

MOUNT ST. HELENS INSTITUTE

2009 Return of Organization  
Exempt from Income Tax

MICHAEL J. PLYMALE, INC., P.S.  
P.O. BOX 268  
VANCOUVER, WA 98666  
360-695-0068

MARCH 24, 2010

MOUNT ST. HELENS INSTITUTE  
42218 NE YALE BRIDGE ROAD  
AMBOY, WA 98601

DEAR JEANNE:

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU  
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE  
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL  
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A  
PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

A handwritten signature in dark ink, appearing to be 'M. Plymale', written over a horizontal line.

MICHAEL J. PLYMALE, INC., P.S.

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P.O. BOX 268  
VANCOUVER, WA 98666  
360-695-0068

#### PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

#### PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

#### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

\*\*\*\*\*

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 20\_\_

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.**2009**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

MOUNT ST. HELENS INSTITUTE

91-1569993

Name and title of officer

JEANNE BENNETT  
EXECUTIVE DIRECTOR**Part I** Type of Return and Return Information (Whole Dollars Only)

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

|   |  |    |        |
|---|--|----|--------|
| 1a Form 990 check here ▶ <input type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b |        |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b | 307598 |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>          | b Total tax (Form 1120-POL, line 22) .....                               | 3b |        |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b |        |
| 5a Form 8868 check here ▶ <input type="checkbox"/>              | b Balance Due (Form 8868, line 3c) .....                                 | 5b |        |

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MICHAEL J. PLYMALE, INC. to enter my PIN 10689  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Jeanne Bennett Date ▶ 5-3-10**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 9101236689  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature] Date ▶ 03/24/10

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

|  |   |   |  |                                  |
|--|---|---|--|----------------------------------|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization  |  | D Employer identification number |
|  |   | MOUNT ST. HELENS INSTITUTE  |  | 91-1569993                       |
|  |   | Number and street (or P.O. box, if mail is not delivered to street address) |  | E Telephone number               |
|  |   | 42218 NE YALE BRIDGE ROAD   |  | 360-891-5107                     |
| City or town, state or country, and ZIP + 4  |   | F Group Exemption Number  |  |                                  |
| AMBOY, WA 98601  |   |   |  |                                  |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual  
Other (specify) \_\_\_\_\_

I Website: WWW.MSHINSTITUTE.ORG

J Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 307,598.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

|            |   |  |          |           |
|------------|---|--|----------|-----------|
| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1        | 188,881.  |
|            | 2   | Program service revenue including government fees and contracts  | 2        | 114,899.  |
|            | 3   | Membership dues and assessments  | 3        | 1,187.    |
|            | 4   | Investment income  | 4        |           |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a       |           |
|            | 5b  | Less: cost or other basis and sales expenses   | 5b       |           |
|            | 5c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c       |           |
|            | 6   | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |          |           |
|            | 6a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a       |           |
| 6b         | Less: direct expenses other than fundraising expenses                                   | 6b   |          |           |
| 6c         | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   |          |           |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a   |          |           |
| 7b         | Less: cost of goods sold  | 7b   |          |           |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |          |           |
| 8          | Other revenue (describe <u>INTEREST INCOME</u> )  | 8  | 2,631.   |           |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                  | 9  | 307,598. |           |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10       |           |
|            | 11  | Benefits paid to or for members  | 11       |           |
|            | 12  | Salaries, other compensation, and employee benefits  | 12       | 203,405.  |
|            | 13  | Professional fees and other payments to independent contractors  | 13       | 86,652.   |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14       | 7,717.    |
|            | 15  | Printing, publications, postage, and shipping  | 15       | 3,267.    |
|            | 16  | Other expenses (describe <u>SEE STATEMENT 1</u> )  | 16       | 113,480.  |
| 17         | Total expenses. Add lines 10 through 16   | 17   | 414,521. |           |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18       | -106,923. |
|            | 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | 488,114.  |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20       |           |
|            | 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21       | 381,191.  |

## Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 188,784.              | 117,491.        |
| 23 Land and buildings  | 277,875.              | 270,750.        |
| 24 Other assets (describe <u>SEE STATEMENT 2</u> )                             | 33,109.               | 67,199.         |
| 25 Total assets  | 499,768.              | 455,440.        |
| 26 Total liabilities (describe <u>SEE STATEMENT 3</u> )                        | 11,654.               | 74,249.         |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 488,114.              | 381,191.        |

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Form **990-EZ** (2009)

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|     |   | Yes | No  |
|-----|---|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X   |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |     |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N   |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions.   | 37a | 0.  |
| b   | Did the organization file Form 1120-POL for this year?  | 37b | X   |
| 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 period covered by this return?  | 38a | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b | N/A |
| 39  | Section 501(c)(7) organizations. Enter:   |     |     |
| a   | Initiation fees and capital contributions included on line 9  | 39a | N/A |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b | N/A |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>  |     |     |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I                                      | 40b | X   |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     | 0.  |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |     | 0.  |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e | X   |
| 41  | List the states with which a copy of this return is filed. <u>WA</u>  |     |     |
| 42a | The organization's books are in care of <u>JEANNE BENNETT, EXECUTIVE DI</u> Telephone no. <u>360-891-5107</u><br>Located at <u>42218 NE YALE BRIDGE ROAD, AMBOY, WA</u> ZIP + 4 <u>98601</u>  |     |     |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X   |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: _____  | 42c | X   |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u> <u>N/A</u>  |     |     |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44  | X   |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 45  | X   |

Form 990-EZ (2009)

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E **46** **47** **48** **49a** **49b**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b If "Yes," was the related organization a section 527 organization? **46** **47** **48** **49a** **49b**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| 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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000 ▶

|                                 |   |  |  |
|---------------------------------|---|--|--|
| <b>Sign Here</b>                | 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. |  |  |
|                                 | Signature of officer <span style="float: right;">Date</span>  |  |  |
|                                 | JEANNE BENNETT, EXECUTIVE DIRECTOR<br>Type or print name and title  |  |  |
| <b>Paid Preparer's Use Only</b> | Preparer's signature <span style="float: right;">Date</span>  | Check if self-employed <input type="checkbox"/>  | Preparer's identifying number (See instr.) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4   | EIN <span style="float: right;">Phone no.</span> |  |
|                                 | MICHAEL J. PLYMALE, INC.<br>P.O. BOX 268<br>VANCOUVER, WA 98666-0268  | (360) 695-0068                                   |  |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



(For 990 or 990-EZ)

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

## 2009

**Open to Public Inspection**

Name of the organization

MOUNT ST. HELENS INSTITUTE

Employer identification number

91-1569993

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions. |
|---------------|--|

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I                      b ☐ Type II                      c ☐ Type III - Functionally integrated                      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 17,616.  | 44,241.  | 35,213.  | 252,363. | 231,068. | 580,501.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 17,616.  | 44,241.  | 35,213.  | 252,363. | 231,068. | 580,501.  |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 580,501.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  | 17,616.  | 44,241.  | 35,213.  | 252,363. | 231,068. | 580,501.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          | 3,715.   | 2,631.   | 6,346.    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 586,847.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 360,364.  |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

|  |           |       |   |
|--|-----------|-------|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....   | <b>14</b> | 98.92 | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....   | <b>15</b> | 98.95 | % |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input checked="" type="checkbox"/>   |           |       |   |
| <b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>   |           |       |   |
| <b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>    |           |       |   |
| <b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/> |           |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... <input type="checkbox"/>  |           |       |   |

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |                          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |                          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....   |          |          |          |          |          |                          |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |                          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |                          |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

MOUNT ST. HELENS INSTITUTE

91-1569993

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

REPORT  
FORM 990-EZ PAGE 1

FORM 990-EZ PAGE 1

990-EZ

| Asset No. | Description         | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 1         | BOAT                | 061208        | SL     | 7.00  | 16       | 4,145.                   |            |                      | 4,145.                 | 345.                     |                 | 592.                   |
|           | CASCADE PEAKS       |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 2         | BUILDING            | 010108        | SL     | 40.00 | 16       | 285,000.                 |            |                      | 285,000.               | 7,125.                   |                 | 7,125.                 |
|           | * TOTAL 990-EZ PG 1 |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
|           | DEPR                |               |        |       |          | 289,145.                 |            | 0.                   | 289,145.               | 7,470.                   | 0.              | 7,717.                 |

920102  
06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

| FORM 990-EZ                   | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION                   |                | AMOUNT    |   |
| BOARD COSTS                   |                | 715.      |   |
| BANK FEES                     |                | 3,276.    |   |
| ACCOUNTING FEES               |                | 6,992.    |   |
| MERCHANDISE PURCHASES         |                | 3,461.    |   |
| OFFICE SUPPLIES               |                | 682.      |   |
| SUPPLIES                      |                | 17,232.   |   |
| UNIFORMS                      |                | 3,254.    |   |
| TRAVEL & TRANSPORTATION       |                | 4,184.    |   |
| VOLUNTEER RECOGNITION         |                | 1,997.    |   |
| EVENT EXPENSES                |                | 30,598.   |   |
| ADVERTISING                   |                | 6,355.    |   |
| INSURANCE                     |                | 5,262.    |   |
| MISCELLANEOUS EXPENSES        |                | 7,136.    |   |
| WEB HOSTING                   |                | 660.      |   |
| DONOR & WEBSITE DEVELOPMENT   |                | 13,673.   |   |
| EXHIBIT COSTS                 |                | 8,003.    |   |
| TOTAL TO FORM 990-EZ, LINE 16 |                | 113,480.  |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| ACCOUNTS RECEIVABLE           | 29,309.      | 23,991.     |   |
| ADVANCE TO DISCOVER YOUR NW   | 0.           | 40,000.     |   |
| OTHER DEPRECIABLE ASSETS      | 3,800.       | 3,208.      |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 33,109.      | 67,199.     |   |

| FORM 990-EZ                   | OTHER LIABILITIES | STATEMENT   | 3 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR      | END OF YEAR |   |
| ACCOUNTS PAYABLE              | 11,654.           | 44,725.     |   |
| CLIMBING FEES PAYABLE         | 0.                | 29,524.     |   |
| TOTAL TO FORM 990-EZ, LINE 26 | 11,654.           | 74,249.     |   |

|             |  |           |   |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 4 |
|-------------|--|-----------|---|

DESCRIPTIONAMOUNT

DEPRECIATION

7,717.

TOTAL TO FORM 990-EZ, LINE 14

7,717.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



EXPENSES RELATED TO CONDUCTING FIELD TRIPS AND SEMINARS ON VARIOUS ASPECTS OF THE MT. ST. HELEN'S ERUPTION, AFTERMATH AND RECOVERY OF PLANT AND ANIMAL LIFE. INCLUDES PROVIDING GEAR, TOOLS AND EQUIPMENT TO VOLUNTEER AND CONSERVATION CORP CREW MEMBERS, SETTING UP FIELD CAMPS AND CONDUCTING OUTREACH TO ORGANIZATIONS, SCHOOLS, UNIVERSITIES AND PROGRAMS WITH OPPORTUNITIES TO MSHI GROWTH. MANAGED MSHI BOARD MEETINGS AND DEVELOPED MSHI WEBSITE.

THE INSTITUTE'S MISSION IS TO AWAKEN IN PEOPLE OF ALL AGES AN APPRECIATION OF THE NATURAL PROCESSES AND CULTURAL HERITAGE OF THE NORTHWEST'S VOLCANIC LANDSCAPES.