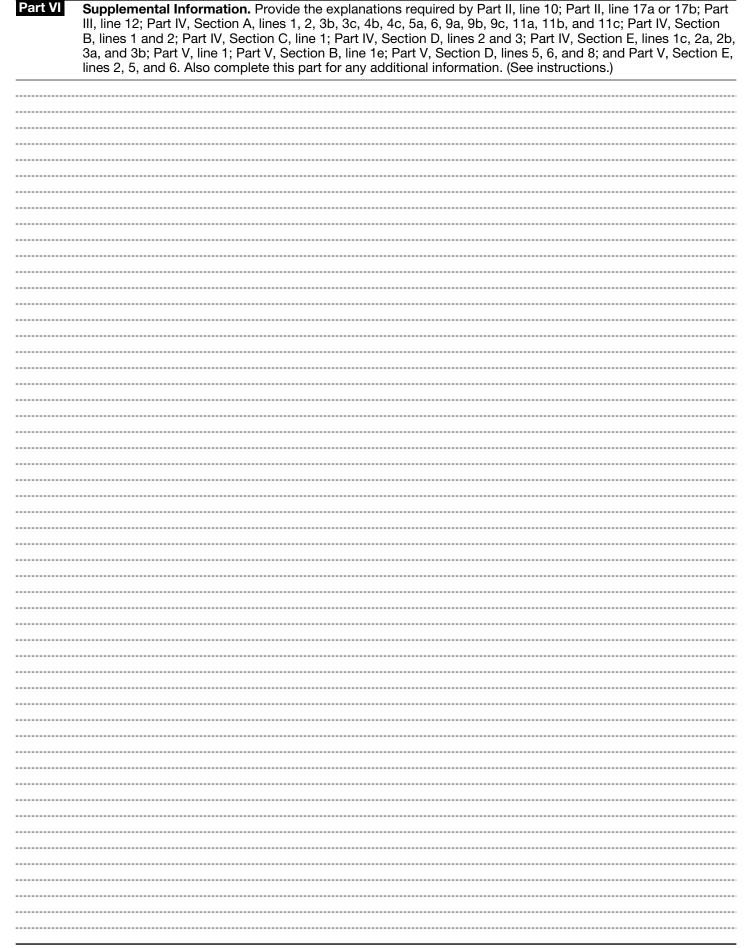
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
е	(explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the ergenization's first as a neg function		ntograted Type III auppe	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
	on D-Distributions	, oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020



SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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



Inspection Employer identification number

82-5321659

VAMOS OUTDOORS PROJECT

Cat. No. 51056K

Form: Form 990-EZ (2020)

Page: 1

Reasonable Cause Explanations

EIN: 82-5321659

Header Section

Explanation

Additional time was required to ensure a complete and accurate return.

Schedule O, Statement 2	VAMOS OUTDOORS PROJECT
Form: Form 990-EZ (2020)	EIN: 82-5321659
Page: 1	Part I, Line 16
Other Expenses Stru	ctured Explanation
Description	Amount
Program Expenses	4,818
Insurance	3,372
General Administrative	2,461
Fundraising	177
Total:	10,828

Schedule O, Statement 3	VAMOS OUTDOORS PROJECT
Form: Form 990-EZ (2020)	EIN: 82-5321659
Page: 2	Part II, Line 24
Other Assets Struct	ured Explanation
Description	EOY Amount
Accounts Receivable	9,251

9,251

Total:

Schedule O, Statement 4	VAMOS OUTDOORS PROJECT
Form: Form 990-EZ (2020)	EIN: 82-5321659
Page: 2	Part II, Line 26
Other Liabilities St	ructured Explanation
Description	EOY Amount
Payroll Taxes	5,575
Total:	5.575

Form: Form 990-EZ (2020)

Page: 2

EIN: 82-5321659

Part III

Primary Exempt Purpose

Primary Exempt Purpose

Building community through access to environmental education.

Schedule O, Statement 6

Form: Form 990-EZ (2020)

Page: 2

Second Program Service Accomplishments Description

VAMOS OUTDOORS PROJECT

EIN: 82-5321659

Part III, Line 29

Description

mountain biking, environmental education, and family support services. Vamos served 24 youth Monday-Thursday for 5 weeks.