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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALPINE VALLEY SCHOOL <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 4501 PARFET STREET <hr/> City or town, state or country, and ZIP + 4 WHEAT RIDGE, CO 80033	D Employer identification number 84-1293796 <hr/> E Telephone number <hr/> F Group Exemption Number ▶
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▶ **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) ▶ MODIFIED CASH

I Website: WWW.ALPINEVALLEY.COM

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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. ▶ \$ 207,980

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	43,441
	2 Program service revenue including government fees and contracts	2	153,502
	3 Membership dues and assessments	3	
	4 Investment income	4	170
	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 \$ of contributions reported on line 1)	6a	
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		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8	10,867	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	207,980	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	17,137
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	107,567
	13 Professional fees and other payments to independent contractors	13	3,809
	14 Occupancy, rent, utilities, and maintenance	14	47,583
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	35,059
17 Total expenses. Add lines 10 through 16	17	211,155	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,175
	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	155,029
	20 Other changes in net assets or fund balances (attach explanation)	20	-1
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	151,853

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	51,254	22	67,867
23 Land and buildings	320,185	23	310,908
24 Other assets (describe ▶)	13,479	24	1,456
25 Total assets	384,918	25	380,231
26 Total liabilities (describe ▶)	229,889	26	228,378
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,029	27	151,853

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

Yes No

<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p>	<p>33</p>		<p>No</p>
<p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p>	<p>34</p>		<p>No</p>
<p>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</p>			
<p>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?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p>	<p>35b</p>		
<p>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</p>	<p>36</p>		<p>No</p>
<p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u></p>			
<p>b Did the organization file Form 1120-POL for this year?</p>	<p>37b</p>		<p>No</p>
<p>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?</p>	<p>38a</p>		<p>No</p>
<p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p>	<p>38b</p>		
<p>39 <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p>a Initiation fees and capital contributions included on line 9</p>	<p>39a</p>		
<p>b Gross receipts, included on line 9, for public use of club facilities</p>	<p>39b</p>		
<p>40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____</p>			
<p>b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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</p>	<p>40b</p>		<p>No</p>
<p>c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____</p>			
<p>d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____</p>			
<p>e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T</p>	<p>40e</p>		<p>No</p>
<p>41 List the states with which a copy of this return is filed ▶ <u>CO</u></p>			
<p>42a The organization's books are in care of ▶ <u>ALPINE VALLEY SCHOOL</u> <u>ALPINE VALLEY SCHOOL</u> Telephone no ▶ <u>(303) 271-0525</u> <u>4501 PARFET STREET</u> <u>4501 PARFET STREET</u> Located at ▶ <u>WHEAT RIDGE, CO</u> ZIP + 4 ▶ <u>80033</u></p>			
<p>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)?</p>	<p>42b</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>			
<p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p>42c</p>		<p>No</p>
<p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u></p>	<p>43</p>		
<p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p>44</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>	<p>45</p>		<p>No</p>

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

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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

Signature of officer: ***** Date: 2010-11-16

JANET OLLIVE TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LEE J KNOLL CPA Date: 2010-11-23 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KNOLL & CO PC, 1435 ESTES ST, LAKEWOOD, CO 802154826

Preparer's identifying number (See instructions): EIN: Phone no: (303) 238-9673

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALPINE VALLEY SCHOOL

Employer identification number

84-1293796

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 **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 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)		

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

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

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

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 for 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

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 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						
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						
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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
13 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 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	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
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 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.** 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

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALPINE VALLEY SCHOOL

Employer identification number

84-1293796

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. OLICY IS DISTRIBUTED WITH ALL REGISTRATION MATERIALS	Yes	
4	Does the organization maintain the following?		
4a	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
4b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
4c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
4d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	Yes	
5	Does the organization discriminate by race in any way with respect to		
5a	Students' rights or privileges?		No
5b	Admissions policies?		No
5c	Employment of faculty or administrative staff?		No
5d	Scholarships or other financial assistance?		No
5e	Educational policies?		No
5f	Use of facilities?		No
5g	Athletic programs?		No
5h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?		No
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ALPINE VALLEY SCHOOL	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 84-1293796
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	9,338

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	9,338
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section VI with columns (a)-(f). Rows 42-44 cover amortization of costs that begin during the 2009 tax year and total amounts.

TY 2009 Compensation Explanation

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Person Name	Explanation
BRONNY ABBATTISTA	
AUBREY ALFORD	
DEBRA ALFORD	
JESSE ALFORD	
RANDALL ALFORD	
JAY AUSTERN	
JOHN BARRY	
CRAIG BEASLEY	
DENISE BIZER	
DAVIS BURGESS	
LENA CAZEAUX	
CONNIE COOK	
JAMES COULTER	
DAVE COULTER	
JOHN DUNNEWALD	
JOSH FORD	
LISA FORD	
BURKE FORT	
BUFFY GARBER	
JEREMY GARBER	
LYNN GRASAMKEE	
KAYE KAMON	
MELINDA HARRIMAN	
GEORGE HARTLAUB	
CARINA HENRIQUES	
SUZANNE JEANSONNE	
KELSEY KIERNAN	
LAURIE KORTE	
LEILA LEVINSON	
KRISTIN LUCE	
PETER MANCUSO	
GINA MANCUSO	
SCOTT MANN	
JOSH MANN	
BELINDA MINTKIN	
KATE MOOREMCNEAR	
JIM MCNEAR	
BRIAN MURPHY	
CAROL OLIVEIRA	
MIKE OLIVEIRA	
TYLER OLIVEIRA	
JANET OLLIVE	
JANET QUINN	
MELISSA RANGLES	
KEN RIGGS	
CHARLES ROBINSON	
CINDY ROBINSON	
LAURA SCHEIMBERG	
JOAN SHAPIRO	
BRUCE SMITH	
ANDREAS SUTER	
LAURA SUTER	
MARCUS SUTER	
PETER TALBOT	
MARTHA WARE	
LARRY WELSHON	
TAMMY WELSHON	
LORI ZENAK	
CLEA ZOLOTOW	
MAUREEN HARTLAUB	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Item No.	1
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	STUDENTS
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	2
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	STUDENTS
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

TY 2009 Other Assets Schedule

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	13,418	1,456
FURNITURE, FIXTURES & EQUIPMENT	12,385	12,385
LESS ACCUMULATED DEPRECIATION	12,324	12,385
	13,479	1,456

TY 2009 Other Changes in Net Assets Schedule

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	-1

TY 2009 Other Expenses Schedule

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Description	Amount
GAMING FUND	
COST OF GOODS SOLD	51
YEARBOOK FUND	
COST OF GOODS SOLD	595
EXPENSES	
ADS, CONFERENCES, SPEAKERS	1,739
BOOKS	175
PRINT, POSTAGE, PUBLISHING	100
FUNDRAISING	117
OTHER PR&M	117
OFFICE EXPENSE	1,496
COMPUTER EXPENSE	1,196
MORTGAGE INTEREST	11,561
WORKERS COMP INSURANCE	584
SOURCE EXPENSES	747
BANK CHARGES	49
SUPPLIES AND EQUIPMENT	53
MISCELLANEOUS EXPENSE	120
MEALS AND ENTERTAINMENT	388
LICENSE AND FEES	89
BAD DEBTS	15,882

TY 2009 Other Liabilities Schedule**Name:** ALPINE VALLEY SCHOOL**EIN:** 84-1293796

Description	Beginning of Year Amount	End of Year Amount
PREPAID TUITION		8,672
PAYROLL TAX PAYABLE	2,047	2,759
MORTGAGE PAYABLE	227,842	216,947
	229,889	228,378

TY 2009 Other Revenues Schedule

Name: ALPINE VALLEY SCHOOL

EIN: 84-1293796

Description	Amount
INSURANCE PROCEEDS	7,319
A&U	1,327
YEARBOOK FUND	1,299
MISCELLANEOUS INCOME	408
SOURCE	245
ACTIVITIES	105
GAMING FUND	57
LATE PICK UP FEES	40
CERAMICS FUNDS	36
COOKING FUND INCOME	26
E-SCRIPT	5

Additional Data

Software ID:
Software Version:
EIN: 84-1293796
Name: ALPINE VALLEY SCHOOL

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRONNY ABBATTISTA 2344 S CLAYTON 2344 S CLAYTON DENVER, CO 80210	DIRECTOR 0	0		
AUBREY ALFORD 14273 W 58TH AVE 14273 W 58TH AVE ARVADA, CO 80002	DIRECTOR 0	0		
DEBRA ALFORD 14273 W 58TH AVE 14273 W 58TH AVE ARVADA, CO 80002	DIRECTOR 0	0		
JESSE ALFORD 4601 S BALSAM WAY 4601 S BALSAM WAY LITTLETON, CO 80123	DIRECTOR 0	0		
RANDALL ALFORD 14273 W 58TH AVE 14273 W 58TH AVE ARVADA, CO 80002	DIRECTOR 0	39		
JAY AUSTERN 1629 W CANAL COURT 1629 W CANAL COURT LITTLETON, CO 80120	DIRECTOR 0	0		
JOHN BARRY 1647 W CANAL COURT 1647 W CANAL COURT LITTLETON, CO 80120	DIRECTOR 0	0		
CRAIG BEASLEY 28001 BONANZA DRIVE 28001 BONANZA DRIVE EVERGREEN, CO 80439	DIRECTOR 0	0		
DENISE BIZER 10178 GARFIELD STREET 10178 GARFIELD STREET THORNTON, CO 80229	DIRECTOR 0	0		
DAVIS BURGESS PO BOX 999 PO BOX 999 KITTREDGE, CO 80457	DIRECTOR 0	0		
LENA CAZEAUX PO BOX 1107 PO BOX 1107 GOLDEN, CO 80402	DIRECTOR 0	0		
CONNIE COOK 1383 VIVIAN STREET 1383 VIVIAN STREET GOLDEN, CO 80401	DIRECTOR 0	31,186		
JAMES COULTER 9641 WEST CHATFIELD AVE UNIT A 9641 WEST CHATFIELD AVE UNIT A LITTLETON, CO 801289205	DIRECTOR 0	1,658		
DAVE COULTER 1341 OVERHILL ROAD 1341 OVERHILL ROAD GOLDEN, CO 80401	DIRECTOR 0	0		
JOHN DUNNEWALD 5764 FIG WAY 5764 FIG WAY ARVADA, CO 80004	DIRECTOR 0	0		
JOSH FORD 7179 DEVINNEY COURT 7179 DEVINNEY COURT ARVADA, CO 80004	DIRECTOR 0	0		
LISA FORD 7179 DEVINNEY COURT 7179 DEVINNEY COURT ARVADA, CO 80004	DIRECTOR 0	0		
BURKE FORT 1215 11TH STREET 1215 12TH STREET GOLDEN, CO 80301	DIRECTOR 0	0		
BUFFY GARBER 1557 S ASH STREET 1557 S ASH STREET DENVER, CO 80222	DIRECTOR 0	0		
JEREMY GARBER 1557 S ASH STREET 1557 S ASH STREET DENVER, CO 80222	DIRECTOR 0	0		
LYNN GRASAMKEE 28001 BONANZA DRIVER 28001 BONANZA DRIVE EVERGREEN, CO 80439	DIRECTOR 0	0		
KAYE KAMON 6734 OLYMPUS DRIVE 6734 OLYMPUS DRIVE EVERGREEN, CO 80439	DIRECTOR 0	0		
MELINDA HARRIMAN 1647 W CANAL COURT 1647 W CANAL COURT LITTLETON, CO 80120	DIRECTOR 0	0		
GEORGE HARTLAUB 486 SOUTH KRAMERIA STREET 486 SOUTH KRAMERIA STREET DENVER, CO 80224	DIRECTOR 0	0		
CARINA HENRIQUES 4632 PIERCE STREET 4632 PIERCE STREET DENVER, CO 80120	DIRECTOR 0	0		
SUZANNE JEANSONNE 5340 THREE SISTERS CIRCLE 5340 THREE SISTERS CIRCLE ARVADA, CO 80004	DIRECTOR 0	0		
KELSEY KIERNAN 6146 JANICE WAY 6146 JANICE WAY ARVADA, CO 80004	DIRECTOR 0	0		
LAURIE KORTE 77 GRAY STREET 77 GRAY STREET LAKEWOOD, CO 80226	VICE PRESIDE 0	0		
LEILA LEVINSON 1215 12TH STREET 1215 12TH STREET GODEN, CO 80301	DIRECTOR 0	0		
KRISTIN LUCE 5000 BUTTE STREET 213 5000 BUTTE STREET 213 BOULDER, CO 80301	DIRECTOR 0	0		
PETER MANCUSO 3141 GARDENIA WAY 3141 GARDENIA WAY SUPERIOR, CO 80027	TREASURER 0	0		
GINA MANCUSO 3141 GARDENIA WAY 3141 GARDENIA WAY SUPERIOR, CO 80027	DIRECTOR 0	0		
SCOTT MANN 12549 W WARREN AVENUE 12549 W WARREN AVENUE LAKEWOOD, CO 80228	DIRECTOR 0	0		
JOSH MANN 1383 VIVIAN STREET 1383 VIVIAN STREET GOLDEN, CO 80401	DIRECTOR 0	0		
BELINDA MINTKIN 8112 S EVERETT STREET 8112 S EVERETT STREET LITTLETON, CO 80128	DIRECTOR 0	0		
KATE MOORE-MCNEAR 8788 JOHNSON STREET 8788 JOHNSON STREET ARVADA, CO 80005	DIRECTOR 0	0		
JIM MCNEAR 8788 JOHNSON STREET 8788 JOHNSON STREET ARVADA, CO 80005	DIRECTOR 0	0		
BRIAN MURPHY 14140 W 83RD PLACE A 14140 W 83RD PLACE A ARVADA, CO 80005	DIRECTOR 0	0		
CAROL OLIVEIRA 1020 ZANG STREET 1020 ZANG STREET GOLDEN, CO 80401	DIRECTOR 0	0		
MIKE OLIVEIRA 1020 ZANG STREET 1020 ZANG STREET GOLDEN, CO 80401	SECRETARY 0	0		
TYLER OLIVEIRA 1020 ZANG STREET 1020 ZANG STREET GOLDEN, CO 80401	DIRECTOR 0	0		
JANET OLLIVE 3141 GARDENIA WAY 3141 GARDENIA WAY SUPERIOR, CO 80027	DIRECTOR 0	4,709		
JANET QUINN 295 ALISON STREET 295 ALISON STREET LAKEWOOD, CO 80226	DIRECTOR 0	0		
MELISSA RANGLES 9641 WEST CHATFIELD AVE UNIT A 9641 WEST CHATFIELD AVE UNIT A LITTLETON, CO 80128	PRESIDENT 0	0		
KEN RIGGS 12275 WEST APPLEWOOD KNOLLS DRIVE 12275 WEST APPLEWOOD KNOLLS DRIVE LAKEWOOD, CO 802157201	DIRECTOR 0	0		
CHARLES ROBINSON 11860 TABOR DRIVE 11860 TABOR DRIVE LAKEWOOD, CO 80215	DIRECTOR 0	0		
CINDY ROBINSON 11860 TABOR DRIVE 11860 TABOR DRIVE LAKEWOOD, CO 80215	DIRECTOR 0	0		
LAURA SCHEIMBERG 8001 SOUTH YARROW STREET 8001 SOUTH YARROW STREET LITTLETON, CO 80128	DIRECTOR 0	0		
JOAN SHAPIRO 486 SOUTH KRAMERIA STREET 486 SOUTH KRAMERIA STREET DENVER, CO 80224	DIRECTOR 0	0		
BRUCE SMITH 1240 SHERMAN STREET 107 1240 SHERMAN STREET 107 DENVER, CO 80224	DIRECTOR 0	29,887		
ANDREAS SUTER PO BOX 999 PO BOX 999 KITTREDGE, CO 80457	DIRECTOR 0	0		
LAURA SUTER PO BOX 999 PO BOX 999 KITTREDGE, CO 80457	DIRECTOR 0	0		
MARCUS SUTER 7312 SOUTH ROBB STREET 7312 SOUTH ROBB STREET LITTLETON, CO 80127	DIRECTOR 0	0		
PETER TALBOT 10178 GARFIELD STREET 10178 GARFIELD STREET THORNTON, CO 80229	DIRECTOR 0	0		
MARTHA WARE 18 CUSHING STREETS 18 CUSHING STREETS MEDFORD, MA 02155	DIRECTOR 0	0		
LARRY WELSHON 2469 KENDALL STREET 2469 KENDALL STREET EDGEWATER, CO 80214	DIRECTOR 0	31,187		
TAMMY WELSHON 2469 KENDALL STREET 2469 KENDALL STREET EDGEWATER, CO 80214	DIRECTOR 0	0		
LORI ZENAK 7121 BEECH STREET 7121 BEECH STREET ARVADA, CO 80004	DIRECTOR 0	0		
CLEA ZOLOTOW 1345 OVERHILL ROAD 1345 OVERHILL ROAD GOLDEN, CO 80401	DIRECTOR 0	0		
MAUREEN HARTLAUB 1629 W CANAL COURT 1629 W CANAL COURT LITTLETON, CO 80120	DIRECTOR 0	0		