



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



990-EZ

Form 990-EZ
Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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 \$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.

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

May 1, 2009, and ending

April 30, 2010

B Check if applicable.

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization

Chester Bowl Improvement Club

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1801 East Skyline PKWY
City or town, state or country, and ZIP + 4
Duluth, MN 55812-1100

D Employer identification number

41-1410681

E Telephone number

218-724-9832

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: ► chesterbowl.org

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527K 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

L 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 ► \$ 132689

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	45426
2	Program service revenue including government fees and contracts	2	65596
3	Membership dues and assessments	3	
4	Investment income	4	6
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	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	9291
b	Less: direct expenses other than fundraising expenses	6b	1236
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8055
7a	Gross sales of inventory, less returns and allowances	7a	12370
b	Less: cost of goods sold	7b	10796
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1574
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	120657
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	48255
13	Professional fees and other payments to independent contractors	13	1079
14	Occupancy, rent, utilities, and maintenance	14	265
15	Printing, publications, postage, and shipping	15	918
16	Other expenses (describe ► <i>deposits refunded, summer/winter programs, taxes, insurance</i>)	16	42709
17	Total expenses. Add lines 10 through 16 ►	17	93226
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27431
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	55272
20	Other changes in net assets or fund balances (attach explanation) <i>See balance sheet</i>	20	7361
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	90064

Part II 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
22	55272	22
23		23
24		24
25	55272	25
26		26
27	55272	27

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

Cat. No. 10642I

Form 990-EZ (2009)

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

Support Duluth, MN by providing activities at low cost.

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, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	Maintain ski hill for the city, provide ski equipment, rental and lessons for city of Duluth and surrounding area children and families at minimal cost. Approximately 290 families participating with over 1000 season passes sold.		
	(Grants \$ 20874) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	68628
29	Provide summer activities from 10-4 four days a week at minimal cost for the children of Duluth and surrounding area.		
	(Grants \$ 6000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	21365
30	Provide concerts in the park, hiking, cross country skiing and other activities throughout the year including Fallfest.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	3233
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) ► <input type="checkbox"/>	32	

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
Mark Berns	Chair 10 hrs	0	0	0
3609 Crescent View Ave Duluth, MN 55804				
George Vacek	Vice Chair 8 hrs	0	0	0
2630 East First Street Duluth, MN 55812				
Nancy Gruetzmacher	Treasurer 10 hrs	0	0	0
3011 Branch Street Duluth, MN 55812				
Dan Menor	Secretary 3 hrs	0	0	0
211 Lakeview Drive Duluth, MN 55802				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
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 outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
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 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40a	0
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0
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	✓
41 List the states with which a copy of this return is filed. ► Minnesota		
42a The organization's books are in care of ► Nancy Gruetzmacher Telephone no. ► 218 724-1344 Located at ► 3011 Branch Street Duluth, Mn ZIP + 4 ► 55812	42a	
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)? 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 .	42b	✓
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	✓
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	43	□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI

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 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
b	If "Yes," was the related organization a section 527 organization?	49a	✓
50	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."	49b	✓

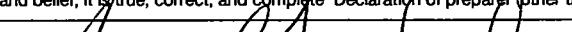
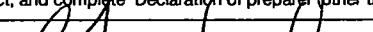
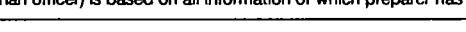
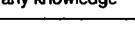
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ► 0

51 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

Sign Here	<p>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</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1;">  <p>Signature of officer</p> <p>TREASURY NANCY GRUETZMACHER</p> <p>Type or print name and title</p> </div> <div style="flex: 1; text-align: right;"> <p>11-2-10</p> <p>Date</p> </div> </div>				
	Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed),			EIN	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

**Department of the Treasury
Internal Revenue Service**

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

41 | 1410681

Chester Bowl Improvement Club

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. (For lines 1 through 11, check only one box.)

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)**.
 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)**.
 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 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 supported organization(s).

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

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

Cat. No 11285F

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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 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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided 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 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 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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—2008. 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 a 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 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) 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.")	5284	2733	5469	19270	45426	78182
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	86400	80938	91829	88461	75225	422853
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 through 5	91684	83671	97298	107731	120651	501035
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						501035

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	91684	83671	97298	107731	120651	501035
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33	37	6	0	6	82
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	33	37	6	0	6	82
c Add lines 10a and 10b	33	37	6	0	6	82
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	91717	83708	97304	107731	120657	501117
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.9	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.1	%
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 more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
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 ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

2:57 AM ~

10/19/10

Accrual Basis

Chester Bowl Improvement Club

Profit & Loss

May 2009 through April 2010

May '09 - Apr 10

Ordinary Income/Expense	
Income	
Fallfest Income	
Fallfest booth fees	4,627.00
Fallfest Donation	6,099.22
Total Fallfest Income	10,726.22
Non Designated Income	
Bank interest	6.31
city of duluth payments	
city of duluth 20,000.00 agreem	20,000.00
Total city of duluth payments	20,000.00
grant \$ that may be returned	0.00
Movie- ski jumping	693.16
Sweatshirt income	1,310.00
Wine tasting event	6,973.05
Wreath Income	1,521.40
Total Non Designated Income	30,503.92
Summer Program income	
Chalet Rental	797.00
Lunch payments	188.00
summer income - registration+	7,494.86
summer program 2010	555.00
summer program grants	6,000.00
t-shirt sales to staff	183.50
Total Summer Program income	15,218.36
Winter Program Income	
Banquet	1,056.00
Cadet Blanket Grant	874.32
Cadet Jacket fee	380.00
Chairlift repair \$ from city	6,370.00
concession stand	12,370.14
deposit check donated to genera	2,038.33
deposit check donation to summe	1,050.00
donation to ski program	1,794.58
Races	
Race Donations	1,200.00
Race fees	1,465.00
Total Races	2,665.00
ski rental	
boots and/or poles only	255.00
helmets	3,490.00
photos for passes	51.00
ski passes	20,322.77
ski rental - Other	23,523.02
Total ski rental	47,641.79
Total Winter Program Income	76,240.16
Total Income	132,688.66
Expense	
Fallfest	
Fallfest Entertainment	600.00
misc Fallfest expenses	832.60
payroll net fallfest	1,800.63
Total Fallfest	3,233.23
Non Designated	
bad debt	19.00

2:57 AM

10/19/10

Accrual Basis

Chester Bowl Improvement Club

Profit & Loss

May 2009 through April 2010

	May '09 - Apr 10
Chalet and equipment	
repairs and maintenance	265.17
Chalet and equipment - Other	143.81
Total Chalet and equipment	408.98
company match fica medicare	6,451.35
computer/internet	308.40
Contract Services	
Accounting Fees	1,078.70
Total Contract Services	1,078.70
Licenses and Permits	291.00
misc	140.05
Movie - ski jumping expenses	472.30
Office	
Bulletin picture boards	98.33
office supplies	429.62
postage	217.67
printer supplies	171.88
Total Office	917.50
officer's insurance	450.00
payroll- non designated	8,883.54
Payroll Expenses	
TAXES	
941 tax withholding	-2,498.58
MU UI Fund - state unemployment	719.00
State withholding tax	543.05
Use and Sales Tax	1,750.06
Total TAXES	513.53
Workmans comp - Berkley Risk	1,364.00
Total Payroll Expenses	1,877.53
Petty Cash	0.00
returned check fee	94.25
Sweatshirt expense	1,380.00
volunteer appreciation	1,678.86
Wine Tasting Event expenses	400.00
Wreath	836.40
Total Non Designated	25,687.86
Summer Program	
advertisng - summer program	250.00
enrollment forms	152.63
field trips	2,672.99
lunches	1,536.74
misc	100.00
music in the park	1,621.94
payroll net summer program	12,761.50
program supplies	55.87
summer Liability insurance	1,851.00
t-shirts	162.50
training	200.00
Total Summer Program	21,365.17
Winter Program	
Banquet Expenses	484.00
Cadet blanket expenses	838.89
Cadets	
Cadet Jackets	489.75
Cadet Parties	505.43
Total Cadets	995.18

2:57 AM -

10/19/10

Accrual Basis

Chester Bowl Improvement Club
Profit & Loss
May 2009 through April 2010

	May '09 - Apr 10
Carnival	330.00
Chairlift repair net pd city	3,454.36
Chairlift repair paid by CBIC	32.11
Concession stand	10,796.26
insurance on equipment	997.01
maintence and repair of skis	199.80
Misc	408.76
payroll net winter program	24,808.91
purchase of Ski	416.20
Races expenses	1,081.95
ski rental	
Equipment Deposit Refund 08-09	1,250.00
rental forms	754.40
rental of ski supplies	1,549.09
Scholarship	0.00
ski rental - Other	95.00
Total ski rental	3,648.49
Snowmaking supplies or repairs	159.50
Winter ski Liability Insurance	6,320.00
Total Winter Program	<u>54,971.42</u>
Total Expense	<u>105,257.68</u>
Net Ordinary Income	27,430.98
Other Income/Expense	
Other Expense	
Cash Variation	-7,361.17
Total Other Expense	<u>Donations improperly entered in books.</u>
	<u>-7,361.17</u>
Net Other Income	<u>7,361.17</u>
Net Income	<u>34,792.15</u>

2:58 AM .
10/19/10
Accrual Basis

Chester Bowl Improvement Club
Balance Sheet
As of April 30, 2010

	<u>Apr 30, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
Deposit Refund 5814	4,510.34
Hermantown	38,915.82
U S Bank Savings 7884	16,403.45
U S Bank checking 3547	<u>30,471.52</u>
Total Checking/Savings	<u>90,301.13</u>
Accounts Receivable	
Accounts Receivable	<u>495.00</u>
Total Accounts Receivable	<u>495.00</u>
Total Current Assets	<u>90,796.13</u>
TOTAL ASSETS	<u>90,796.13</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
ski deposit refund	732.13
Total Other Current Liabilities	<u>732.13</u>
Total Current Liabilities	<u>732.13</u>
Total Liabilities	732.13
Equity	
Unrestricted Net Assets	55,271.85
Net Income	<u>34,792.15</u>
Total Equity	<u>90,064.00</u>
TOTAL LIABILITIES & EQUITY	<u>90,796.13</u>