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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

OMB No 1545-1150

Open to Public Inspection

ertment of the Treasury Internal Revenue Service

27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

private foundation)

Sponsoning 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 \$500,000 and total assets less than \$1,250,000 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.

For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please Address ROARING FORK SPORTS FOUNDATION label or Name change 84-1496351 C/O TOM JOINER pant or type Initial Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Terminated Specific 2907 HIGHWAY 82 (970)379-6300 Instruc-City or town, state or country, and ZIP + 4 Amended return F Group Exemption CARBONDALE, CO 81623 Number > G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ► X if the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 86,949. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 18,725. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 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) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ 68,215. reported on line 1) 6a 65,099. b Less direct expenses other than fundraising expenses 3,116. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtractifine 7b from line 7a) 7с Other revenue (describe INTEREST INCOMP 8 8 21,850. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 g ተለመንጀ 19,180 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefit 12 Expenses 13 Professional fees and other payments to independent confirm 800. 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe ► CREDIT CARD FEES 16 318. 16 17 20,298. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 1,552. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 14,015. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 15,567. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 14,015. 15,567. 22 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe 24 14,015. 15,567. Total assets 25 25 0. 0. 26 26 Total liabilities (describe

15,567.

Form 990-EZ (2009)

14,015.

ROARING FORK SPORTS FOUNDATION

	n 990-6Z (2009) C/O TOM JOINER			84-	14963	51 Page 2
	art III Statement of Program Service Accomplishme	`	Part III)		E	penses
	it is the organization's primary exempt purpose? ${ t SCHOLARSHIPS ext{ } t E}$					r section 501(c)(3)) organizations and
	cribe what was achieved in carrying out the organization's exempt put			ıbe		7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	GRANTS PAID TO LOCAL SPORTS GROUPS	AND PUBLICALL	Y FUNDED			
	HIGH SCHOOLS					
	12 190			$\overline{}$	_	12 100
	(Grants \$ 12,180.) If this amount includes foreign of SCHOLARSHIPS PROVIDED TO SEVEN INDI				28a	12,180.
29	SCHOLARSHIPS PROVIDED TO SEVEN INDI	LAIDONIS				
	7 000 189			 _		7 000
20	(Grants \$ 7,000.) If this amount includes foreign	grants, check here	<u></u>	<u> </u>	29a	7,000.
30						

	/O			$\overline{}$		
24	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	30a	
31	Other program services (attach schedule)		_			
22	(Grants \$) If this amount includes foreign (grants, check here		-	31a	19,180.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	-mnlovees		<i>(</i> 2	32	
	are regional of Officers, Directors, Trustees, and Rey L	LITIPIOYCES. LIST each one ev	en if not compensated	1	ntributions	or Part IV)
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
		position	-0-)	1	eferred	other allowances
TOE	OMAS S. JOINER, 12907 HIGHWAY 82,	DIRECTOR		Com	pensation	
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	CK ALAN LEONARD, 580 MAIN STREET,	DIRECTOR			0.	0.
	ITE 300-A, CARBONDALE, CO 81623	0.00	0.		0.	_
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Form **990-EZ** (2009)

Form 990-EZ (2009)

C/O TOM JOINER 84-1496351

Yes Note organization engage in any activety not premously reported to the IRS? If Yes, attach a detailed description of each activety 33 33 34 34 34 34 34 3	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)						
33 Did the organization engage in any activity not previously reported to the IRS? If Yes, "attach a detailed description of each activity Were any changes made to the organizing or governing documents? If Yes, "attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on horizon," attach a statement explaning why the organization dud not report the income on Form 990-T, attach a statement explaning why the organization dud not report the income on Form 990-T and proxy tax requirements? 35 Did the organization have unrelated business gross income of \$1,000 or more or was if subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 Did the organization brown work organization, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Sch. N. / 2 37b Did the organization brown work on, or make any toxins to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obstanding at the end of the period covered by this return? 38a Did the organization borrow from, or make any toxins to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obstanding at the end of the period covered by this return? 38b N/A 38c Section 501(c)(7) organizations Enter 38 Intrinsiculated on the 9 Proximal proxi				Yes	No			
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b if "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter a inflation fees and capital contributions included on line 9 Dross receipts, included on line 9, for public use of club facilities 39 N/A 40b 40b 40b 40b 40b 40b 40b 40			38a	ĺ 1	Х			
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Form 990-EZ (2009)

Page 3

Form 990-EZ (2009) C/O TOM JOINER 84-1496351 Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 No Yes 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 Х X Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Х is the organization 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 b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's 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" (d) Contributions (b) Title and average hours (c) Compensation to employee (e) Expense (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign Here Paid Preparer's signature Date Check if self-Preparer's identifying number (See instri) Preparer's employed 🏲 Use Only DALBY, WENDLAND & CO., EIN ▶

Yes

945-8575

Phone >

(970)

no

Firm's name (or yours

if self-employed). address, and ZIP + 4 P.O. BOX 1150

May the IRS discuss this return with the preparer shown above? See instructions

GLENWOOD SPRINGS, CO 81602-1150

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

C/O TOM JOINER

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

ROARING FORK SPORTS FOUNDATION

Employer identification number 84-1496351

	organi		•	pecause it is: (For lines 1	•	•	•	•					_
1	片	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	믐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	님	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4				perated in conjunction	with a nos	pital descr	ibea in se	Ction 170	(D)(1)(A)(II	ı). Enter i	ine nospitai	s name,	
5		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•	_	-	(b)(1)(A)(iv). (Comple		mvorsky ov	ca or op	craice by	a govenn	norna om	. 0000115			
6	\sqsubseteq	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(I	b)(1)(A)(vi) . (Complet	te Part II)									
8	\sqsubseteq	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9	X	An organization	on that normally rece	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	nd gross rec	eipts fro	m
		activities relat	ted to its exempt fur	ictions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestme	nt
		income and u	inrelated business ta	exable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	0, 1975	
		See section	509(a)(2) . (Complete	Part III)									
10		An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11		An organizati	on organized and op	erated exclusively for th	e benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	f one or	
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	on 509(a)(2	?). See sec	tion 509(a)(3). Ch	eck the box	that	
		describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h.				_		
		a Type I	b] Type II	: Тур	e III - Func	tionally int	egrated		d	J Type III - C	Other	
е		By checking t	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	more disc	qualified	persons oth	er than	
		foundation m	anagers and other tl	han one or more publicly	supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f		If the organiza	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	is box								[
9		Since August	17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?		·····	
		(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (II) and (III) below	,	Yes N	lo
		the gove	erning body of the su	pported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(III)		
h		Provide the fo	ollowing information	about the supported org	ganization	(s)							
					1								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vil) Am	ount of	
	orga	nızatıon		/ dan a - 1 - 1 - 2 - 4 A		sted in your document?			(ı) organız	ed in the	sup	port	
				above or IRC section		,			US	,			
			,	(see instructions))	Yes	No	Yes	No	Yes	No			
			_										
										1			
								<u> </u>	 	-			
_	-												_
ota	<u> </u>												

	edule A (Form 990 or 990-EZ) 2009	<u> </u>	B	Castiona 470	VEV/4V/AV(;,)	-1 470/L\/4\/A\/	Page 2
PE	Support Schedule for	_			(D)(T)(A)(IV) al	10 170(b)(1)(A)(\	/1)
_	(Complete only if you checke	the box on line t	o, 7, or 8 of Part 1)	· · · · · · · · · · · · · · · · · · ·			
	ction A. Public Support		ī	T	T		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to						•
	or expended on its behalf		ļ <u> </u>	ļ	ļ <u>-</u> -		
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge				ļ		
4	Total. Add lines 1 through 3				<u> </u>	, , , , , , , , , , , , , , , , , , ,	
5	The portion of total contributions	ĺ					
	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)						
	Public support. Subtract line 5 from fine 4	<u> </u>	<u> </u>				
<u>Se</u>	ction B. Total Support	,					
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1					
11	Total support. Add lines 7 through 10			,			
12	Gross receipts from related activities,	etc (see instructi	ons)		-	12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3)	
	organization, check this box and stop	here				, , , ,	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	
	stop here. The organization qualifies					•	▶□
b	33 1/3% support test - 2008.if the o	rganization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qual					,	▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•		▶ [
t	10% -facts-and-circumstances tes		·		=	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

18 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) 2009 C/O TOM JOINER

84-1496351 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 13,957. 13,640. 16,699 14,781. 18,725 77,802. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 76,794. 96,387 61,592. 57,694 68,215. 360,682. organization's tax-exempt purpose 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 90,751. 110,027. 78,291. 72,475. 86,940. 438,484. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year Ō. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 438,484. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 90,751 110,027 78,291 72,475 86,940 438,484. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 35 179 205 61 9 489. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 35. 179. 205 61 9. 489. c Add lines 10a and 10b 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.) 90,786. 110,206. 78,496. 72,536. 86,949. 438,973. Total support (Add lines 9, 10c, 11, and 12) 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 99.89 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 99.89 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage $\overline{11}$ 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % .11 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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 $\triangleright X$ 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 - 2008. 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 Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE G (Form 990 or 990-EZ)

|FOITH 880 OF 880-E2

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

ROARING FORK SPORTS FOUNDATION

Employer identification number

84-1496351 C/O TOM JOINER Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events Ы In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

ROARING FORK SPORTS FOUNDATION

Schedule G (Form 990 or 990-EZ) 2009 C/O TOM JOINER 84-1496351 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

84-1496351 Page 2

L		on Form 990-EZ, line 6a. List events with			,		* /	
			(a) Event #1 GOLF EVENT	(b) Event #2	(c) Other events NONE	(d) To	tal even	
9			(event type)	(event type)	(total number)	C	ol (c))	
Revenue	1	Gross receipts	68,215.				68,2	15.
	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	68,215.				68,2	15.
	4	Cash prizes						
ses	5	Noncash prizes						
Expens	6	Rent/facility costs						···-
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	65,099.				65,0	199.
	10	Direct expense summary. Add lines 4 throug	h 9 ın column (d)		>	Ĺ	65,0	99,
		Net income summary Combine line 3, colum		····	>		3,1	16.
Ра	rt l		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
en		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total		
Revenue				bingo/progressive bingo		COI. (a) (11		01 (01)
_	1	Gross revenue						
	2	Cash prizes						
ses	2	Cash phizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs			·			
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % No			
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	<u> </u>)
	8	Net gaming income summary. Combine line	1, column (d), and line 7		•			
		•					Yes	No
		ter the state(s) in which the organization opera	·			ŀ		
		the organization licensed to operate gaming at No," explain.	ctivities in each of these s	states?		9a	<u> </u>	
10a	— We	ere any of the organization's gaming licenses r	evoked, suspended or te	rminated during the tax v	ear?	10	a	1
		Yes," explain	, , , , , , , , , , , , , , , , , , , ,					-
	_							
		es the organization operate gaming activities the organization a grantor, beneficiary or truster		of a partnership or other	entity formed to	11	-	
		minister charitable gaming?			ontry formed to	12	<u>. </u>	

ROARING FORK SPORTS FOUNDATION

Schedule & (Form 990 or 990-EZ) 2009 C/O TOM JOINER	84-149	<u>635</u>	l Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%			
b An outside facility	<u>%</u>			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount			
of gaming revenue retained by the third party 🕨 \$,			
c If "Yes," enter name and address of the third party:				
Name ▶				
Address				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation \$				
Description of services provided ▶	······································			
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the			
organization's own exempt activities during the tax year ▶ \$				1

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ CASH GRANTS AND	D ALLOCATIONS	STATEMENT 1
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADD	GRANTEE'S DRESS RELATIONSHIP	AMOUNT
SCHOLARSHIP	NONE	1,000.
GRANT ROARING FORK HIGH SCHOOL 2270 COLORADO 133 CARBONDALE, CO 81623	NONE	200.
GRANT SUNRISE ROTARY CLUB P.O. BOX 740144 ARVADA, CO 80003	NONE	1,524.

ROARING FORK SPORTS FOUNDATION C/O TOM J		84-1496351
GRANT ROARING FORK HIGH SCHOOL VOLLEYBALL 2270 COLORADO 133 CARBONDALE, CO 81623	NONE	1,500.
GRANT SUNRISE ROTARY CLUB P.O. BOX 740144 ARVADA, CO 80003	NONE	156.
GRANT BASALT HIGH SCHOOL FOOTBALL 600 SOUTHSIDE DRIVE BASALT, CO 81621	NONE	2,500.
GRANT GLENWOOD SPRINGS TOUCHDOWN CLUB 1521 GRAND AVE GLENWOOD SPRINGS, CO 81601	NONE	3,000.
GRANT ROARING FORK HIGH SCHOOL 2270 COLORADO 133 CARBONDALE, CO 81623	NONE	3,000.
GRANT THREE RIVERS FOOTBALL P.O. BOX 85 BECKER, MN 55308	NONE	200.
GRANT JUNIOR ACHIEVMENT 1300 MT. SOPRIS DRIVE #7 GLENWOOD SPRINGS, CO 81601	NONE	100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		19,180.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACT		INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	2
A)	DIRECTLY OR	NIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL RACT? [] YES [X] N	10
B)		NIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] N	10

Form **8868**

(Rev April 2009)

SAL

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

 If you are Do not com 	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (oblete Part II unless you have already been granted an automatic 3-month extension on a saturation of Time. Only submit original (no copies nee	on page 2 opreviously for	of this form	1).
A corporation Part I only	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	nd comple	te . ▶ □
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an ex	tension of
one of the i electronically returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed and ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file to	ver, you ca s 990-BL, 6 nd signed pa	innot file F 8069, or 88 age 2 (Part I	orm 8868 70, group II) of Form
Type or	Name of Exempt Organization	Employer	dentificatio	n number
print	Roaring Fork Sports Foundation	84-149	6351	
File by the due date for filing your	Number, street, and room or suite no. If a PO box, see instructions c/o Kellie Cunningham / 401 27th Street, Suite 2	.00		
retum See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Glenwood Springs, CO 81601	<u> — — — — — — — — — — — — — — — — — — </u>		
Check type	of return to be filed (file a separate application for each return):			
☐ Form 99	Form 990-T (corporation)		Form 4720	כ
☐ Form 99	D-BL		Form 5227	7
☑ Form 99	0-EZ		Form 6069	9
☐ Form 99	0-PF		Form 8870	כ
 If the orga If this is for the whole 	No. ► 970-945-8575 FAX No. ► 970-945-9236 Inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ►	box .	If th	
		000 70		-f +i
	est an automatic 3-month (6 months for a corporation required to file Form $8/15$, 2010 , to file the exempt organization return for the organization			
	organization's return for:	named abo	ove. The Cx	
	calendar year 2009 or			
	tax year beginning, 20, and ending		. 20	0 .
	ax year is for less than 12 months, check reason: Initial return Final return			
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	х,	\$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tants made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Baland deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions.	d,		
Caution. If	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.			9-EO
	act and Paperwork Reduction Act Notice, see Instructions.	F	orm 8868 (Rev 4-2009)

Page	2

• If y	ou are	iling for an Additional (Not Automatic) 3-Month Extension, complete	only Part II a	ind check this	sbox .► 🛚	J
		mplete Part II if you have already been granted an automatic 3-month exten		viously filed F	orm 8868.	
		iling for an Automatic 3-Month Extension, complete only Part I (on pa				_
Par	Ш	Additional (Not Automatic) 3-Month Extension of Time. Only file	the original			
Type	or	Name of Exempt Organization			entification numbe	er
print		Roaring Fork Sports Foundation		84-1496	351	_
File by	the	Number, street, and room or surte no If a P.O box, see instructions	ł	For IRS use of	only	
extend due da		c/o Kellie Cunningham / 401 27th St., Suite 200				
filing the	he	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
instruc		Glenwood Springs, CO 81601			_	
Chec	k type	of return to be filed (File a separate application for each return):				_
_	orm 990		rm 1041-A	☐ F	orm 6069	
☐ F	orm 990	-BL	rm 4720		orm 8870	
⊠ F	orm 990	-EZ Form 990-T (trust other than above) Form 990-T (trust other than above)	rm 5227			
STOP	P! Do no	t complete Part II if you were not already granted an automatic 3-month		n a previous	y filed Form 886	8.
		are in the care of ▶ The Organization		-		_
		No. ► 970-945-8575 FAX No. ► 970-945	-9236			
		ization does not have an office or place of business in the United States		box	▶ □	٦
	_	a Group Return, enter the organization's four digit Group Exemption Nu			–	J
		group, check this box \dots \blacktriangleright \square . If it is for part of the group, check				
		names and EINs of all members the extension is for.	CK this box.		and attach a	
4	1	the specific control 2 month outcoming of time well.		2010	-	_
4	Feeque	st an additional 3-month extension of time until 11/15	المصمادين		20	
5		ndar year 2009, or other tax year beginning , 20				
6	IT this t	ax year is for less than 12 months, check reason: Initial return	Finai return L	Unange in	accounting peri	oa
7	State	detail why you need the extension Additional time is reining information needed to prepare a com	oloto ar	d accur	ner che	
	Leilla	ining information needed to prepare a comp	piere ai	id accur	ate retur	
B2	If this	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax			—
Oa		pplication is for Form 990-BL, 990-FF, 990-T, 4720, or 6009, either the \prime nonrefundable credits. See instructions.	tentative tax	^, 8a	\$ NONE	
.		pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	lo crodite an	, a xi .	<u> </u>	_
D		ed tax payments made. Include any prior year overpayment allowed as a				
		paid previously with Form 8868.	credit and ar	8b	SUONS	
					1000C	
С	Balance	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if recovery or if required by using EETPS (Electronic Endord Tay Payment System)	equired, depos	sit 8c	3 NONE	
	WILLIFI	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	Jee manuchom	3 00	- 170170	
Under	nenalties	Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and	statements and	to the best of my	v knowledge and bel	ef
		, and complete, and that I am authorized to prepare this form	2.2.3,,,0,,,0,, 0,10	10 1.10 0001 01 111	, 2000	٠٠,
Cima -		Mad 1		Date ► /	X/11/12	
Signat		Trink State			<u>s////////////////////////////////////</u>	_
AMO	65906	Dalby, Wendland & CO., / PO Box 1150 / Glenwood Springs, CO &	31601	For	m 8868 (Rev 4-20	109)