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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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

09/01, 2009, and ending

08/31/2010

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

C Name of organization

THE BUCK HILL SKI RACING CLUB

Number and street (or P O box, if mail is not delivered to street address)

554 HAWTHORNE WOODS DRIVE

City or town, state or country, and ZIP + 4

EAGAN, MN 55123

D Employer identification number

41-1291684

E Telephone number

(952) 469-5173

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: ▶ WWW.BUCKHILLSKIRACINGTEAM.COM**J** Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 . . . ▶ \$ 424,655.**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	13,894.
	2	Program service revenue including government fees and contracts	2	112,104.
	3	Membership dues and assessments	3	
	4	Investment income ATCH 1	4	993.
	5 a	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	296,990.	
	b	Less direct expenses other than fundraising expenses 6b	250,383.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 2	6c	46,607.	
7 a	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 ▶ ATCH 3) 8	674.		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9	174,272.		
Expenses	10	Grants and similar amounts paid (attach schedule) 10	24,582.	
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12	52,598.	
	13	Professional fees and other payments to independent contractors 13		
	14	Occupancy, rent, utilities, and maintenance 14	2,062.	
	15	Printing, publications, postage, and shipping 15	59.	
	16	Other expenses (describe ▶ ATCH 4) 16	90,099.	
17	Total expenses. Add lines 10 through 16 17	169,400.		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18	4,872.	
	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	65,511.	
	20	Other changes in net assets or fund balances (attach explanation) 20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 21	70,383.	

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 ATCH 5	65,511.	70,383.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	65,511.	70,383.
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,511.	70,383.

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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? ATCH 6

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 ATTACHMENT 7

(Grants \$	18,182.	) If this amount includes foreign grants, check here	▶
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28a	125,211.
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29 ATTACHMENT 8

(Grants \$	6,400.	) If this amount includes foreign grants, check here	☐
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29a	35,343.
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30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32	160,554.
----	----------

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

[illegible]

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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	ATCH	10
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		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?		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?		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		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		X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ DAVID ANDERSON Telephone no ▶ 612-867-4693		
Located at ▶ 554 HAWTHORNE WOODS DR EAGAN, MN ZIP + 4 ▶ 55123		
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)?		X
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

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

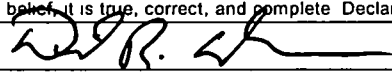
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 NONE

- 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 receiving over \$100,000 NONE

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		3-25-11 Date	
	David R. Anderson President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	3/22/11		P00630936
	CBIZ MHM, LLC 222 S 9TH ST, #1000 MINNEAPOLIS, MN 55402			EIN 34-1873282 Phone no. 612-339-7811
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

Form 990-EZ (2009)

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

THE BUCK HILL SKI RACING CLUB

Employer identification number

41-1291684

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?

	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).

[illegible]

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

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						☐

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	☐	
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	☐	
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 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")	32,035	30,070	27,890	19,550	13,894	123,439
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	111,498	121,210	131,209	416,267	409,768	1,189,952
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	143,533	151,280	159,099	435,817	423,662	1,313,391
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)						1,313,391

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.	143,533	151,280	159,099	435,817	423,662	1,313,391
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	998	2,803	2,003	1,003	993	7,800
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	998	2,803	2,003	1,003	993	7,800
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)	144,531	154,083	161,102	436,820	424,655	1,321,191
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	99.41%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.59%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through col (c))
		SKI SWAP (event type)	(event type)	0 (total number)	
Revenue	1 Gross receipts	270,582.			270,582.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	270,582.			270,582.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	239,463.			239,463.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(239,463.)
	11 Net income summary. Combine line 3, column (d), and line 10				31,119.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			23,048.	23,048.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			2,386.	2,386.
	4 Rent/facility costs				
	5 Other direct expenses			900.	900.
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 100.0000 % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(3,286.)
	8 Net gaming income summary. Combine line 1, column d, and line 7				19,762.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: MN,		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," explain:		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

13 Indicate the percentage of gaming activity operated in

- | | | |
|--|------------|-----------|
| a The organization's facility | 13a | 0.0000% |
| b An outside facility | 13b | 100.0000% |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ DAVID ANDERSON, TREASURER

Address ▶ 554 HAWTHORNE WOODS DR EAGAN, MN 55123

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ ARTHUR IDE, PRESIDENT

Gaming manager compensation ▶ \$ _____ 0.

Description of services provided ▶ OVERSIGHT

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

17a

X

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOMEDESCRIPTIONAMOUNT

INTEREST INCOME

993.

TOTAL

993.

ATTACHMENT 2FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
AWARDS BANQUET	3,360.	7,634.	-4,274.
SKI SWAP	270,582.	239,463.	31,119.
MEMBERSHIP/RAFFLE	23,048.	3,286.	19,762.
TOTALS	<u>296,990.</u>	<u>250,383.</u>	<u>46,607.</u>

ATTACHMENT 3FORM 990EZ, PART I - OTHER REVENUE

MISC. INCOME

674.

TOTALS

674.

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	54,513.
CONFERENCES, CONVENTIONS	1,603.
BANK SERVICE CHARGE	257.
INTERNET	2,973.
MN FILING FEE	25.
LIFT TICKETS	14,895.
EQUIPMENT	7,851.
REFUNDS	3,107.
MEMBERSHIP DUES	1,330.
TROPHIES/PLAQUES/AWARDS	921.
OFFICE EXPENSE	2,196.
SIGNS	428.
TOTAL	<u>90,099.</u>

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	65,511.	70,383.
TOTALS	<u>65,511.</u>	<u>70,383.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE YOUTH SKIING AND RACING THROUGH COACHING, TRAINING AND
EVENTS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 1

SKI CAMPS & TRAINING

PROVIDE FUNDS FOR TRAINING AND COACHING TO JUNIOR ALPINE SKI RACERS THROUGH SKI TRAINING CAMPS, SCHEDULED PRACTICES AND DRYLAND TRAINING. SCHEDULED PRACTICES ARE FOUR OR FIVE TIMES PER WEEK DURING THE RACING SEASON FOR RACING CLUB MEMBERS. DRYLAND IS PHYSICAL FITNESS TRAINING FOR DEVELOPMENT OF STRENGTH AND ENDURANCE FOR SKIING. DRYLAND IS SCHEDULED DURING THE SUMMER AND FALL OFFSEASON. THE RACING CAMPS PROVIDE COACHING, VIDEO REVIEW AND TRAINING. RACE CAMPS ARE OPEN TO MEMBERS AND NON-MEMBERS. FOUR RACE CAMPS WERE HELD DURING THE YEAR. THE PROGRAM MEMBERS INCLUDE 115 RACERS AND 14 COACHES.

ATTACHMENT 8PROGRAM SERVICE ACCOMPLISHMENT 2

SKI RACES

PROVIDE FUNDING FOR RACE EXPERIENCE AND COACHING TO JUNIOR ALPINE SKI RACERS THROUGH PARTICIPATION IN COMPETITIVE SKI RACES INCLUDING THOSE SANCTIONED BY THE UNITED STATES SKI AND SNOWBOARD ASSOCIATION (USSA) AND THE INTERNATIONAL SKI FEDERATION (FIS). RACES INCLUDE SCHEDULED DIVISION RACES AND, FOR MEMBERS WHO ARE ELIGIBLE OR OTHERWISE QUALIFY, OUT-OF DIVISION AND INTERNATIONAL RACES. THE PROGRAM MEMBERS INCLUDE 115 RACERS AND 14 COACHES.

THE BUCK HILL SKI RACING CLUB

41-1291684

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
DAVID ANDERSON 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	PRESIDENT 1.00	0.	0.	0.
THOMAS MORRISON 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	VICE PRESIDENT 1.00	0.	0.	0.
JOAN LARSON 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	TREASURER 1.00	0.	0.	0.
DAWN CROASDALE 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	DIRECTOR 1.00	0.	0.	0.
JEFF DECCO 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	DIRECTOR 1.00	0.	0.	0.
BUDDY IDE 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	DIRECTOR 1.00	0.	0.	0.
MARK MOLTZAN 554 HAWTHORNE WOODS DRIVE	DIRECTOR 1.00	0.	0.	0.

THE BUCK HILL SKI RACING CLUB

41-1291684

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
EAGAN, MN 55123				
CHANH NGUYEN 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	DIRECTOR 1.00	0.	0.	0.
JEFF OLEJNIK 554 HAWTHORNE WOODS DRIVE EAGAN, MN 55123	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

FORM 990EZ, PART V - EXPLANATION FOR LINE 35

AWARDS BANQUET-THE ORGANIZATION RECOGNIZES THE ACCOMPLISHMENTS OF THE
SKIERS AT AN AWARDS BANQUET AT THE END OF THE YEAR. THIS ACTIVITY
IS RELATED TO THEIR EXEMPT PURPOSE

SKI SWAP - THE ORGANIZATIONS HOSTS A SKI SWAP TO PROVIDE A VENUE FOR
SKIERS TO BUY AND SELL EQUIPMENT AS WELL AS PROMOTE SKIING. THIS
ACTIVITY IS RELATED TO THEIR EXEMPT PURPOSE.

RAFFLE - THE ORGANIZATION CONDUCTS A RAFFLE IN ORDER TO RAISE FUNDS.
THIS ACTIVITY IS NOT REGULARLY CARRIED ON.

MISCELLANEOUS INCOME - THIS ACTIVITY IS NOT REGULARY CARRIED ON.

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- 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 File by the due date for filing your return. See instructions	Name of Exempt Organization THE BUCK HILL SKI RACING CLUB	Employer identification number 41-1291684
	Number, street, and room or suite no. If a P.O. box, see instructions 20351 KENSINGTON WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LAKEVILLE, MN 55044	

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
☒ 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 ▶ **JOAN LARSON**

Telephone No ▶ **952 469-5173**

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 **04/15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **09/01, 2009**, and ending **08/31, 2010**

- 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	\$
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	\$
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	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)