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Department of the Treasury Internal Revenue Service

# SCANNED JAN 0 6 2010

## **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)

OMB No 1545 0047 2008

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

Open to Public Inspection

	For the	2008 calend	ar year, o	r tax year beginning	May 1	, 2	008, and	dending	Apr	30	,	2009
В	Check if a	pplicable		C Name of organization							er Identif	fication Number
	Addre	ess change	Please use IRS label	Ski and Snow	board Clu	b Vail			l	84-6	5038	792
	Name	e change	or print or type	Number and street (or			eet addr)	Room/suite	:	<b>E</b> Telepho	ne numb	per
	Initia	l return	See specific	598 Vail Val	lev Drive	<b>1</b>				(970	)) 4	76-5119
	H	ination	Instruc- tions.	City, town or country	207 0221		tate ZIP	code + 4		137	<u></u>	, , , , , , , , , , , , , , , , , , , ,
	H	nded return	001131	Vail			0 81	L657		G Cross	ooolote C	2,697,028.
	Ħ	cation pending	F Name a	and address of principal offi	cer		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			group return	_	
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_	T-11 0	xempt status		damus 104 Meado				1032		attach a list		tructions)
÷					sert no )	4947(a)(1) or		527				
7	Webs			clubvail.org			Τ.			exemption nu		
K			X Corpora	ation Trust A	ssociation Other	er P	L Year	of Formation	1964	i mis	tate of le	egal domicile CO
Pa	rt I 🐧	Summa				<del></del>		<del></del>				<del></del>
	<b>1</b> B	rietly describ	be the org	janization's mission (	or most signific	ant activities	Trai	n, inst	ruct	and coa	ch a	mateur athletes
ě	-					<del>-</del>						
Ţ.	-											
ě	2 C	beck this bo	,	if the organization di	scontinued its			of more			·	
ဇ္				bers of the governing			isposed	of more	man 25	70 UI ILS A:	3	15
ණ න				it voting members of			line 1b)			ľ		14
ij				yees (Part V, line 2a	•		,					90
Activities & Governance	6 T	otal number	of volunt	eers (estimate if nec	essary)			}			6	200
ď	7a ⊺	otal gross ur	related b	ousiness revenue from	m Part VII ⊃in pe	me Icoluma (C	<b>?</b> }	1			7a	831.
	<b>b</b> N	et unrelated	business	taxable income fron	n Florm 990-11-1	ine 34		<u> </u>			7 <u>b</u>	831.
					[왕]	0000	RS-0S		P	rior Year		Current Year
•	<b>8</b> C	Contributions	and gran	its (Part VIII, line 1h)	DE DE	C 22 2009	8	} [		585,9		561,307.
D.	ı	-		ue (Part VIII, line 2g	) <u>  iii  </u>		<u>  E</u>	1 1	1	360,1		1,377,876.
Revenue			•	art VIII, column (A), I	1 73/1	n or n and n	IT	1 1		23,5		90,528.
ш	1			II, column (A), lines	7.7		<u> </u>	ا ل		382,6		249,403.
_				nes 8 through 11 (mu			, line 12	2)	2	<u>,352,2</u>	31.	2,279,114.
	1			ounts paid (Part IX, o								
	14 B	Benefits paid	to or for	members (Part IX, co	olumn (A), line	4)		ļ		_		
ø	<b>15</b> S	salaries, othe	er comper	nsation, employee be	nefits (Part IX,	column (A), lit	nes 5-10	))	1	<u>,394,8</u>	49.	1,629,609.
Expenses	16a ₽	rofessional f	fundraisin	ng fees (Part IX, colu	mn (A), line 11	e)						
Ě	Ь⊤	otal fundrais	ing exper	nses (Part IX, column	n (D), line 25)	•	95,	703.	No. 2			<b>&gt;</b>
ű	i .			X, column (A), lines						814,1	42.	748,649.
	1	•	,	nes 13-17 (must equa		•	)		2	,208,9		2,378,258.
	l .			s Subtract line 18 fr		( ), 20	,			143,2		-99,144.
h 8				<u> </u>					Boois			
bets of slances	20 T	otal assets (	Part X lu	ne 16)						ning of Y		End of Year 1,210,549.
A B	21 T	otal liabilities								97,3		139,090.
Net As	22 ,		•	•	01 forms 1.ms 20							
	<u>22   N</u> art II	Signatu		ances Subtract line 2	zi irom iine zo					<u>,096,4</u>	30.	1,071,459.
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		true, correct, a	s of perjury and complete	declare that I have exame Declaration of preparer (	ined this retoth, inc other than officer) is	based on all inform	ng schedul mation of v	es and state vhich prepar	er has any	to the best knowledge	of my ki	nowledge and belief, it is
Sig	an	<b> </b> ►	ا کے ٹ	X					1	12/19	≾/6º	9
He	ere	Signature	of officer					<del></del>	Da <sup>-</sup>	te 1	<del>7 -</del>	<del></del>
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		1					Date		I <sub>a</sub> .	nock :	Pr	eparer's identifying number ee instructions)
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_				with the preparer sho								X Yes No
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Par				nt of F				ice /	<b>1</b> CCOI	mpl	ishr	nen	t <b>s</b> (s	ee	nstr	uctio	ons)									
1	Briefly o			-																						
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_	Form 99					,, .,,			3					,									7	Yes	X	No
	If 'Yes,'	descr	be the	se new	servic	ces on	Sche	edule	0																_	
3	Did the	organ	ization	cease	condu	cting,	or ma	ake si	ignifica	ant c	hange	es in	how	ıt cor	nducts	s, any	prog	ram s	servic	es?			$\Box$	Yes	X	No
	If 'Yes,'	desci	ribe the	ese cha	nges o	n Sch	edule	; O																		
4	Describ and 501 expense	(c)(4)	organ	izations	s and s	section	1 4947	7(a)(1	l) trust	ts are	e řegu	uired	n's th to re	port	larges the ar	st pro- moun	gram t of gr	servi ants	ces by and a	y expe allocat	enses ions f	Se o ot	ction	501( , the f	c)(3) otal	
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	n 990 (2008) Ski and Snowboard Club Vail 84-60	38792	F	age 3
rai	Transplacement of Required Schedules	<del></del>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I	tes 3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, F	Part II 4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	d <u>5</u>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advison the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	ce6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	<u></u>	х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts Vi VII, VIII, IX, or X as applicable	7, <u>11</u>	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that wa prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	is	X_	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	1	X
١	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organiza or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	ation 15	<u> </u>	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	3		<u> </u>	X
18	, , , , , , , , , , , , , , , , , , ,	<del></del>	X	<u> </u>
19		19	├	X
20 21		20	┼	X
22		22	╁	x
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25		<u>.</u>	x
1	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	·	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat any tax-exempt bonds?	ase <b>24</b> 0		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	↓
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Form 990 (2008) BAA

**b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I* 

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

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Form 990 (2008) Ski and Snowboard Club Vail
Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
i	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х_
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_x_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	. —	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
BA		Forn	1 990	(2008

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information Returns. Enter -0- if not applicable      1a		3	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	l		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ĩc	x	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 90		,	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3ь	X	
4a 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)?	4a		х
b If 'Yes,' enter the name of the foreign country ▶	i	ν,	ľ
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X_
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
<b>c</b> If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a	_	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		_
7 Organizations that may receive deductible contributions under section 170(c).	,		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х_
d If 'Yes,' indicate the number of Forms 8282 filed during the year		15	*
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u> </u>	† <u> </u>
a Did the organization make any taxable distributions under section 4966?	9a		х
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter		,	
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders	ĺ		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		- 000	(2005
BAA	rorn	n <b>990</b>	(2008)

Form 990 (2008) Ski and Snowboard Club Vail

Part VI

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management				
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, d s, or changes in Schedule O See instructions	escribe the circumstances,	, .	Yes	No
1 a	Enter the	number of voting members of the governing body	1a 15_	]		:
t	Enter the	number of voting members that are independent	1b 14	] ]		
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business rel rector, trustee or key employee?	ationship with any other	2	X	_ !
3	Did the or of officers	ganization delegate control over management duties customarily performed by or uits, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3_		x
4		ganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X
5		rganization become aware during the year of a material diversion of the organization	's assets?	5		х
6		organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or n	nore members of the	7a		x
Ł	Are any o	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions under ring	taken during the year by	8		
a	The gove	rning body?		8a	X	
t	Each con	nmittee with authority to act on behalf of the governing body?		8b		Х
98	Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u> _
t	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	? All organizations must	10		<u>x</u> _
	organizat	iny officer, director or trustee, or key employee listed in Part VII, Section A, who car ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11_		х
Sec	tion B.	Policies				
	5 "				Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
	to conflic		·	12b		
	Schedule	organization regularly and consistently monitor and enforce compliance with the pole O how this is done	ıcy <sup>?</sup> If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?		13		X
14		organization have a written document retention and destruction policy?		14		X
15	persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent iision	*î	m-ra	ŵ;
	-	nization's CEO, Executive Director, or top management official?		15a		X
		cers of key employees of the organization?		15b		X
4.0		the process in Schedule O (see instructions)				
	entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	J	16a		X
l	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	to evaluate its participation the organization's exempt	16b	<i></i>	***
Sec	-	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed  Colorado				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	ailable	for pu	blic
	Own	website Another's website X Upon request				
19	Describe	in Schedule O whether (and if so, how) the organization makes its governing docum	ents conflict of interest poly	v. and	fınan	cıal
	statemer	its available to the public	ients, connict of interest poin	.,, <u>-</u>		
20			•	-		
	State the	its available to the public name, physical address, and telephone number of the person who possesses the b	ooks and records of the orga	-	n	<u>5119</u>

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

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

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

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

Check this box if the organization did not	compens	ate ar	ny o	ffice	r, di	rector	, tru	stee, or key employee	<u> </u>	
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours		tion (	_	all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el trustee or director	anstitutional frustee	Offi #	Key employee	High ext courtensated employee	Fainel	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
Glenn Davis President	3.00	x						0.	0.	0.
John Garnsey Trustee	1.00		х					0.	0.	0.
Scott Walchek Trustee	1.00		х					0.	0.	0.
David Viele Secretary	1.00	х						0.	0.	
Ceil Folz Member	1.00		х					0.	0.	0.
Bradley Ghent Member	1.00		х					0.	0.	0.
Phil Hoversten Treasurer,	1.00		х					0.	0.	0.
Jeff Kirwood Trustee	1.00		x					0.	0.	0.
Dan Leever Trustee	1.00	_	х					0.	0.	0.
Aldo Radamus Executive Director	40.00	х		х	х	х		123,168.	0.	0.
Steve Santamaria Trustee	1.00		х					0.	0.	0.
Pete Seibert Trustee	1.00		х					0.	0.	0.
Jim Harding Trustee	1.00		x					0.	0.	0.
Pavid White Trustee	1.00	х						0.	0.	0.
Sandy Treat Trustee	1.00		х					0.	0.	0.
Tiffany Hoversten Finance Manager	40.00				x			47,267.	0.	0.

(A)	(B)			((				(υ)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		1 8	stee			nsated				
								-		
								-		
									_	
1 b Total	·						<b></b>	170,435.	0.	_0.
2 Total number of individuals (including those in 1a) w organization ► 1	ho rece	ived	mo	re th	nan	\$10	0,00	0 in reportable coi	mpensation from th	ne
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of retthe organization and related organizations greater the</li> </ul>	idividual									Yes No
individual										4 X
rendered to the organization? If 'Yes,' complete Sch	edule J	for	sucl	n pe	rsor	1	atce			5 <u>X</u>
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ed inder	end	ent	coni	trac	tors	that	received more that	an \$100,000 of	
compensation from the organization								(В	<del></del>	(C)
Name and business addres	s					_		Description	of Services	Compensation
					•		_			
	11	1						h #100 000		
2 Total number of independent contractors (including compensation from the organization	unose in	i I) \	wno 	rece	eive	a mo	ore t	nan \$100,000 in		

Par	<u>t VII</u>	I Statement of Re	venue									
		% ir × ≯ ∞v	* *	jon V	· · · · · · · · · · · · · · · · · · ·	<b>(A)</b> Total revenue	i	(B) elated or exempt function evenue	(C) Unrela busine reven	ted ss	un	(D) Revenue uded from tax der sections 2, 513, or 514
2,5	1a	Federated campaigns		1a		¥	,	, ,				
ξĔ		Membership dues	Ţ	1 b			· ^^	· •	,			à ;
윤립		Fundraising events	ľ	1 c					,			ę
₹ ¥		Related organizations	ŀ	1 d						1		į
ا≩ق		•	_									į
S.S.	е	Government grants (contribution	ons)	<u>1</u> e		, e 💸	*.		~ e.ç	~*	-	·
돈띪	f	All other contributions, gifts, g		1		· · · · · · · · · · · · · · · · · · ·	3 3	ê %	, j		·* '.	
渡		similar amounts not included a	above [	1 f	561,307.	**		ĺ	*,			<u> </u>
ξē	g	Noncash contribns included in	ins 1a-1f.	\$_		***						. 1
용	<u>h</u>	Total. Add lines 1a-1f			▶	561,307.			ن ر			>
JI.	-				Business Code		G		7,000 A	, ,,		* *************************************
- E	2a	Ski Program		n	ı/a	1,377,876.	1,	377,876.		0.		0.
<u>۾</u>	b	<b></b>										
띯	c											
- ≩	ď											
S	ū			·+								
RA		All		. – – <del> </del>				. <u> </u>				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		All other program service	e revenue	e L								
	<u>g</u>	Total. Add lines 2a-2f		_	<u> </u>	1,377,876.	، ار	» ^^	٨		·es-	· · ·
	3	Investment income (incl	udıng dıvı	idends,	interest and			_		_		
		other similar amounts)				4,355.		0.		0.		4,355.
	4	Income from investment	t of tax-ex	cempt b	ond proceeds							
	5	Royalties								_		
		•	(i) Re	eal	(ii) Personal	, Add A.	, 43m. 8	, , , , , , , , , , , , , , , , , , ,	3 33 8 265	,ě	√.×	
	6a	Gross Rents				* * * * * * * * * * * * * * * * * * * *	~ ´	\$ 1 m	. 1 1 1	:	4	
	b	Less rental expenses					<i>,</i>					
	С	Rental income or (loss)										!
		Net rental income or (lo	55)		<b>•</b>		W- 1700000-0				:X	
			(ı) Secu	urities	(II) Other	* * *	,,	54	/ 20 0		1	
	/a	Gross amount from sales of assets other than inventory	.,,		498,606.	*		*/\	. ,		20%	
		assets other than inventory			490,000.							
	b	Less, cost or other basis			4.0.400	*	,		**			
		and sales expenses			412,433.	~	l	· **	. 23		7897°	;
		Gain or (loss)			86,173.	* * * * * * * * * * * * * * * * * * * *	· · ·					
	d	Net gain or (loss)				86,173.		86,173.		0.	L	<u> </u>
	8a	Gross income from fund	draising ev	vents								
NOE		(not including \$				4 X 1 1 1 1		•	. ,,		%.v	,
EVE		of contributions reported	d on line 1	lc).		' don' do ' vo''		* * *	2^,3%**	**	* /	
æ		See Part IV, line 18		а	197,710.	*	Ĭ.	*	A \$1864			
OTHER REVENUE	b	Less direct expenses		b								
Ó	С	Net income or (loss) fro	m fundrai	sına ev	ents	197,710.		0.		0.		197,710.
				_		×			23,*		BÚA:	
	Эа	Gross income from gam See Part IV, line 19	iing activi	ues a		, ,	.8"					,
	h	Less direct expenses		b	<del></del>							!
		Net income or (loss) fro	m damino	_	<u> </u>							
			•	_	163				. *		\.\`a	
	10a	Gross sales of inventory and allowances	y, less ret	urns	6 212	* *	, 72 , 72	, <sub>99</sub> , «.	\	`	X.A	
			_	. a	6,312.		1	*				
		Less cost of goods sole		, 0	5,481.		ļ					
	<u>c</u>	Net income or (loss) fro		or inven		831.	*	0.	<del> </del>	831.	<u> </u>	0.
	-	Miscellaneous Reven		<del> -</del>	Business Code				<b></b>		<b>l</b> ` `	
	,	Guest Training	L		1/a	33,835.		0.		0.		33,835.
	1	Lift Tickets			1/a	10,110.		0.	<u> </u>	<u> </u>	<u> </u>	10,110.
	С	Miscellaneous		<u> </u> r	1/a	6,917.	<u> </u>	6,917.	ļ	0.	<u> </u>	0.
	d	All other revenue					<u> </u>					
	е	Total. Add lines 11a-11d	d	_	•	50,862.						
	12	Total Revenue. Add line	es 1h 2a	3.4 5	. 6d. 7d. 8c. 9c							
	<u> </u>	10c, and 11e		-, ·, v	, 13, 12, 30, 30,	2,279,114.	1,	470,966.		831.		246,010.

form 990 (2008) Ski and Snowbo			84-603879	2 Page 1
Part IX   Statement of Functional		diana must samalata all	anluman	
	n 501(c)(3) and 501(c)(4) organiza nust complete column (A) but are	•		
An other organizations in	<del> </del>	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to govern and organizations in the U.S. See Part line 21	nents IV,		***	
2 Grants and other assistance to individu the U.S. See Part IV, line 22	als in			
3 Grants and other assistance to govern organizations, and individuals outside t U.S. See Part IV, lines 15 and 16	nents, he		1 (	
4 Benefits paid to or for members				
5 Compensation of current officers, direct trustees, and key employees	tors, 124,436.	55,996.	55,996.	12,444
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons describe section 4958(c)(3)(B)	ed in			
7 Other salaries and wages	1,268,617.	969,007.	236,963.	62,647
8 Pension plan contributions (include sec 401(k) and section 403(b) employer contributions)	ition			
9 Other employee benefits	126,887.	35,529.	91,358.	
10 Payroll taxes	109,669.	74,575.	28,514.	6,580
11 Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
c Accounting	9,000.	0.	9,000.	
d Lobbying	3,000.	<u> </u>	3,000.	
, ,	7			
e Prof fundraising svcs See Part IV, In 1	′ <u> </u>			<del></del>
f Investment management fees	<del></del>			<del>-</del>
g Other	1	5.500		<del></del>
12 Advertising and promotion	17,130.	7,708.	9,422.	
13 Office expenses	<u> </u>			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	52,005.	50,965.	1,040.	
18 Payments of travel or entertainment expenses for any federal, state, or loca public officials	ıl			
19 Conferences, conventions, and meeting	gs15,841.	950.	14,891.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortizati	on 75,992.	54,931.	21,061.	. (
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped tog and labeled miscellaneous may not ex- 5% of total expenses shown on line 25 below.)	gether ceed	^	v 2	
a Awards	3,443.	3,443.	0.	(
b Bank and credit card Ch		35,620.	4,317.	14,032
c Discounts	34,334.	34,334.	0.	(
d Drug Screening	2,333.	2,333.	0.	- (
e Website maintenance	6,741.	6,741.	0.	
f All other expenses	477,861.	351,950.	125,911.	
25 Total functional expenses. Add lines 1 through 2		1,684,082.	598,473.	95,70
26 Joint Costs. Check here If folio		1,004,002.	J30,413.	33,10.
SOP 98-2 Complete this line only if the organization reported in column (B) joi costs from a combined educational	ie -			
campaign and fundraising solicitation		<u> </u>	L	Form <b>990</b> (20

Га	rt A	Balance Sheet	<u> </u>		(A) Beginning of year		(B) End of year
т	1	Cash - non-interest-bearing			488,171.	1	492,787.
	2	Savings and temporary cash investments			488,1/1.	2	492, 787.
	3	Pledges and grants receivable, net			<del></del>	3	<del></del>
	4	Accounts receivable, net			32,328.	4	89,357.
	5	Receivables from current and former officers, directors	truct	oos kay amplayaas	32,326.	<del>  "  </del>	09,331.
		or other related parties Complete Part II of Schedule	L			5	
ł	6	Receivables from other disqualified persons (as define		.,.,		-	
A	_	and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net				7	
Ę	8	Inventories for sale or use			27,759.	8	36,049.
S	9	Prepaid expenses and deferred charges	ا ـ ـ ا		32,256.	9	17,497.
		Land, buildings, and equipment cost basis	10a	1,158,569.	~ 请李	144	*
	b	Less accumulated depreciation Complete Part VI of			// S		
		Schedule D	_10b	623,210.	611,351.	10c	535,359.
	11	Investments – publicly-traded securities				11	<del> </del>
	l	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,899.	15	39,500.
	16		34)	<del>_</del>	1,193,764.	16	1,210,549.
	17	Accounts payable and accrued expenses			66,280.	17	110,356
	18	Grants payable				18	
	19	Deferred revenue				19	
Ì	20	Tax-exempt bond liabilities				20	
ABILIT	21	Escrow account liability Complete Part IV of Schedule				21	· · · · · · · · · · · · · · · · · · ·
Ļ	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees,	key employees,	,* ,*	3.54	*
Ť	ĺ	of Schedule L	30113	Complete Fart II		22	
Ė	23	Secured mortgages and notes payable to unrelated th	ırd nar	tiac	<del></del>	23	
•		Unsecured notes and loans payable	a pai	ues		24	12,500
	25	Other liabilities. Complete Part X of Schedule D			31,048.	25	16,234
	26	<b>Total liabilities.</b> Add lines 17 through 25			97,328.	26	139,090
- N	<u> </u>	Organizations that follow SFAS 117, check here ▶	X aı	nd complete lines	\(\frac{1}{2}\), \(\frac{1}{2}\).	Ø € 71	10,07030.
N E T	l l	27 through 29 and lines 33 and 34.		The somplette initial			
	27	Unrestricted net assets			958,142.	27	852,548
ASSETS		Temporarily restricted net assets			138,294.	28	218,911
Ş	29	Permanently restricted net assets			200/251	29	
R		Organizations that do not follow SFAS 117, check her	e ►	and complete		7.5	•
	1	lines 30 through 34.	•		* **	1 . ~ 4	•
E N D	30	Capital stock or trust principal, or current funds			a variable desired and a series	30	e e g *
	31	Paid-in or capital surplus, or land, building, and equip	ment f	und		31	
<b>B女し女之ひせの</b>	32	Retained earnings, endowment, accumulated income,				32	<del></del>
Ñ	33	Total net assets or fund balances.			1,096,436.	33	1,071,459
Š	34	Total liabilities and net assets/fund balances			1,193,764.	34	1,210,549
Pa	rt X	<del></del>		<del></del>		1_7 1	
	a We	ere the organization's financial statements compiled or			Other accountant?	-	Yes No
		ere the organization's financial statements audited by a			. Ann annagelit of th		2b X
_	rev	Yes' to 2a or 2b, does the organization have a committed view, or compilation of its financial statements and selections.	ction o	f an independent accou	intant?		2c X
3	saa As A⊩	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to	undergo an audit or au	dits as set forth in the S	single	3a X
		Yes,' did the organization undergo the required audit or	audit	5?			3b A
BA							Form <b>990</b> (2008

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

2008

Open to Public Inspection

Name o	t the	organ	nization								Employer	identificat	tion number	
			Snowboard								84-60	3879	2	
Part						s (All organizations i				part.)	(see in	structi	ions)	
The o						se it is: (Please check on	.,	5	,					
1	Ц	A ch	nurch, conventio	on of chur	ches or asso	ociation of churches desc	ribed in	section	1 <b>70(b)</b> (1	χΑχi).				
2	Ц	A so	chool described	ın <b>sectio</b> i	n 170(b)(1)(A	<b>)(ii).</b> (Attach Schedule E	)							
3	Ц				•	organization described i								
4	Ш	A m	edical research	organiza	tion operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170(	<b>ЬХ1ХАХ</b>	(iii) Ente	er the hosp	ıtal's
_			ne, city, and sta									- <b>-</b>		
5	Ц	170	( <b>b)(1)(A)(iv).</b> (C	omplete f	Part II)	of a college or university		•	,	•	mental ι	ınıt desc	cribed in <b>se</b>	ection
6	Н				~	overnmental unit describ				, , ,				
7	X	An o	organization tha ection 170(b)(1)	it normali <b>(A)(vi).</b> (	y receives a Complete Pa	substantial part of its sup irt II )	oport fro	m a gov	ernmen	tal unit	or from t	the gene	eral public o	described
8					· ·	<b>70(b)(1)(A)(vi).</b> (Complete	e Part II	)						
9		fron Inve June	n activities relati estment income e 30, 1975 See	ed to its e and unre section !	exempt funct lated busines 509(a)(2). (Co	more than 33-1/3 % of nons – subject to certain ss taxable income (less somplete Part III)	exception 5	ns, and 11 tax)	(2) no r from bus	nore this sinesse:	an 33-1/3 s acquire	3 % of ited by the	ts support f e organizat	rom aross
10	Ц					exclusively to test for pul		-						
11	Ш	An o mor des	organization org e publicly suppo cribes the type	ganized ai orted org of suppo	nd operated anizations de rting organiz	exclusively for the benefi escribed in section 509(a ation and complete lines	t of, to p )(1) or s 11e thro	erform ection 5 ough 11h	the func 09(a)(2) 1.	tions of See <b>s</b> e	, or carr ection 50	y out the <b>)9(a)(3).</b>	e purposes Check the	of one or box that
		a [	Type I	b	Type II	с 🔲 Туре ІІ	I – Fund	tionally	integrat	ed		d 🗌	Type III-	Other
е		thar	— checking this bo n foundation ma (a)(2)	ox, I certif inagers ai	y that the org nd other than	ganization is not controlled one or more publicly su	ed direct pported	ly or ind organiza	rectly bations de	y one o escribed	r more o	lisqualifi ion 509(	ed person (a)(1) or sec	s other ction
f		If th		received a	a written dete	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon	
g		Sind	ce August 17, 2	006, has	the organizat	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?	•	
			-			, , , ,			,		٠.			Yes No
		(i)	a person who below, the go	directly overning b	or indirectly o ody of the si	controls, either alone or to apported organization?	ogether	with per	sons de:	scribed	ın (ıı) ar	ıd (ııı)	11 g (i)	
		(ii)	a family mem	ber of a	person desc	ribed in (i) above?							11 g (ii)	
		(iii)	a 35% control	lled entity	of a person	described in (i) or (ii) ab	ove?						11g (iii)	
<u>h</u>		Pro	vide the following	ng informa	ation about th	ne organizations the orga	nızatıon	support	s			_		
	Œ	Nam Oi	e of Supported rganization	(i	i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col I in your rning ment?	the organ	ou notify ization in (i) of upport?	organizati	s the ion in col zed in the 5.7	l ''	nt of Support
							Yes	No	Yes	No	Yes	No		
							ļ			<u> </u>				
									1					
				<u> </u>			<del>                                     </del>	<u> </u>	<u> </u>	<u> </u>				
				-	<u> </u>						<u> </u>			
				<u> </u>			ļ	<u> </u>		<u> </u>				
Total		_								,				

Schedule A (Form 990 or 990-EZ) 2008 Ski and Snowboard Club Vail Page 2 Part II 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 (a) 2004 (b) 2005 (f) Total (c) 2006(d) 2007 (e) 2008 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 1,105,076. 1,481,851. 2,094,963. 1,562,745. 1,539,957 7,784,592. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 105,076. 481,851. 2,094,963. 1,562,745. 1,539,957 7,784,592. 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) 79 43 28,20 Public support. Subtract line 5 from line 4 7,784,592. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 105,076. 481,851 094,963 562,745 539,957 7,784,592. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 4,547 similar sources 18,611 30,571 15,022 4,355 73,106. Net income form unrelated business activities, whether or not the business is regularly carried on 238 2,675 831 3,744. Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 253,754 337,652 310,324 298,716 290,800. ,491,246. 11 Total support. Add lines 7 through 10 inike. ,352,688. 12 Gross receipts from related activities, etc. (see instructions) 12 10,422,559. 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 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 83.23% 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 96.43% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box ▶ 🛭 and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test — 2007. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test ~ 2007.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 Ski and Snowboard Club Vail 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 (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total Calendar year (or fiscal yr beginning in) (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) 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 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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

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

	A (Form 990 or 990-	EZ) 2008 Sk	i and Sn	owboard	Club Vail	<u> </u>	84-6038		Page 4
Part IV	Supplemental Part II, line 17a	<b>Information.</b> a or 17b; or f	Complete tl Part III, line	his part to 12. Provid	provide the le any other	explanation in additional in	equired by Part formation. (see i	II, line 10; nstructions)	)
					<del></del>			<u>·</u>	
Other	Income Part	<u>II, Line</u>	10			<b></b>			·
Descr	<u>iption: Ski S</u>	wap					<b></b>		
2004:	88189.		. <b></b>					<b>-</b>	
2005:	78132.	<b>-</b>							. <b></b> .
2006:	70221.	<b>-</b>					· <b></b>		. <b></b>
2007:	80165.		·	<b></b> -			<b></b>	<b>_</b>	
2008:	86173		<b>-</b>				<b></b>		. <b></b> .
Descr	<u>iption: Speci</u>	al_Events							
2004:	160514.	- <b></b>		<b>-</b> -				<b>_</b> _	
	249052.								
	227690.								
	214478.								
	197710.								
Descr	iption: Other								
	5051.								
	10468.								
	12413								
	4073.								
	6917.			<b>-</b> -	<b></b> -		- <b></b>		
2000.									
	<del>-</del>		<b>-</b>	<del>-</del>			<b>-</b>		
									<del>-</del> ·
									<del>-</del>
									<b></b> -
		<b></b>							<b></b>

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Isalite	of the organization			= 11	ipioyer identification	Hamber
	and Snowboard Club Vail			8 4	-6038792	
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other of Form 990, Part IV, line	er Similar Fund: 6.	s or Account	<b>s</b> Complete i	f
		(a) Donor advised	funds	(b) Fund	ls and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)			-		
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the	assets held in don	or advised	□Yes	□No
6	Did the organization inform all grantees, donoi used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writi	ng that grant funds		☐Yes	□ n <sub>o</sub>
Pai	rt II* Conservation Easements Comple	ete if the organization ar	swered 'Yes' to	Form 990 I		
1	· · · · · · · · · · · · · · · · · · ·			3 1 01111 330, 1	art iv, inic	<del>/</del> _
•	Preservation of land for public use (e.g., r	,		f an historically	important land a	202
	Protection of natural habitat	ecreation or pleasure)	$\blacksquare$	•	•	area
	<b>⊢</b>		Preservation o	f certified histori	c structure	
_	Preservation of open space					Man In al ala
2	Complete lines 2a-2d if the organization held a of the tax year	a qualified conservation contri	bution in the form of	or a conservation	n easement on t	ine last day
			<del></del>	H.	eld at the End o	f the Year
	a Total number of conservation easements			2a	ord at the Line o	
	<b>b</b> Total acreage restricted by conservation ease	ments		2b		
	c Number of conservation easements on a certif		ın (a)	2 c		_
	d Number of conservation easements included in		iii (a)	2 d		<del></del>
3		• • •	ahad ar tarminata		ation during the	
3	year >	transierred, released, extingu	islied, or terminate	d by the organiz	cation during the	e taxable
4	Number of states where property subject to co			-		
5	Does the organization have a written policy re enforcement of the conservation easement it l				Yes	☐ No
6	Staff or volunteer hours devoted to monitoring	, ,	_			
7	Amount of expenses incurred in monitoring, in	aspecting, and enforcing ease	ments during the ye	ear ► \$		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of sect	tion	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements	ports conservation easements to the organization's financial	in its revenue and statements that de	expense statem scribes the orga	nent, and baland nization's accou	ce sheet, and unting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or ( ), Part IV, line 8	Other Similar 3.	Assets	
1	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	ilic exhibition, education, or re	search in furtheran	nt and balance s ice of public ser	sheet works of a vice, provide, in	rt, historical Part XIV,
	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, not to report in it lic exhibition, education, or re	s revenue statemer search in furtheran	nt and balance s ice of public ser	sheet works of a vice, provide the	irt, historical e following
	(i) Revenues included in Form 990, Part VIII,	, line 1			<b>-</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items:	er sımılar assets fo	r financial gain,	provide the follo	owing
	a Revenues included in Form 990, Part VIII, line				<b>►</b> \$_	
	<b>b</b> Assets included in Form 990, Part X				►\$	

TEEA3301 12/23/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **D** (Form 990) 2008

Schedule <b>D</b> (Form 990) 2008 Ski a				84-603	8792 Page 2
Part III Organizations Maintai	ning Collections	of Art, Historic	cal Treasures, or C	ther Similar Asse	ts (continued)
3 Using the organization's accession that apply):	n and other records,	check any of the fo	ollowing that are a sign	ificant use of its collec	tion items (check all
a 🔲 Public exhibition		<b>d</b> Loan or	exchange programs		
<b>b</b> Scholarly research		e 🔲 Other			
c Preservation for future genera	ations		-		
4 Provide a description of the organ Part XIV					ın
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive	donations of art, h	istorical treasures, or o	other similar	∏Yes ∏No
Part IV. Trust, Escrow and Cus					
IV, line 9, or reported	an amount on Fo	orm 990, Part X	(, line 21.	isweied les tolt	71111 330, Fait
1a Is the organization an agent, trus included on Form 990, Part X?	_		·	assets not	☐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement				•	
		,			Amount
c Beginning balance				1c	<u> </u>
d Additions during the year				1d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an ar	mount on Form 990,	Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV			,	
Part V Endowment Funds Cor	nplete if organiz	ation answered	'Yes' to Form 990	, Part IV, line 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		\$\$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			, W
<b>b</b> Contributions		A SAV	WAR TO BE	*	
c Investment earnings or losses			21.8.14.201.50		
d Grants or scholarships			. S.M. 17.42()	( <b>77</b> 4 ( - 17	ia de la compansión de
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance		<b>LEW</b> (30	<b>**</b>		
2 Provide the estimated percentage	of the year end bal	ance held as		-	-
a Board designated or quasi-endow	/ment ►	<u> </u>			
<b>b</b> Permanent endowment ►	<u> </u>				
c Term endowment ▶	<b>%</b>				
3a Are there endowment funds not in organization by	n the possession of t	the organization tha	at are held and adminis	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations listed a	s required on Sche	dule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments—Land, B	uildings, and Eq	uipment. See F	orm 990, Part X, I	ine 10.	
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		5,000.			5,000.
<b>b</b> Buildings		286,790.			286,790.
c Leasehold improvements		324,197.			324,197.
<b>d</b> Equipment		487,307.			487,307.
e Other		55,275.			55,275.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990,	Part X, column (B)	), line 10(c) )	<b>•</b>	1,158,569.
BAA				Sched	dule <b>D</b> (Form 990) 2008

TEEA3302 12/23/08

Schedule D (Form 990) 2008 Ski and Snowboar	d Club Vail	84-6	038792 Page 3
Part VII Investments-Other Securities See F			<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
Financial derivatives and other financial products		Cost or one or your n	TOTAL VALUE
Closely-held equity interests			·
Other			
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See		ne 13)	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
	<del></del>	Cost or end-of-year n	narket value
	<del></del>		
		-	<del></del> -
			<del></del>
			··············
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13.)			
Rart IX Other Assets (See Form 990, Part X	line 15)		3/2
(a) [	escription		(b) Book value
Deposits			2,000.
Investments-Land, Buildings & Equip	pment		0.
Investments-Other			0.
Other Assets			37,500.
<u> </u>			
Total. Column (b) Total (should equal Form 990, Part X, co			39,500.
Part X Other Liabilities (See Form 990, Part	<del></del>		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Cafeteria plan payable	1,10		
Accrued Bonuses	10,00		
Accrued payroll taxes			
Leases payable	4,87		a carried to
			The part of the second
Total Column (h) Total (chauld anual Farm 000 D. LV (D) 1 CC:	10.00		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u>► 16,23</u>		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
In Part XIV, provide the text of the footnote to the organizations under FIN 48	auon s financial statement	s triat reports the organization's liab	onity for uncertain tax

Sched	dule D (Form 990) 2008 Ski and Snowboard Club Vail	84-6038792	Page <b>4</b>
Part	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	2,279,114.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,378,258.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-99,144.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
			-99,144.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants	<u>  : : : : : : : : : : : : : : : : : :</u>	
	Other (Describe in Part XIV)	<u> </u>	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	5 Migra, 24	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	<del> </del>
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	tXIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Total expenses and losses per audited financial statements	1 1	<del></del>
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 (	
	Donated services and use of facilities  2a		
	Prior year adjustments 2b		
	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)		
	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2e	
	1 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	4c	
	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18.)	5	
	t-XIV:   Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	IV, lines 1b and 2	?b, Part V,
		<b>-</b>	
		- <b>-</b>	. <b></b>
	·	<b></b>	. <b></b>
			- <b></b> -
			<b></b>

Schedule D	(Form 990) 2008 Ski and Snowboard Club Vail	84-6038/92	Page 5
Part XIV	Supplemental Information (continued)		
		·	
		- <b></b>	
			- <b>-</b>

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

Name of the organization						Employer identifica	tion number
Ski and Snowboard Club V	ail					84-603879	2
Part I Fundraising Activities.	Complete if t	he organ	nization	answered 'Yes' to F	orm 9	90, Part IV,	line 17.
1 Indicate whether the organization ra							
Mail solicitations		ough unj		Solicitation of non-g			
					-	-	
Email solicitations				Solicitation of gover		grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
2a Did the organization have written o employees listed in Form 990, Part	r oral agreeme	nt with any	ndividua	l (including officers, dire	ectors, t	rustees or key	∏Yes ∏No
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	lividuals or enti e organization	ities (fundr Form 990f	aisers) pu 7 filers ai	rsuant to agreements u	nder wh	ich the fundrais table	er is to be
	r organization	T		To flot required to comp		nount paid to	
(i) Name of individual	(ii) Activity	(III) Did 1	undraiser	(iv) Gross receipts	(v) Ai	retained by)	(vi) Amount paid to
or entity (fundraiser)	(,	have custoo	ly or control	from activity		aiser listed in	(or retained by)
			butions?			col (ı)	organization
		Yes	No				
		<del>                                     </del>					
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	-						
Total			•				
2 4 -1 -11 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1							
3 List all states in which the organization or licensing	ition is register	ea or licen	sea to soi	icit funds or has been n	otified if	is exempt from	registration
or meerialing							
					- <b>-</b> -		
	- <b></b>						. <b>- -</b>
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						<del>-</del> -	
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	<del>-</del>						
		<del>-</del>					

rar	L III ×	reported more than \$15,000 on Fo	ine organization ar orm 990-EZ, line 6	iswered Yes to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ie । ੪, ter tha	or an \$5	5,000	).
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events NONE		Total	Event	ts
R			(event type)	(event type)	(total number)				
RE>E2UE	1	Gross receipts	<u> </u>						
E	2	Less Charitable contributions							
	3	Gross revenue (line 1 minus line 2)							
D	4	Cash prizes							
DIRECT	5	Non-cash prizes			<del></del>				
	6	Rent/facility costs							
EXPENSES	7	Other direct expenses		<u> </u>	<u> </u>		<u> </u>		
E S	8		•		•				
Par	9 +:III			c' to Form 000 Do	rt IV June 10 or ron	ortod	mor	o tha	<u></u>
	C 1111	\$15,000 on Form 990-EZ, line 6a.	ittori ariswered Te	s to Form 990, Fa	rt iv, lille 19, or rep	oortea		e u 1a	JI I
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	( <b>d)</b> (Add	Total col (a col.	gamii a) thro (c))	ng ough
N U E	_							-	
		Gross revenue							
E	2	Cash prizes							
DIRECT	3	Non-cash prizes				<u> </u>			
C S T E S	4	Rent/facility costs			<u> </u>				
	5	Other direct expenses			_ <b>_</b>				
	6	Volunteer labor	Yes %	Yes%	Yes %				
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•				
	8	Net gaming income summary Combine li	nes 1 and 7 in column	(d)	•				
				_		Г		YES	NO
9		er the state(s) in which the organization op he organization licensed to operate gaming				[	9a		-
1	b If 'i	No,' Explain <sup>.</sup>					*		
									l
		re any of the organization's gaming license Yes,' Explain	s revoked, suspended	or terminated during th	e tax year?	}	10a		
11	Do	es the organization operate gaming activities	es with nonmembers?			1	11	*	70- 33 0
12	ls ada	the organization a grantor, beneficiary or truminister charitable gaming?	ustee of a trust or a me	mber of a partnership	or other entity formed to		12		
BAA		<u> </u>	TEE 4 2702	00/15/00	Schedule G (F	orm 990		00 F.Z	2008

chedule <b>G</b> (Form 990 or 990-EZ) 2008 <b>Ski and Snowboard Club Vail</b>	-60387 <u>92</u>	YES	age 3
Indicate the percentage of gaming activity operated in.	_	TES	NO
a The organization's facility			l
b An outside facility 13b	- ₹		
4 Provide the name and address of the person who prepares the organization's gaming/special events books and	records		ĺ
Name •			
Address •			
5a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15:	 a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the ar	mount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			
		<u> </u>	İ
Name •		2. 4.5	
		1	1
Address -		,	
6 Gaming manager information			
Name			
Gaming manager compensation ► \$			
Description of services provided	<b></b>	3. 2.	
☐ Director/officer ☐ Employee ☐ Independent contractor			
7 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	n the 17	a	<u></u>
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in	the	$\top$	Ī
organization's own exempt activities during the tax year: > \$			

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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2008

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Schedule L (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number Ski and Snowboard Club Vail 84-6038792 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered 'Yes' on Form 990. Part IV. line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ▶ \$ Ś 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (f) Approved by board or committee? (g) Written agreement? (e) In default? Tο From Yes No Yes No Yes No Total Ś Grants or Assistance Benefitting Interested Persons. Part III To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount of grant or type of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction \$ (d) Description of transaction Yes No Glen Davis Board of Trustees 53,970. Banking and credit card Services X 77,573. Hill fees, race services, lift tich John Garnsey Х **Board of Trustees** 

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

### **SCHEDULE O** (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service Name of the organization

84-6038792 Ski and Snowboard Club Vail Pt VI-A, Line 2 The Finance Manager of the Organization, who is considered a "key employee", is the daughter of a Trustee. Pt VI-A, Line 10 A copy of the tax return was reviewed by the executive director and finance manager prior to filing. The Board of Trustees was notified \_\_\_\_\_ of return completion and notified that the return was available upon request. Pt\_VI-B, Line 15 Board of Trustees determines executive director's compensation based on knowledge of area and comparable positions. \_\_\_\_Executive\_director\_determines other employee compensation. Pt\_VI-C, Line 19 Information available upon request at organization offices Pt\_VI-A, Line 8 Board of Trustees meets quarterly and discusses significant issues. Meeting minutes are maintained. Organization has no sub-committes or local affiliates or chapters. Pt\_XI, Line\_2c \_\_Board\_of Trustees reviews proposals and selects auditor. Audit report is distributed to Board upon completion.