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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 \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

Ā	For the	2008 calend	lar year	or tax year beginning 05/01, 2008, and endi	ing		+	04/30,20 09
В	Check if a	pplicable.	Please	C Name of organization	D	Employer	iden	tification number
	Address of	J	use IRS label or	NATIONAL CROSS-COUNTRY SKI EDUCATION FOUNDATION	ON	41 18	3192	88
片	Name cha	•	print or	Number and street (or P.O. box, if mail is not delivered to street address) Ro	oom/surte E	Telephon	e nu	mber
H	Initial retu Termination		type. See	143 Lexington Pkwy N		(651)		208-9391
ಠ	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F	Group Ex	emp	tion
	Application	on pending	tions.	Saint Paul, MN 55104		Number		©
	c Secti	ion 501(c)(3)	-		G Account	ing metho	d:	Cash Accrual
			a con	ppleted Schedule A (Form 990 or 990-EZ).	Other (sp	pecify) ©		
		- MANA	.nccse	fora	H Check ©	if t	he o	ganızation is not
	Websit							edule B (Form 990,
		_		lly one)— 🗹 501(c) (3) 8 (insert no.) 🔲 4947(a)(1) or 🔲 527		or 990-PF	•	
				n is not a section 509(a)(3) supporting organization and its gross receipt zation chooses to file a return, be sure to file a complete return.	ts are normal	lly not moi	re tha	an \$25,000. A return is
L	Add line	s 5b, 6b, and	7b, to lii	ne 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	ad of Form 99	90-EZ ©	\$	10,282
Р	art i	Revenue	, Expe	nses, and Changes in Net Assets or Fund Balances (S	See the ins	struction	s fo	r Part I.)
	1	Contributio	ns, gifts	grants, and similar amounts received		. <u>.</u> <u>1</u>		10,150
0	2		_	evenue including government fees and contracts		2		0
2010	3	•		and assessments		🗔	<u>: </u>	0
, , , , , , , , , , , , , , , , , , ,	4	Investment	•.			4		132
9	5a	Gross amo	ount fro	m sale of assets other than inventory 5a		0		
	ь	Less: cost	or othe	er basis and sales expenses		0		
Revenue	C			sale of assets other than inventory (Subtract line 5b from line 5a) (at	tach schedu	ule). 5	c L	0
ڲؚ	6	•	-	vities (complete applicable parts of Schedule G). If any amount is from gaming, che				
₹§	а	Gross reve	enue (no	ot including \$ of contributions		1		
8 §		reported o	-			0		
2	ь	Less: direc	t expe	nses other than fundraising expenses 6b		0		
j	С			ss) from special events and activities (Subtract line 6b from line	e 6a)	. 6	c	0
1	7a	Gross sale	s of inv	rentory, less returns and allowances		0	1	
	ь	Less: cost	of goo	ds sold		0		
	С	Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)	Programme 200	7	c L	0
	8	001011010	() _8	<u> </u>	0
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. © g		10,282
	10	Grants and	d simila	r amounts paid (attach schedule) 👸 .DEC 2. 2. 2	กกจ	10)	15,000
	11			r for members	انميز ،	1	1	0
Expenses	12	Salaries, o	ther co	mpensation, and employee benefits	,,,,,	12		0
Sua.	13	Profession	al fees	and other payments to independent contractors		1	3	0
×	14	Occupancy	y, rent,	utilities, and maintenance	- · · · ·	14		. 0
ш	15	Printing, p	ublicati	ons, postage, and shipping			_	16
	16			describe © See Statement 2				9,914
	17_			Add lines 10 through 16				24,930
\$	18			for the year (Subtract line 17 from line 9)		1	3	-14,648
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (m	nust agree			00.000
¥.		end-of-yea	r figure	reported on prior year's return)		19		82,828
Ž	20	Other char	nges in	net assets or fund balances (attach explanation) . See Stater	ment 3	20	_	-24,398
	21			d balances at end of year. Combine lines 18 through 20	Gla Farr	. © 2		43,782
	art II	Dalance .		s. If Total assets on line 25, column (B) are \$2,500,000 or more			ao e	
		•	•	ee the instructions for Part II.)	(A) beginn	of year		(B) End of year 43,782
22				estments	-	82,828 0		43,782
23		d and building	•					0
24		•		©)	<u> </u>			
25		al assets .			<u></u>	82,828		43,782
26	Tota	al liabilities (describ	e ©			26	43,782
27 FO				k Reduction Act Notice, see the Instruction for Form 990.	Cet No 10	82,828		Form 990-EZ (2008)

							
	ert III Statement of Program Se	ervice Accom	plishments (See the instr	ructions for Part	III.)	_	Expenses
Wh	at is the organization's primary exem	pt purpose? S	Support the development of	of Cross-country	ski racing	(Rec	uired for 501(c)(3) (4) organizations
Des	scribe what was achieved in carrying of	out the organization	ation's exempt purposes. In	a clear and conc	ise manner,	and	4947(a)(1) trusts:
des	scribe the services provided, the number	r of persons be	nefited, or other relevant info	rmation for each p	rogram title.	opti	onal for others.)
28	U25 Gifts		***************************************				
	(Grants \$ \$15,000) If th	is amount incl	udes foreign grants, check	here	. © 🗆	28a	\$15,000
29							
							i
	(Grants \$) If th	is amount incl	udes foreign grants, check	horo	— e П	29a	
						200	
30							
	/O		fancina manda abada			-	
	(Grants \$) If th Other program services (attach sched		udes foreign grants, check			30a	
31		•			1		
	(Grants \$) If th	is amount incli	udes foreign grants, check	here	. © 🔲	31a	
	Total program service expenses (a	dd lines 28a th	rough 31a)	<u> </u>	©	32	15,000
Pá	art IV List of Officers, Directors, Trus	stees, and Key					
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to Dians &	(e) Expense account and
			devoted to position	enter -0)	deferred compen		other allowances
Se	e Statement 4						
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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	33		,
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		,
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 your reason for not reporting the income on Form 990-T.		-	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		,
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		,
	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		,
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		V
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			ĺ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ©			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I	40b		•
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d				
е	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		1
41	List the states with which a copy of this return is filed. © MN			
42a	The books are in care of © Reid Lutter Located at © 143 Lexington Pkwy N, Saint Paul, MN 55104 ZIP + 4 ©	5510)8-93 04	91
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		Yes	No
	account)?	42b		~
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	42c		-
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	© L
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			-
45	Form 990-EZ	44	-	<u>/</u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Part VI	and complete the tables for lines 50 a		c)(3) organiza	itions mu	st answer questi	ons 4	6–49	
6 Did t	the organization engage in direct or indirect p		ctivities on bel	half of or i	n opposition to		Yes	No
	lidates for public office? If "Yes," complete S					46		~
	the organization engage in lobbying activities					47	ļ.,,	~
	e organization operating a school as describe	• • •			ete Schedule E .	48		~
	the organization make any transfers to an exe		related organ	ization?		49a		-
	es," was the related organization(s) a section	_				49b	L!	Ĺ
	plete this table for the five highest compensation received more than \$100,000 of compensations.					emplo	oyees)) who
(a)	Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to positi	·* · ·	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowan	nd
None					:			
								
otal num	ber of other employees paid over \$100,000 ©							
	plete this table for the five highest compensation from the organization. If there is no	one, enter "None."						
None	(a) Name and address of each independent contractor	paid more than \$100,000	<u> </u>	(D) 19	pe of service	(c) Con	npensa	tion
voue					į			
	· · · · · · · · · · · · · · · · · · ·							
 								
		· · · · · · · · · · · · · · · · · · ·						
otal num	ber of other independent contractors each re	regiving over \$100 (000 ©					
Otal Hulli	Under penalties of perjury, I declare that I have examin	<u> </u>	,,,,	hedules and	statements, and to the	hest of m	v knov	vledae
	and belief, it is true, correct, and complete. Declarate	on of preparer (other the	an officer) is based	d on all inform	nation of which prepare	r has an	y know	rledge.
iign Iere	Signature of officer				Date /			
iei e	A Reid Lutter, President			•	11/1/1/	ל		
	Type or print name and title.				· (1.) fO			
	Preparer's ()		Date	Check if self-	Preparer's Identifying	Number (S	See instr	uctions)
aid	signature 9			employed 6)			
reparer's	Firm's name (or yours A	·		employed ©			 .	
reparer's	Signaturo -			E				
reparer's se Only	Firm's name (or yours if self-employed),	n above? See instr	uctions	E	IN 6	□ Y	es 🗆	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

© Attach to Form 990 or Form 990-EZ. © See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NA:	FION	NAL CROSS-	COUNTRY SKI	EDUCATION FOUND	ATION			_	41	1819288		
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	ee instru	ctions)	
_	orgi	A church, co A school de A hospital or A medical re hospital's na An organizat section 170 A federal, st An organizat described in A community An organizat receipts from support from	ot a private found on vention of chus scribed in section a cooperative lessearch organization operated for (b)(1)(A)(iv). (Column (b)(1)(A)(iv). (Column (b)(1)(A)(iv)) a section 170(b)(1)(4) trust described in control of the cooperation of t	idation because it is: rches, or association on 170(b)(1)(A)(ii). (At hospital service organition operated in conjate:	(Please of church school stack School	check onlines described with a howersity on describe its supportant to desc	y one organized in sections spital de organized organize	ganization section 1 on 170(b) scribed in operated ion 170(i) government m contrib sceptions come (les	n.) 70(b)(1)(iii). In section by a gov b)(1)(A)(v) nental uni outions, m s, and (2) s section	(Attach S n 170(b)(1 ernmenta). It or from	Schedule H.) (I)(A)(iii). Enter the limit described in the general public lip fees, and gross than 33% % of its	r
lO i1 e		An organization of the control of th	tion organized and tion organized and one or more pulliheck the box that I b [1] this box, I certier than foundation section 509(a)(2) ization received and the check this box of 17, 2006, has resons? In who directly on the government of a persontrolled entity of the controlled entity of the con	and operated exclusive and operated exclusive and operated exclusive and operated exclusive blicly supported organizated describes the type. Type II catify that the organization managers and other and a written determination acceptation acceptation acceptation acceptation acceptation described in (i) and a person described in (i) and a person described and a perso	ely to test vely for the nizations of suppo in Type tion is not rethan one ion from	t for public the benefit described riting orgative III—Function control e or more the IRS to a gift or cone or toganization.	ic safety t of, to p d in sectionally led direct publicly that it is ontribution ether with n? ?	See second on 509(a) and comintegrate the supported a Type on from a supported the person of the p	tion 509 the functi)(1) or second d directly by d organized I, Type II	ons of, oction 509(es 11e thing of Cations de cations d	or to carry out the (a)(2). See section rough 11h. Type III-Other more disqualified escribed in section at III supporting	n
<u>h</u> (i)	Name	Provide the of supported	following informa	ation about the organ		the organ		upports.	(vi) I	s the	(vii) Amount of	_
	org	ganization		(described on lines 1–9 above or IRC section (see instructions))	m col. (i) la	sted in your document?	col. (i)	nization in of your port?	organizat	ion in col. zed in the S.?	support	
-					1 62	140	162	140	162	No		-
												_
							 -					-
												_
												-
		-										-
					1			!	l	I		

	(Complete only if you check						-74 3(**)
	tion A. Public Support llendar year (or fiscal year beginning in) o	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	monate year (or need year beginning my	(a) 2004	(0) 2000	(5) 2000	(4) 2001	(0, 2000	(i) rotal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	· · - · - · · - · · · · · · · · · ·					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						· · · · · · · · · · · · · · · · · · ·
	tion B. Total Support		•	•	<u> </u>	<u></u>	
	lendar year (or fiscal year beginning in) o	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>	l <u>, </u>	ļ <u>, </u>	
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for to organization, check this box and stop her			nd, third, fourth	, or fifth tax	year as a secti	on 501(c)(3)
	tion C. Computation of Public Sur			4 1 (0)			
14	Public support percentage for 2008 (line 6		-			14	<u>%</u>
15 160	Public support percentage from 2007 Sch						
IVA	33% % support test—2008. If the organizand stop here. The organization qualifies						
ь	33% % support test—2007. If the organiz		_				
	box and stop here. The organization qual						
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	18. If the organ	ization did not e nstances" test,	check a box on check this box	line 13, 16a, o and stop here	r 16b, and line [.] . Explain in Par	14 is 10% or t IV how the
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" Private foundation. If the organization did	cts-and-circun	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported o	Explain in Part rganization .	IV how the

Schedule A (Form 990 or 990-EZ) 2008 Page 3 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) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total grants, contributions, membership fees received. (Do not include 31,386 14,616 12,355 33,226 91,583 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 28,007 9,035 16,872 20,842 74,756 organization's tax-exempt purpose . . . Gross receipts from activities that are not an 256 99 366 612 1,333 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	0	0	0	0	0	0
5	The value of services or facilities				,		
	furnished by a governmental unit to the organization without charge	l ol	o	o	o		0
6	Total. Add lines 1-5	59,649	23,750	29,593	54,680	0	167,672
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	14,792		14,792
С	Add lines 7a and 7b	0	0	0	14,792	0	14,792
8	Public support (Subtract line 7c from line 6.)						152,880
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ©	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	59,649	23,750	29,593	54,680	0	167,672
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	256	99	366	612		1,333
b	Unrelated business taxable income (less section 511 taxes) from businesses	o	0	o	0		0
С	acquired after June 30, 1975	256	99	366	612	0	1,333
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						160.005
14	and 12.)					ear as a section	
Sec	tion C. Computation of Public Su		ntage	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>		<u> </u>
15	Public support percentage for 2008 (lin			e 13. column /	'A)	15	90.46 %
16	Public support percentage from 2007 S					16	76 %
Sec	tion D. Computation of Investmer			<u> </u>	<u> </u>		,,,
17	Investment income percentage for 200	B (line 10c. col	umn (f) divided	by line 13, co	olumn (fl)	17	0.79 %
18	Investment income percentage from 20				, , , , , , , , , , , , , , , , , , ,	18	1 %
19a	331/3 % support tests—2008. If the organization				nd line 15 is m	nore than 331/4 9	
	17 is not more than 331/3 %, check this b						
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not o	check a box on	line 14 or line	19a, and line 16	6 is more than 3	331/3 %, and
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions ©
						dule A (Form 990	

Page 4 t II, line 10; ructions)	
•••••	

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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	•••••••••••••••••••••••••••••••••••••••

Schedule A (Form 990 or 990-EZ) 2008

Statement 1 : Reasonable Cause Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Other Changes In Net Assets Schedule

Statement 4 : Officers, Directors, Trustees and Key Employees Compensation

Statement 2 Form: 990-EZ

NATIONAL CROSS-COUNTRY SKI EDUCATION FOUNDATION 41-1819288

Page. 1

Line Number Part I Line 16 OtherExpensesSchedule2

Other Expenses Schedule

Description	Amount
bank charges	\$78
Dining	\$430
State Filing Fee	\$75
J1 team expenses	\$9,331
Total:	\$9,914

Statement 3 Form. 990-EZ NATIONAL CROSS-COUNTRY SKI EDUCATION FOUNDATION

41-1819288

Page 1

Line Number Part I Line 20

OtherChangesInNetAssetsSchedule

Other Changes In Net Assets Schedule

Description	Amount
Endowment stock value	(\$12,321)
Future Fund Stock Value	(\$12,077)
Total:	(\$24,398)

Statement 4

NATIONAL CROSS-COUNTRY SKI EDUCATION FOUNDATION
41-1819288

Form 990-EZ

Page: 2

Line Number: Part IV

OfficersDirectorsEtcStatement

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Reid Lutter	President	\$0	\$0	\$0
143 Lexington Pkwy N Saint Paul, MN 55104	1			
Rick Kapalaa	Vice President	\$0	\$0	\$0
205 East Mrytle St	0.3			
Hailey, ID 83333				
Jessica Lutter	Recording secretary	\$0	\$0	\$0
143 Lexington Pkwy N	0.3			
Saint Paul, MN 55104				
Total:		\$0	\$0	\$0