See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning JULY 01 , 2009, and ending JUNE 30 , 20 10

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
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Number & street (or P.O box, if mail is not delivered to street addr) Room/ suite
PO BOX 2831

City or town, state or country, and ZIP + 4
Pagosa Springs CO 81147-2831

D Employer identification number
74-2378891

E Telephone number
(970)946-0822

F Group Exemption Number ▶

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

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶www.avalanche.org

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

J **Tax-exempt status** (check only one) -- [X] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A 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 ▶ $ 307,788

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	205,661
	2	Program service revenue including government fees and contracts		2	21,781
	3	Membership dues and assessments		3	37,006
	4	Investment income		4	1,204
	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▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 10,393		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,393
	7a	Gross sales of inventory, less returns and allowances	7a 15,925		
	b	Less cost of goods sold	7b 3,534		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	12,391
	8	Other revenue (describe ▶ See attachment #2)		8	15,818
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	304,254
EXPENSES	10	Grants and similar amounts paid (attach schedule) #3		10	4,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	19,700
	13	Professional fees and other payments to independent contractors		13	2,934
	14	Occupancy, rent, utilities, and maintenance		14	890
	15	Printing, publications, postage, and shipping		15	7,902
	16	Other expenses (describe ▶ See attachment #4)		16	194,817
	17	**Total expenses.** Add lines 10 through 16 ▶		17	230,243
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	74,011
	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	154,551
	20	Other changes in net assets or fund balances (attach explanation) #5		20	6,906
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	235,468

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JAN 19 2011
OGDEN, UT
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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	Cash, savings, and investments	118,785	22	266,422
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #6)	35,766	24	46,546
25	**Total assets**	154,551	25	312,968
26	**Total liabilities** (describe ▶ See attachment #7)	0	26	77,500
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	154,551	27	235,468

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? See attachment #8

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, & 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 See attachment #9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a** 111,738

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a** 19,441

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a** 33,802

31 Other program services (attach schedule)

(Grants $ 4,000) If this amount includes foreign grants, check here ▶ ☐ **31a** 4,000

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 168,981

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #10	#11			

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining 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	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 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		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #13 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations 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.

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

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."

(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 . ▶

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

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

▶ Signature of officer — Date 1/13/11

▶ MARK MUELLER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying no. (See instr.)
	01-10-2011		

Firm's name (or yours if self-employed), address, and ZIP + 4: EMILY DEITZ, INC.
301 N PAGOSA BLVD STE B-19
PAGOSA SPRINGS, CO 81147

EIN 84▶1566444
Phone no ▶ 970-731-1818

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS	74-2378891

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

The organization is not a private foundation because it is (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 [X] 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?

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

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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")	111741	107569	190697	247557	153060	810624
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	27944	40983	35427	11884	115206	231444
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	139685	148552	226124	259441	268266	1042068
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)						1042068

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	139685	148552	226124	259441	268266	1042068
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2076	2076	1507	1414	1204	8277
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				4740	1618	6358
c Add lines 10a and 10b	2076	2076	1507	6154	2822	14635
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)	141761	150628	227631	265595	271088	1056703

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.62 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	83.33 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.38 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.00 %

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 ▶ ☒

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 ▶ ☐

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

LINE 1, UNUSUAL GRANTS: 50K, ANNENBERG FDTN
AND 50K FROM WESTWIDE AVALANCHE NETWORK
RECEIVED ALONG WITH TRANSFER OF WEBSITE
RIGHTS

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

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7 **Keep for Your Records**

Keep For Your Records | **For calendar year 2009 or tax period beginning** 07-01-2009 **, and ending** 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
clothing, books and publications	15,925	3,534	12,391
Total	15,925	3,534	12,391

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Other Revenue	Amount
ADVERTISING SALES, 990-T	15,818
Total	15,818

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Changes	Total Amount
UNREALIZED CAPITAL GAINS/LOSSES	6,906
Total	6,906

SCHEDULE OF OTHER ASSETS

Attachment 6: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
PREPAID TAXES		600	
INVESTMENT PORTFOLIO AT FMV	27,766	32,946	
DEPOSITS WITH OTHERS	8,000	8,000	
PREPAID EXPENSES		5,000	
Totals	35,766	46,546	

SCHEDULE OF OTHER LIABLILITIES

Attachment 7: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Description of Liability	Beginning of Year	End of Year
DEPOSITS RECEIVED.		77,500
Totals		77,500

SCHEDULE OF OTHER EXPENSES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

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

Description of Other Expenses	Amount
TRAVEL	9,196
INTEREST	155
INSURANCE	996
FUNDRAISING	2,861
COMMUNICATIONS	1,784
BANK CHARGES	918
MEETING COSTS	5,938
OFFICE SUPPLIES	2,054
ROGRAM SERVICES	169,730
INCOME TAX (2008)	730
MISC	455
Total	194,817

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 07-01-2009 **and ending** 06-30-2010

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
PROGRAM SERVICE ACCOMPLISHMENTS (SEE)	, , ,		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		4,000			
	Total	4,000			

PRIMARY EXEMPT PURPOSE

Attachment 8: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

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

Primary Purpose

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

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	111,738

Exempt Purpose Achievements

THE ORGANIZATION PROVIDES SUPPORT TO THE U.S. FOREST SERVCE VIA "FRIENDS OF" ASSOCIATIONS FOR THE SAWTOOTH AND BRIDGER-TETON NAT'L FORESTS. THE SUPPORT ENABLES THE AGENCY TO STAFF ITS AVALANCHE FORECASTING OFFICES AND TO DO FIELD WORK. THE STAFFERS MAINTAIN REMOTE WEATHER STATIONS, COLLECT, ANALYZE AND INTERPRET DATA GATHERED FROM THESE STATIONS AND FROM THE FIELD WHICH IS USED TO MAINTAIN A DAILY AVALANCHE HAZARD FORECAST ACCESSIBLE TO THE PUBLIC VIA TELEPHONE, INTERNET, EMAILS AND PHYSICAL POSTINGS AT VARIOUS LOCATIONS. THE INFORMATION IS ESPECIALLY DIRECTED TOWARDS WINTER RECREATIONISTS BUT IS ALSO USED BY TRAVELERS, UTILITY COMPANIES, ROAD MAINTENANCE CREWS AND OTHERS WHOSE ACTIVITIES MAY PUT THEM AT RISK FOR ENCOUNTERING OR TRIGGERING SNOW AVALANCHES. DAILY BULLETINS AT THESE WEBSITES RECEIVED OVER 1.1 MILLION HITS DURING THE 2008-09 WINTER SEASON, FOR EXAMPLE. ADVANCEMENTS MADE THIS YEAR AND LAST YEAR ENABLED FORECAST-ERS TO COMMUNICATE DETAILS REGARDING AVALANCHE EVENTS IN REAL TIME, AND TO DISPLAY LOCATIONS OF OBSERVED AVALANCHES IN A GOOGLE EARTH FORMAT. ALSO, WE DO DIRECT PUBLIC EDUCATIONAL PROGRAMS SUCH AS THESE IN KETCHUM IDAHO REACHING OVER 750 PEOPLE: 3 AVALANCHE BASICS WORKSHOPS, 4 CLASSES FOR PUBLIC SERVICE EMPLOYEES, A WELL-ATTENDED (180) LECTURE BY A NOTED AVALANCHE EXPERT, AND DIRECT EDUCATION TO SCHOOL AND YOUTH SKI PROGRAMS.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	19,441

Exempt Purpose Achievements

ADMINISTER CONTINUED PROFESSIONAL EDUCATION AND CERTIFICATION PROGRAMS FOR AVALANCHE WORKERS. WE OPERATE EDUCATIONAL PROGRAMS GEARED TOWARD SKI PATROLLERS, MOUNTAIN GUIDES, AND OTHERS WHOSE WORK INVOLVES MANAGING RISKS OF OR PROVIDING SAFE TRAVEL IN AVALANCHE COUNTRY. WE ALSO ADMIN- ISTER AN AVALANCHE INSTRUCTOR CERTIFICATE PROGRAM. SPONSORED OR CO- SPONSORED THE FOLLOWING EVENTS: COLO. SNOW & AVALANCHE WORKSHOP, LEADVILLE CO -- 500 ATTENDING; UTAH SNOW & AVALANCHE WORKSHOP, S.L.C UT -- 300 ATTENDING; NW AVLAANCHE SUMMIT, SEATTLE, WA -- 290 ATTENDING; NW WWEATHER FORECASTING WORKSHOP, ELLENBURG, WA -- 20 ATTENDING; AND A CONFERENCE CALLED "GIS APPLICATIONS FOR SNOW & AVALANCHE RESEARCH", MONTANA STATE UNIVERSITY, BOZEMAN, MT. THE PROFESSIONAL AVALANCHE WORKER SCHOOL IS OUR HALLMARK PROGRAM. IT IS EIGHT DAYS WITH 9-11 HOURS/DAY 60% OF WHICH ARE SPENT IN THE FIELD PRAC- TICING AND LEARNING VITAL SKILLS. P.A.W.S. IS OFFERED TWICE ANNUALLY IN DIFFERENT LOCATIONS IN THE MOUNTAIN WEST.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	33,802

Exempt Purpose Achievements

PUBLICATIONS: THE AVALANCHE REVIEW (QUARTERLY, 5,100 TOTAL COPIES IN F.Y. 2009) AND THE 2ND EDITION OF "SNOW, WEATHER, AND AVALANCHE OBSERVATIONAL GUIDELINES FOR AVALANCHE PROGRAMS IN THE U.S." (SWAG). SWAG IS USED AS A TEXTBOOK BY NUMEROUS COLLEGE AND UNIVERSITY PROGRAMS. CURRENTLY THE NORWEGIAN GEOTECHNICAL INSTITUTE IS TRANSLATING SWAG FOR USE BY SNOW AND AVALANCHE PROGRAMS IN NORWAY. BOTH PUBLICATIONS ARE DIRECTED PRIMARILY TOWARDS THE TRADE AND ARE SCIEN- TIFIC AND TECHNICAL IN NATURE.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	4,000	Amount includes foreign grants	Program service expenses	4,000

Exempt Purpose Achievements

RESEARCH GRANTS FUNDED IN 2009-2010 FISCAL YEAR: JOHN BRENNAN, "UNDERSTANDING THE PHYSICS OF THE AVALAUNCHER AND THE FORCES THAT ACT UPON AND DRIVE THE PROJECTILE"; THEO MEINERS, "EVALUATING SNOW STABILITY TESTS ON STEEP SLOPES"; MATT BORISH, "ASSESSING AND MAPPING SUFRACE HOAR SPATIAL VARIABILITY IN THE CHILKAT AND TAKHINSHA MTN RANGES OF SE ALASKA.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 10: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number 74-2378891

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
Lel Tone PO Box 3445 OLYMPIC VALLEY, CA 96146	Ethics Chair 0.50	0	0	0
Doug Richmond BUTTE, MT 59701	vice pres. 0.50	0	0	0
BILL GLUDE PO Box 22316 JUNEAU, AK 99802	treasurer 0.50	0	0	0
Mike Bartholow ,	secretary 0.50	0	0	0
Sarah Carpenter 496 W Valley Dr. VICTOR, ID 83455	Education Co-Chair 0.50	0	0	0
Dan Judd 2248 E Laurie Day Rd SALT LAKE CITY, UT 84124	Data Chair 0.50	0	0	0
Halsted Morris 867 Unit A Hillandale Rd GOLDEN, CO 80401	Awards Chair 0.50	0	0	0
Janet Kellam PO Box 3572 KETCHUM, ID 83340	President 1.00	0	0	0
STUART THOMPSON PO Bos 1540 PINEDALE, WY 82941	Membership Chair 0.50	0	0	0
Mark Mueller PO BOX 2831 PAGOSA SPRINGS, CO 81147 See Comp. Expl. #1	Exec director 15.00	19,700	0	1,500
Blase Reardon 636 Columbia WHITEFISH, MT 59937	Publication Chair 0.50	0	0	0
H. P. Marshall 30 Lewis Mtn Lane DURANGO, CO 81301	Research Chair 0.10	0	0	0
Dale Atkins 952 Utica BOULDER, CO 80304	Search & Rescue Chai 0.50	0	0	0
Bill Williamson PO Box 786 PONDERAY, ID 83852	Ski Area Chair 0.50	0	0	0
Chris Lundy PO Box 165 STANLEY, ID 83278	Web - IT 1.00	0	0	0
Kirk Bachman , Carl Skustad	Education Co-Chair 0.50 Section	0	0	0

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 10: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS

Employer Identification Number
74-2378891

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
PO Box 1147 GIRDWOOD, AK 99587	Representati 0.50	0	0	0
Kyle Tyler 12 Landgrove Hollow Rd LANDGROVE, VT 05148	Section Rep. 0.50	0	0	0
Peter Hoeller Rennweg 1 Innsbruck, , AU A-6020	Section Rep. 0.50	0	0	0
Scott Savage BOZEMAN, MT 59715	Section Rep. 0.50	0	0	0
Patty Morrison ,	Section Rep. 0.50	0	0	0
John Brennan 31 Trainor's Landing ASPEN, CO 81611	Section Rep. 0.50	0	0	0
Gary Murphy 11645 Sawtooth Ct. TRUCKEE, CA 96161	Section Rep. 0.50	0	0	0
Jamie Yount PO Box 6559 JACKSON, WY 83002	Section Rep. 0.50	0	0	0
Rick Grubin 1203 9th St. GOLDEN, CO 80401	Member Rep. 0.50	0	0	0
Brad Sawtell PO Box 3141 BRECKENRIDGE, CO 80424	Cert. Instruct. Rep 0.50	0	0	0

COMPENSATION EXPLANATION

Attachment 11: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2009, or tax year period beginning 07-01-2009	and ending 06-30-2010

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

Name	Explanation
Officer Comp. Expln. #1 Mark Mueller	DIRECTS ACTIVITES, HANDLES MEMBERSHIP, BOOKKEEPING AND FINANCES, PUBLICA- TION SALES AND SHIPMENTS. ORGANIZES MEETINGS AND EVENTS. REPRESENTS AAAP AT CONFERENCES AND EVENTS.

STATEMENT EXPLAINING PART V, LINE 35

Attachment 12: page 1 - 990-EZ Page 2, Part V, line 35

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.	
Name of Organization		**Employer Identification Number**
AMERICAN ASSOC. OF AVALANCHE PROFESSIONALS		74-2378891

Explanation

see attached Note

BOOKS ARE IN CARE OF

Attachment 13 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

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

Part V - Line 42a

Individual Name or Business Name: Mark Mueller

Street Address: PO Box 2831

U S Address:

Zip code 81147 City Pagosa Springs State CO

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (970)946-0822

Fax Number

2009 NOTES

AMERICAN ASSOC OF AVALANCHE
74-2378891

NOTE #1

PART V, LINE 35

Sale of clothing inventory is nominal and incidental. Sales of book published by the organization are specific to members and those interested or involved with the science of snow avalanches and is a program service rather than an unrelated source of income

STATEMENT #1 - Gifts, grants, etc. (SCH A, PG 2 Line 1(e))

UNCATEGORIZED INCOME	1,496	
DONATIONS	203,911	
LESS UNUSUAL GRANTS (AV.ORG ASSET TRFR)	-50,000	
LESS UNUSUAL GRANTS (ANNENBERG FDTN)	-50,000	
ENDOWMENTS	255	
DUES	37,006	
EVENTS (FUNDRAISERS)	10,392	
TOTAL CARRIED TO SCH A, PG 2 Line 1(e)		153,060

STATEMENT #2 - (#1)

TOTAL CARRIED TO #1	111,738

Form **8868**
(Rev April 2009)
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 filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

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

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

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

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

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

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

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

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

- The books are in the care of ▶ See attachment #13

Telephone No. ▶ _____ FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning JULY 01, 20 09, and ending JUNE 30, 20 10

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

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

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

Form **8868**
(Rev April 2009)
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 filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

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

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

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

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

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

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

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

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

- The books are in the care of ▶ See attachment #13

Telephone No ▶ _____ FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning JULY 01, 20 09, and ending JUNE 30, 20 10.

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

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

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

