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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning 10/01/09, and ending 09/30/10****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**Nordic Ski Club of Fairbanks**

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

**PO Box 80111**

Room/suite

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

**Fairbanks****AK 99708-0111****D** Employer identification number**92-0096061****E** Telephone number**907-457-4609****F** Group ExemptionNumber **▶**

• **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: **▶ N/A****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 **▶ \$ 252,170****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														94,339												
	2	Program service revenue including government fees and contracts														122,648												
	3	Membership dues and assessments														16,105												
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)														8,662												
	6b	Less direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														8,662													
7a	Gross sales of inventory, less returns and allowances														10,416													
7b	Less cost of goods sold														4,803													
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														5,613													
8	Other revenue (describe <b>▶</b> )																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														247,367													
Expenses	10	Grants and similar amounts paid (attach schedule)														7,575												
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits														104,629												
	13	Professional fees and other payments to independent contractors														5,145												
	14	Occupancy, rent, utilities, and maintenance														3,409												
	15	Printing, publications, postage, and shipping														2,125												
	16	Other expenses (describe <b>▶ See Statement 3</b> )														99,600												
	17	<b>Total expenses.</b> Add lines 10 through 16														222,483												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														24,884												
	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)														214,066												
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 4</b>														386												
	21	Net assets or fund balances at end of year Combine lines 18 through 20														239,336												

**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	152,134	154,321
23	Land and buildings		
24	Other assets (describe <b>▶ See Statement 5</b> )	62,243	83,898
25	<b>Total assets</b>	214,377	238,219
26	<b>Total liabilities</b> (describe <b>▶ See Statement 6</b> )	311	-1,117
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	214,066	239,336

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

Form 990-EZ (2009)

## Expenses

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

### Promotion of Cross Country Skiing

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, or other relevant information for each program title.

28 Grooming maintenance & improvements of XC Ski Trails used  
by approximately 7,500 skiers for a total of 65,000 users  
days of skiing; include depreciation on equipment.

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

28a

**24,591**

29 Development of competitive XC Skiing through the organization and staging of XC races with approximately 2500 entries.

(Grants \$ **5,375**) If this amount includes foreign grants, check here

29a

**37,632**

30 Offering XC Ski Classes and clinics attended by  
approximately 450 skiers and coaches.

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

**30a**

**109,305**

31 Other program services (attach schedule)	See Statement 7
---	-----------------

(Grants \$ **2,200**) If this amount includes foreign grants, check here

31a

**23,817**

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

32

**195,345**

**(a) Name and address**

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p>

(c) Compensation  
(If not paid,  
enter -0- )

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

Mike Ruckhaus	Fairbanks	Treasurer			
PO BOX 80111	AK 99708	3.00	0	0	0
Aein Allegood	Fairbanks	Secretary			
PO BOX 80111	AK 99708	1.00	0	0	0
Frank Soos	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0
Scott Jerome	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0
Chris Broda	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0
Mike O'Brien	Fairbanks	President			
PO BOX 80111	AK 99708	3.00	0	0	0
John Ferree	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0
Sarah Masterman	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0
Sue Faulkner	Fairbanks	At Large			
PO BOX 80111	AK 99708	1.00	0	0	0

	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		<b>X</b>
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
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?		<b>X</b>
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		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b>		
b Did the organization file Form 1120-POL for this year?		<b>X</b>
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?		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <b>39a</b>		
b Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
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 <b>40b</b>		<b>X</b>
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 <b>40c</b>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
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 <b>40e</b>		<b>X</b>
41 List the states with which a copy of this return is filed <b>None</b>		
42a The organization's books are in care of <b>Erica Carroll</b> Telephone no <b>907-457-4609</b> <b>PO Box 8011</b> Located at <b>Fairbanks, AK</b> ZIP + 4 <b>99708</b>		
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)? <b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b>		
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 ? <b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
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 <b>45</b>		<b>X</b>

Form 990-EZ (2009)

Nordic Ski Club of Fairbanks

92-0096061

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**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
<b>46</b> 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		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>49b</b> 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."

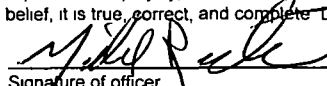
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**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 ▶

<b>Sign Here</b>	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 <b>Mike Ruckhaus</b> Type or print name and title		Date <b>1/3/2011</b> <b>Treasurer</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>Stefani Dalrymple</b> Date <b>01/03/11</b>		Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>Yukon Accounting &amp; Consulting, Inc</b> <b>519 12th Ave</b> <b>Fairbanks, AK 99701-6202</b>		EIN <span style="float: right;">▶</span> Phone no <span style="float: right;">▶</span> <b>907-479-9863</b>
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶</span> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Form 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	75,775	73,838	161,101	110,992	94,339	516,045
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	75,775	73,838	161,101	110,992	94,339	516,045
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						516,045

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	75,775	73,838	161,101	110,992	94,339	516,045
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,829	9,937	-9,499	2,272	8,353	17,892
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						533,937
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	157,831
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.65 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.59 %
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> 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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a</b> 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



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

**Supplemental Information**

**None.**

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Registration Fee-Member Servi	\$ 16,105
Total	\$ 16,105

## Federal Statements

1/3/2011 1:12 PM

### Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
					5,375				
					5,375				

Total

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Expense-YE Adjustment	-21,476
Bad Debt	215
Pending	253
Advertising	2,060
Bank Acct Maint Fee	66
Discount to Sales-Credit	931
Service Charges	338
Bank Charges-Other	2
Travel-Per diem/Mileage	1,367
Timing	400
Administration	13,500
Dues & Subscription	509
Rusmuson Grant Expenditur	632
New Equipment-Birch Hill	538
Miscellaneous	278
Timing	18
Birch Hill Trails	1,547
Insurance	9,096
Licenses and Permits	140
Ski Maintenance	2,003
Non-Employee Coaching	390
Rental Skis	55
Overhead	79
Security	80
Training Camps	12,457
Education	370
FJN Comp Fund	7,879
Gifts	1,399
Miscellaneous	85
Socials & Food	4,827
Socials & Food	1,649
Race Expenses-Other	464
Race Expenses-Other	2,130
National Distance Series	1,218
Distance Series	2,144
High School	2,475
Besh Cup	2,190
Sonott Kkazoot	2,908
Town Series	4,850
Turkey Days	601
General Racing	816
Supplies-Other	948
Supplies-Other	624
Supplies-Other	264
Supplies-Other	7,474
Fuel	665
Fuel	19
Office Equipment/Software	1,702
Office Equipment/Software	176
Office Equipment/Software	256
Clothing	4,758
Clothing	7,739
Travel	3,755

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses (continued)**

Description	Amount
Advertising	\$ 454
Bank Acct Maint Fee	25
Discount to Sales-Credit	51
Discount to Sales-Credit	391
Discount to Sales-Credit	1,305
Service Charges	133
Administration	1,000
Dues & Subscription	1
New Equipment-Birch Hill	841
Miscellaneous	219
Insurance	4,967
Licenses and Permits	50
Non-Employee Coaching	300
Total	<u>\$ 99,600</u>

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Liability Year End Adjustment	\$ 386
Total	<u>\$ 386</u>

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$	\$ 85
Net Fixed Asset (Equip for maint tra	62,243	83,813
	<u>62,243</u>	<u>83,898</u>

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 311	\$ 382
Credit Cards		253
Other Current Liabilities		-1,752
	<u>311</u>	<u>-1,117</u>

## Federal Statements

**Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service  
Accomplishments**

Description

Adult lessons and Jr. Nordics.