

**FORM 990-EZ**

Department of 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 private foundations)

OMB No. 1545-1150

**2021**

**Open To Public Inspection**

<b>A</b> For the <u>2021</u> calendar year, or tax year beginning <u>01/01/2021</u> , and ending <u>12/31/2021</u>							
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>C</b> Name of Organization <u>VASHON EVENTS</u></td> <td style="width:30%;"><b>D</b> Employer ID number <u>32-0516724</u></td> </tr> <tr> <td>Number and Street (or P.O. box, if mail is not delivered to street address) <u>28534 VASHON HWY SW</u></td> <td><b>E</b> Telephone number <u>2067346521</u></td> </tr> <tr> <td>City or town, state or country, and Zip + 4 <u>VASHON , WA 98070-8860</u></td> <td><b>F</b> Group Exemption Number <u>&amp;nbsp;</u></td> </tr> </table>	<b>C</b> Name of Organization <u>VASHON EVENTS</u>	<b>D</b> Employer ID number <u>32-0516724</u>	Number and Street (or P.O. box, if mail is not delivered to street address) <u>28534 VASHON HWY SW</u>	<b>E</b> Telephone number <u>2067346521</u>	City or town, state or country, and Zip + 4 <u>VASHON , WA 98070-8860</u>	<b>F</b> Group Exemption Number <u>&amp;nbsp;</u>
<b>C</b> Name of Organization <u>VASHON EVENTS</u>	<b>D</b> Employer ID number <u>32-0516724</u>						
Number and Street (or P.O. box, if mail is not delivered to street address) <u>28534 VASHON HWY SW</u>	<b>E</b> Telephone number <u>2067346521</u>						
City or town, state or country, and Zip + 4 <u>VASHON , WA 98070-8860</u>	<b>F</b> Group Exemption Number <u>&amp;nbsp;</u>						
<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other:							
<b>I</b> Website: <u>https://vashonevents.org</u>							
<b>J</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527							
<input checked="" type="checkbox"/> Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Check if the organization used Schedule O to respond to any question in this Part I.

<b>1</b>	Contributions, gifts, grants, and similar amounts received.	\$	73318
<b>2</b>	Program service revenue including government fees and contracts	\$	11356
<b>3</b>	Membership dues and assessments	\$	0
<b>4</b>	Investment income	\$	0
<b>5a</b>	Gross amount from sale of assets other than inventory	\$	0
<b>5b</b>	Less: cost or other basis and sales expenses	\$	0
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
<b>6b</b>	Gross income from fundraising events	\$	0
<b>6c</b>	Less: direct expenses from gaming and fundraising events	\$	0
<b>6d</b>	Net income or (loss) from gaming and fundraising events	\$	0
<b>7a</b>	Gross sales of inventory, less returns and allowances	\$	0
<b>7b</b>	Less: cost of goods sold	\$	0
<b>7c</b>	Gross profit or (loss) from sales of inventory	\$	0
<b>8</b>	Other revenue	\$	0
<b>9</b>	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	84674
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	\$	0
<b>11</b>	Benefits paid to or for members	\$	0
<b>12</b>	Salaries, other compensation, and employee benefits	\$	93000
<b>13</b>	Professional fees and other payments to independent contractors		778
<b>14</b>	Occupancy, rent, utilities, and maintenance	\$	4177
<b>15</b>	Printing, publications, postage, and shipping	\$	94
<b>16</b>		\$	12001
<b>17</b>	<b>Total expenses</b> Add lines 10 through 16	\$	110050
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	-25376
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	36113
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	\$	3700
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	14437

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<b>22</b>	Cash, savings, and investments	\$	32720
-----------	--------------------------------	----	-------

<b>23</b>	Land and buildings	\$ 0	\$ 0
<b>24</b>	Other assets (describe in Schedule O)	\$ 7093	\$ 5886
<b>25</b>	<b>Total assets</b>	\$ 39813	\$ 14437
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O)	\$ 0	\$ 0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	\$ 39813	\$ 14437

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

**What is the organizations primary exempt purpose?**

The mission of Vashon Events is to create, expand, and provide positive life experiences through music and art for all.

**32. Total program service expenses** (add lines 28a through 31a)

\$ 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(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
Peter Welch, Co-Director	40	\$ 46500	\$ 0	\$ 0
Allison Jones Shirk, Co-Director	40	\$ 46500	\$ 0	\$ 0
Amanda Kelly, Secretary of Board of Directors	0	\$ 0	\$ 0	\$ 0
Jennifer Olsen, Treasurer of Board of Directors	0	\$ 0	\$ 0	\$ 0
Wesley Peterson, Board Member	0	\$ 0	\$ 0	\$ 0
Sarah Christine, Board Member	0	\$ 0	\$ 0	\$ 0
Jacob Bain, Board Member	0	\$ 0	\$ 0	\$ 0
Kester Nielsen, Board Member	0	\$ 0	\$ 0	\$ 0
Ron Hook, Board Member	0	\$ 0	\$ 0	\$ 0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
<b>33</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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 name. Otherwise, explain the change below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$ 0	
<b>37b</b> Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>39a</b> Initiation fees and capital contributions included on line 9	\$	
<b>39b</b> Gross receipts, included on line 9, for public use of club facilities	\$	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0		
<b>40b</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 1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>40c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of		

	disqualified persons during the year under sections 4192, 4955, and 4958.		
<b>40d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
<b>40e</b>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed: WA		
<b>42a</b>	The organization books are in care of Allison Jones Shirk, Telephone no. 2067346521 Located at 28534 Vashon Hwy SW, Vashon , WA, 98070		
<b>42b</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)? 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 Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	\$	0
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44b</b>	44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>44d</b>	44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45b</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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>46</b>	At any time during the calendar year, did the organization maintain an office outside the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
<b>47</b>	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 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b>	If "Yes" to 49a, was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>50</b>	Complete this table for the organizations 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 are none, omit filling out this part and we will send "None".		
	-- none --		
<b>50f</b>	Total number of other employees paid over \$100,000		0
<b>51</b>	Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None".		
	-- none --		
<b>51b</b>	Total number of other independent contractors each receiving over \$100,000		0
<b>52</b>	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>