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Form 990-EZ

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 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.

2008

Open to Public
InspectionDepartment of the
Treasury
Internal Revenue
Service

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

- 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
Instruc-
tions.

C Name of organization
NATIONAL SKI PATROL SYSTEM INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
4409 12TH AVE SOUTH
City or town, state or country, and ZIP + 4
GREAT FALLS, MT 59405

D Employer identification number
23-7253506
E Telephone number
(406) 452-1195
F Group Exemption
Number ► 2391

► 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: ► N/A

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 ► \$ 131,772

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

1	Contributions, gifts, grants, and similar amounts received	1	27,580
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	31,700
4	Investment income	4	3,622
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 ►	6c	52,546
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	68,195
b	Less direct expenses other than fundraising expenses	6b	15,649
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	675
7a	Gross sales of inventory, less returns and allowances	7a	675
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	675
8	Other revenue (describe ►)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	116,123
10	Grants and similar amounts paid (attach schedule) ►	10	27,570
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	3,273
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	834
16	Other expenses (describe ►)	16	75,332
17	Total expenses (add lines 10 through 16) ►	17	107,009
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,114
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	231,526
20	Other changes in net assets or fund balances (attach explanation) ►	20	5,120
21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	245,760

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 the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	237,926	22 245,760
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	237,926	25 245,760
26 Total liabilities (describe ►)	6,400	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	231,526	27 245,760

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? VOLUNTEER AID AND EDUCATION				
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				
28 NATIONAL SKI PATROL IS A NO FEE SERVICE OFFERED TO INJURED RECREATIONALISTS BOTH AT CONTROLLED AREAS AS WELL AS IN THE FIELD THE MEMBERS AND THE PUBLIC BENEFIT FROM FIRST AID CLASSES, MOUNTAINEER TRAINING CLASSES, AVALANCHE EDUCATION AND RESCUE CLASSES OFFERED BY NATIONAL SKI PATROL COORDINATION OF MEMBER AFFILIATES, DISTRIBUTION OF CURRENT INFORMATION, TESTING OF SKILL LEVELS ARE PART OF THE PROGRAM SERVICE ACCOMPLISHMENTS (Grants \$ 116,122)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	107,008	
29				
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a		
30				
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a		
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)		32	107,008	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions 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 Additional Data Table				

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		No	
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		No	
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 6033(e) notice, reporting, and proxy tax requirements?	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0		
b Did the organization file Form 1120-POL for this year?	37b			
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		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0				
b <i>Section 501(c)(3) and (4) organizations.</i> 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		No	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0		
d Enter amount of tax on line 40c reimbursed by the organization		0		
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ►				
42a The books are in care of ► <u>BOB SHORT</u> Telephone no ► (406) 452-1195				
Located at ► <u>4409 12TH AVE SO</u>				
b Located at ► <u>GREAT FALLS, MT</u> ZIP + 4 ► <u>59405</u>				
If "Yes," enter the name of the foreign country ►	42b			
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 ?	42c		No	
If "Yes," enter the name of the foreign country ►				
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				
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		No	
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		No	

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	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000 ►		

Please 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	2009-12-11 Date
BOB SHORT TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► Robert E Nebel CPA	Date	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► JUNKERMIERCLARKCAMPANELLASTEVENS PC			EIN ►
	P O BOX 989 GREAT FALLS, MT 594030989			Phone no ► (406) 761-2820

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

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support****2008****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.****Open to Public
Inspection**Department of the
Treasury
Internal Revenue
Service**Name of the organization**

NATIONAL SKI PATROL SYSTEM INC

Employer identification number

23-7253506

Part I Reason for Public Charity Status (to be completed by all organizations) (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?
- (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 the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

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

(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 II Support Schedule for Organizations Described in IRC 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.)
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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 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")	60,840	38,634	55,002	58,959	59,280	272,715
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	2,225				675	2,900
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	63,065	38,634	55,002	58,959	59,955	275,615
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 Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						275,615

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	63,065	38,634	55,002	58,959	59,955	275,615
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	752	12,579	10,773	7,543	3,622	35,269
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	752	12,579	10,773	7,543	3,622	35,269
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	52,497	49,508	55,081	30,360	52,546	239,992
13 Total Support (Add lines 9, 10c, 11 and 12)						550,876
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						


Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	50 030 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	47 820 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	6 400 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	5 550 %
19a 33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 23-7253506
Name: NATIONAL SKI PATROL SYSTEM INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
BOB SHORT 4409 12TH AVE SO GREAT FALLS, MT 59301	TREASURER 20 00	0	0	0
BILL CATHEY PO BOX 69 MILES CITY, MT 59301	DIVISION DIRECTOR 20 00	0	0	0
CHRIS PARNELL 117 TAILGATE LANE HAMILTON, MT 59840	SECRETARY 10 00	0	0	0
CARL SCHINER PO BOX 1082 SHERIDAN, WY 82801	REGION 2 DIRECTOR 20 00	0	0	0
KARL UHLIG P O BOX 992 BONNER, MT 59823	ASSISTANT DIVISION DIRECTOR 17 00	0	0	0
BILL BUTCHER 3820 SNOWDRIFT LN MISSOULA, MT 59808	REGION 1 DIRECTOR 20 00	0	0	0
ED HILL 1612 PINE DRIVE HAVRE, MT 59501	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
JAMES BULERA 571 HOLLOW LANE BIGFORK, MT 59911	DIVISION PATROL REPRESENTA 10 00	0	0	0
JOANN LACEY 3501 6TH STREET NE GREAT FALLS, MT 59404	DIVISION PATROL REPRESENTA 10 00	0	0	0
ERIC WECKENBROCK 1309 WAVERLY STREET MISSOULA, MT 59802	DIVISION PATROL REPRESENTA 10 00	0	0	0
JONATHON STOLTZ PO BOX 87 PENDROY, MT 59467	DIVISION PATROL REPRESENTA 8 00	0	0	0
RON WIGGINS 417 B STREET SHERIDAN, WY 82801	DIVISION PATROL REPRESENTA 10 00	0	0	0
DEBRA MILLS PO BOX 426 POWELL, WY 82435	DIVISION PATROL REPRESENTA 10 00	0	0	0
DANIEL STINE 428 SUNSET DR WORLAND, WY 82401	DIVISION PATROL REPRESENTA 10 00	0	0	0
GREG HANSEN 1170 WATERFORD ST CASPER, WY 82609	DIVISION PATROL REPRESENTA 10 00	0	0	0
BOYD SILVERTON 211 8TH STREET SE MINOT, ND 58701	DIVISION PATROL REPRESENTA 8 00	0	0	0
JON HOERNING 219 CHAPMAN STREET DILLON, MT 59725	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
MICHAEL GUE 3300 SNOWDRIFT LANE MISSOULA, MT 59808	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
STEVEN WELLER PO BOX 566 LAKESIDE, MT 59922	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
CHUCK BALL 1417 WALNUT HELENA, MT 59601	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
STEVE PORCELLA 129 WYANT LANE HAMILTON, MT 59840	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
NEWTON CHIP 13 MOUNTAIN LION DR CODY, WY 82414	DIVISION PATROL REPRESENTATIV 10 00	0	0	0
TODD PORTER BOX 595 MANDAN, ND 58554	DIVISION PATROL REPRESENTATIV 10 00	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule

Name: NATIONAL SKI PATROL SYSTEM INC**EIN:** 23-7253506

Item No.	1
Class of Activity	
Donee's Name	NATIONAL SKI PATROL
Donee's Address	133 SOUTH VAN GORDON ST STE 100 LAKEWOOD, CO 80228
Amount (FMV)	27,570
Purpose of Payment to Affiliate	DUES PAYMENTS TO NATIONAL ORGANIZATION
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Changes in Net Assets Schedule**Name:** NATIONAL SKI PATROL SYSTEM INC**EIN:** 23-7253506

Description	Amount
UNREALIZED INVESTMENT GAIN	5,120

TY 2008 Other Expenses Schedule

Name: NATIONAL SKI PATROL SYSTEM INC**EIN:** 23-7253506

Description	Amount
FUNDRAISING FEES	4,908
SUPPLIES	8,780
MEETINGS	24,538
EQUIPMENT RENTAL	3,747
EQUIPMENT REPAIRS	2,417
SMALL EQUIPMENT PURCHASE	11,916
TRAVEL	17,692
DONATIONS	1,334

TY 2008 Other Liabilities Schedule

Name: NATIONAL SKI PATROL SYSTEM INC**EIN:** 23-7253506

Description	Beginning of Year Amount	End of Year Amount
LOAN (FOURWHEELER RAFFLE)	6,400	0