See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

NR

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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning JULY 01 , 2008, and ending JUNE 30 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

No. & street (or P.O box, if mail is not delivered to street address) | Room/suite
PO BOX 2831

City or town, state or country, and ZIP + 4
PAGOSA SPRINGS CO 81147-2831

D Employer identification number
74-2378891

E Telephone number
(970)946-0822

F Group Exemption Number ▶

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶WWW.AVALANCHE.ORG

H Check▶ ☒ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J **Organization type** (check only one) -- ☒ 501(c)(3) ◀ (insert no) | ☐ 4947(a)(1) or | ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 406,160

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	297,557
	2	Program service revenue including government fees and contracts		2	43,206
	3	Membership dues and assessments		3	32,892
	4	Investment income		4	1,414
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 11,884		
	b	Less: direct expenses other than fundraising expenses	6b 1,829		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,055
	7a	Gross sales of inventory, less returns and allowances	7a 7,869		
	b	Less: cost of goods sold	7b 5,138		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	2,731
	8	Other revenue (describe ▶ SEE ATTACHMENT #2)		8	11,338
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	399,193
EXPENSES	10	Grants and similar amounts paid (attach schedule) #3		10	175,288
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	19,500
	13	Professional fees and other payments to independent contractors		13	1,655
	14	Occupancy, rent, utilities, and maintenance		14	3,561
	15	Printing, publications, postage, and shipping.		15	9,261
	16	Other expenses (describe ▶ SEE ATTACHMENT #4)		16	172,756
	17	**Total expenses.** Add lines 10 through 16 ▶		17	382,021
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,172
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	145,502
	20	Other changes in net assets or fund balances (attach explanation) #5		20	-8,123
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	154,551

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IRS-OSC
1013

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	104,994	22	118,785
23	Land and buildings		23	
24	Other assets (describe ▶ SEE ATTACHMENT #6)	40,508	24	35,766
25	**Total assets**	145,502	25	154,551
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	145,502	27	154,551

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form **990-EZ** (2008)

JVA 08 990EZ1 TWF 28690 Copyright Forms (Software Only) - 2008 TW

SCANNED FEB 24 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE ATTACHMENT #7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	SEE ATTACHMENT #8		
	(Grants $ 174,230) If this amount includes foreign grants, check here .... ▶ ☐	28a	88,709
29			
	(Grants $) If this amount includes foreign grants, check here .... ▶ ☐	29a	4,636
30			
	(Grants $) If this amount includes foreign grants, check here .... ▶ ☐	30a	30,903
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here .... ▶ ☐	31a	28,594
32	**Total program service expenses** (add lines 28a through 31a) ..... ▶	32	152,842

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #9				

Part V 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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ SEE ATTACHMENT #10 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 --** Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Signature of officer — Date 1/27/10

MARK MUELLER EXECUTIVE DIRECTOR

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying No. (See instr.)
	01-22-2010	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶
EMILY DEITZ, INC. 301 N PAGOSA BLVD STE B-19 PAGOSA SPRINGS, CO 81147-	Phone no ▶ 970- 731-1818

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

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.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

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

The organization is not a private foundation because it is. (Please check only **one** organization.)

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

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

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

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

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

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

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

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

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . N/A	11g(i)	
(ii)	A family member of a person described in (i) above? . . . . . N/A	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? . . . . . N/A	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	82,702	111,741	107,569	190,697	247,557	740,266
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,003	27,944	40,983	35,427	11,884	139,241
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	105,705	139,685	148,552	226,124	259,441	879,507
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						879,507

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	105,705	139,685	148,552	226,124	259,441	879,507
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	658	2,076	2,076	1,507	1,414	7,731
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	658	2,076	2,076	1,507	1,414	7,731
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					4,740	4,740
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				29,764	133,681	163,445
13 **Total support** (Add lines 9, 10c, 11, and 12.)						1,055,423

14 **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	83.33 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.86 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 %

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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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)

UNUSUAL GRANT: 50K, ANNENBERG FDTN
ADVERTISING REVENUE, 990-T
PROG. SVC REV.: SCIENTIFIC, TECH, EDUCA, SAFETY

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7 **Keep for Your Records**

KEEP FOR YOUR RECORDS **For calendar year 2008 or tax period beginning** 07-01-2008 **, and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
EDUCATIONAL TEXT, LOGO CLOTHING	7,869	5,138	2,731
Total	7,869	5,138	2,731

SCHEDULE OF OTHER REVENUE

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Description of Other Revenue	Amount
ADVERTISING REVENUE	11,338
Total	11,338

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION

For Calendar year 2008, or tax year period beginning 07-01-2008 **and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
AVALANCHE FORECASTING/RESEARCH ORGS PASSTHROUGH TO U.S. FOREST SERVICE	, , , , , ,		RESEARCH, PROFESSIONAL ADVANCEMENT AVALANCHE FORECASTING

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	1,058			
	CASH	174,230			
	Total	175,288			

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Other Expenses	Amount
INSURANCE	3,592
FUNDRAISING	878
LICENSES, FEES	37
BANK SERVICE CHARGES	577
MEETING COSTS	2,209
WEBSITE MAINTENANCE	8,500
TRAVEL	4,570
PROGRAM SERVICE EXPENSES - ALL DETAILED ELSEWHERE	152,393
Total	172,756

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 20

OPEN TO PUBLIC INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Description of Changes	Total Amount
UNREALIZED CAPITAL GAINS/LOSSES	-8,123
Total	-8,123

SCHEDULE OF OTHER ASSETS

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
DEPOSITS WITH OTHERS	4,000	8,000	
INVESTMENT PORTFOLIO AT FMV	34,550	27,766	
PREPAID EXPENSES	1,958		
Totals	40,508	35,766	

PRIMARY EXEMPT PURPOSE

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01	, and ending 06-30-2009.

Name of Organization	Employer Identification Number
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Primary Purpose

A. TO PROVIDE INFORMATION ABOUT SNOW AND AVALANCHES; B. TO REPRESENT THE PROFESSIONAL INTERESTS OF THE U.S. AVALANCHE COMMUNITY C. TO CONTRIBUTE TOWARD HIGH STANDARDS OF PROFESSIONAL COMPETENCE AND ETHICS FOR PERSONS ENGAGED IN AVALANCHE ACTIVITIES; D. TO EXCHANGE TECHNICAL INFORMATION AND MAINTAIN COMUNICATIONS AMONG PERSONS ENGAGED IN AVALANCHE ACTIVITIES; E. TO PROMOTE AND ACT AS A RESOURCE BASE FOR PUBLIC AWARENESS PROGRAMS ABOUT AVALANCHE HAZARDS AND SAFETY MEASURES; F. TO PROMOTE RESEARCH AND DEVELOPMENT IN AVALANCHE SAFETY.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part III - Statement of Program Service Accomplishments

Grants and allocations	174,230	Amount includes foreign grants	Program service expenses	88,709

Exempt Purpose Achievements

PROVIDED SUPPORT TO U.S. FOREST SERVICE VIA "FRIENDS OF" ASSOCIATIONS FOR THE SAWTOOTH AND BRIDGER-TETON NATIONAL FORESTS. THE SUPPORT ENABLES THE FOREST SERVICE TO STAFF ITS AVALANCHE FORECASTING OFFICES AND FIELD WORK. THE AVALANCHE CENTERS COLLECT, ANALYZE AND INTERPRET DATA GATHERED FROM REMOTE WEATHER STATIONS, EMPIRICAL OBSERVATION AND FIELD DATA COLLECTION, FROM WHICH THEY MAINTAIN A DAILY AVALANCHE HAZARD FORECAST ACCESSIBLE TO THE PUBLIC VIA TELEPHONE, INTERNET, EMAILS AND PHYSICAL POSTINGS AT VARIOUS LOCATIONS FREQUENTED BY USERS. THIS INFORMATION IS ESPECIALLY DIRECTED TOWARDS WINTER RECREATIONISTS BUT IS ALSO USED BY TRAVELERS, UTILITY COMPANIES, ROAD MAINTENANCE CREWS AND OTHERS WHOSE ACTIVITIES MAY PUT THEM AT RISK FOR ENCOUNTERING OR TRIGGERING SNOW AVALANCHES IN MOUNTAIN COUNTRY. DAILY BULLETINS AT THESE WEBSITES ALONE TOTALLED OVER 1.1 MILLION DURING THIS AVALANCHE SEASON. ADVANCEMENTS MADE THIS YEAR ENABLED AVALANCHE PROFESSIONALS TO COMMUNICATE DETAILS REGARDING AVALANCHE EVENTS IN REAL TIME, TO DISPLAY LOCATIONS OF OBSERVED AVALANCHES IN A GOOGLE EARTH FORMAT, AND INCREASED THE EASE OF EXCHANGE OF INFORMATION WITH OTHER PROFESSIONALS IN THE FIELD.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	4,636

Exempt Purpose Achievements

PROVIDE EDUCATIONAL PROGRAMS FOR THE PUBLIC WINTER RECREATION COMMUNITY AND INTERESTED CITIZENS ABOUT HOW TO TRAVEL SAFELY IN AVALANCHE COUNTRY. PROGRAMS IN THE SUN VALLEY IDAHO AREA REACHED OVER 700 PARTICIPANTS. NEW THIS YEAR WAS A SNOWMOBILE-SPECIFIC PROGRAM, A SPANISH LANGUAGE BROCHURE PRIMARILY FOR SPANISH-SPEAKING SERVICE PERSONNEL, A "KNOW BEFORE YOU GO" PROGRAM PRESENTED TO 100 7TH GRADE PUBLIC SCHOOL STUDENTS AND A PANEL DISCUSSION WITH 200 ATTENDEES TITLED "HOW DOES AVALANCHE RESEARCH HELP JOE BACKCOUNTRY?". FOUR INTERNATIONALLY RECOGNIZED AVALANCHE RE- SEARCHERS HEADLINED THE EVENT.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	30,903

Exempt Purpose Achievements

CONTINUED PROFESSIONAL EDUCATION AND CERTIFICATION OF AVALANCHE WORKERS. WE OPERATE EDUCAT. PROGRAMS GEARED TOWARD SKI PATROLLERS, MOUNTAIN GUIDES, AND OTHERS WHOSE WORK INVOLVES MANAGING RISKS OR PROVIDING FOR SAFE TRAVEL IN AVALANCHE COUNTRY. WE ALSO ADMINSTER AN AVALANCHE INSTRUCTOR CERTIFICATION PROGRAM. WE CO-SPONSORED THREE ONE-DAY PROFESSIONAL DEVELOPMENT PROGRAMS IN COLO., UTAH AND WASHINGTON WITH 500 PARTICIPANTS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 4 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION | **For calendar year 2008 or tax period beginning** 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	5,179

Exempt Purpose Achievements

INTERNATIONAL SNOW SCIENCE WORKSHOP 2010. WE ARE SPONSORING THE ANNUAL INTERNATION SYMPOSIUM TO BE HELD IN SQUAW VALLEY, CALIFORNIA IN OCTOBER 2010. THIS IS A GATHERING OF SCIENTISTS AND PROFESSIONALS IN THE SNOW/AVALANCHE INDUSTRY. SCIENTIFIC PAPERS WILL BE PRESENTED, ALONG WITH DISCUSSION AND OTHER ACTIVITIES. THE THEME THIS YEAR IS: THE MERGING OF THEORY AND PRACTICE. THIS IS 5 DAY EVENT WITH TRULY INTERNATIONAL REPRESENTATION. MORE EXPENSES AND INCOME WILL BE REPORTED NEXT YEAR.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 5 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION | **For calendar year 2008 or tax period beginning** 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	23,415

Exempt Purpose Achievements

THE AVALANCHE REVIEW (TAR). TAR IS PUBLISHED AT ABOUT 1175 COPIES, QTRLY, FOR THE PROFESSIONAL AVALANCHE COMMUNITY. WE HAVE REPORTED ON THIS PUBLICATION PREVIOUSLY. THIS PUBLICATION COVERS AVALANCHE NEWS, SNOW SCIENCE RESEARCH, AAA NEWS FOR THE US (INCLUDING ALASKA), AND TO SOME EXTENT REPORTS ON THE CANADIAN MOUNTAINS CLOSE TO THE US. IT PROVIDES A DIALOGUE AND COMMON MEETING PLACE FOR READERS RESIDING IN DIVERSE LOCATIONS. TAR IS DISTRIBUTED TO ALL DUES-PAYING MEMBERS OF AAA AS WELL AS BEING AVAILABL BY SUBSCRIPTION TO NON-MEMBERS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 9: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | **For calendar year 2008 or tax period beginning** 07-01-2008, **and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
LEL TONE PO BOX 3445 OLYMPIC VALLEY, CA 96146	ETHICS CHAIR 0.50	0	0	0
DOUG RICHMOND BUTTE, MT 59701	VICE PRES. 0.50	0	0	0
BILL GLUDE PO BOX 22316 JUNEAU, AK 99802	TREASURER 0.50	0	0	0
MIKE BARTHOLOW ,	SECRETARY 0.50	0	0	0
SARAH CARPENTER 496 W VALLEY DR. VICTOR, ID 83455	EDUCATION CO-CHAIR 0.50	0	0	0
DAN JUDD 2248 E LAURIE DAY RD SALT LAKE CITY, UT 84124	DATA CHAIR 0.00	0	0	0
HALSTED MORRIS 867 UNIT A HILLANDALE RD GOLDEN, CO 80401	AWARDS CHAIR 0.50	0	0	0
JANET KELLAM PO BOX 3572 KETCHUM, ID 83340	PRESIDENT 1.00	0	0	0
STUART THOMPSON PO BOS 1540 PINEDALE, WY 82941	MEMBERSHIP CHAIR 0.50	0	0	0
MARK MUELLER PO BOX 2831 PAGOSA SPRINGS, CO 81147	EXEC DIRECTOR 15.00	19,500	0	0
BLASE REARDON 636 COLUMBIA WHITEFISH, MT 59937	PUBLICATION CHAIR 1.00	0	0	0
H. P. MARSHALL 30 LEWIS MTN LANE DURANGO, CO 81301	RESEARCH CHAIR 0.50	0	0	0
DALE ATKINS 952 UTICA BOULDER, CO 80304	SEARCH & RESCUE CHAI 0.50	0	0	0
BILL WILLIAMSON PO BOX 786 PONDERAY, ID 83852	SKI AREA CHAIR 0.50	0	0	0
CHRIS LUNDY PO BOX 165 STANLEY, ID 83278	WEB - IT 1.00	0	0	0
KIRK BACHMAN ,	EDUCATION CO-CHAIR	0	0	0
CARL SKUSTAD PO BOX 1147	SECTION REPRESENTATI			

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 9: PAGE 2 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | **For calendar year 2008 or tax period beginning** 07-01-2008, **and ending** 06-30-2009.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
GIRDWOOD, AK 99587 KYLE TYLER 12 LANDGROVE HOLLOW RD LANDGROVE, VT 05148	0.50 SECTION REP. 0.50	0	0	0
INSTITUTE F. NATURGEFAHREN ABTEILUNG SCHNEEU. LAWINEN RENNWEG 1 INNSBRUCK, , AU A-6020	SECTION REP. 0.50	0	0	0
SCOTT SAVAGE BOZEMAN, MT 59715	SECTION REP. 0.50	0	0	0
PATTY MORRISON ,	SECTION REP. 0.50	0	0	0
JOHN BRENNAN 31 TRAINOR'S LANDING ASPEN, CO 81611	SECTION REP. 0.50	0	0	0
GARY MURPHY 11645 SAWTOOTH CT. TRUCKEE, CA 96161	SECTION REP. 0.50	0	0	0
JAMIE YOUNT PO BOX 6559 JACKSON, WY 83002	SECTION REP. 0.50	0	0	0
RICK GRUBIN 1203 9TH ST. GOLDEN, CO 80401	MEMBER REP. 0.50	0	0	0
BRAD SAWTELL PO BOX 3141 BRECKENRIDGE, CO 80424	CERT. INSTRUCT. REP 0.50	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 10 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.

Name of Organization	Employer Identification Number
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

Part V - Line 42a

Individual Name or Business Name. MARK MUELLER

Street Address PO BOX 2831

U S Address

Zip code 81147 City PAGOSA SPRINGS State CO

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (970)946-0822

Fax Number

STATEMENT #1 - (#1)

TOTAL CARRIED TO #1.....	88,709

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

E-FILED

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	**Employer identification number**
	AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 2831	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. PAGOSA SPRINGS CO 81147-2831	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ SEE ATTACHMENT #10

Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20 ___ or

▶ ☒ tax year beginning JULY 01, 20 08, and ending JUNE 30, 20 09.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	**3c**	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

