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Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b> <b>(except black lung benefit trust or private foundation)</b>	OMB No 1545-1150 <b>2009</b>
	<p>▶ 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.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	<b>Open to Public Inspection</b>

A For the 2009 calendar year, or tax year beginning 11-01-2009 , and ending 10-31-2010				
<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Volunteer Corps of the Vail Valley Medical Center		<b>D</b> Employer identification number 11-3730281
		Number and street (or P O box, if mail is not delivered to street address) PO Box 40000		<b>E</b> Telephone number (970) 777-2821
		City or town, state or country, and ZIP + 4 Vail, CO 81658		<b>F</b> Group Exemption Number

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
<b>I Website:</b> <u>www.vvmc.com</u>		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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  \$ 142,599

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	25,714
	2	Program service revenue including government fees and contracts . . . . .						2	
	3	Membership dues and assessments . . . . .						3	200
	4	Investment income . . . . .						4	96
	5a	Gross amount from sale of assets other than inventory . . . . .				5a		5c	
	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 checked="" type="checkbox"/>						6c	-15,251
	a	Gross revenue (not including \$ 25,521 of contributions reported on line 1) <input checked="" type="checkbox"/> . . . . .				6a	56,743		
	b	Less direct expenses other than fundraising expenses . . . . .				6b	71,994		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .						6c			
Expenses	7a	Gross sales of inventory, less returns and allowances . . . . .				7a	59,846	7c	21,426
	b	Less cost of goods sold . . . . .				7b	38,420		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						7c		
	8	Other revenue (describe <input type="checkbox"/> )						8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .						9	32,185
	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/> . . . . .						10	65,000
	11	Benefits paid to or for members . . . . .						11	
Net Assets	12	Salaries, other compensation, and employee benefits . . . . .						12	0
	13	Professional fees and other payments to independent contractors . . . . .						13	2,750
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	
	15	Printing, publications, postage, and shipping . . . . .						15	
	16	Other expenses (describe <input checked="" type="checkbox"/> )						16	1,355
	17	Total expenses. Add lines 10 through 16 . . . . .						17	69,105
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	-36,920
Net Assets	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	44,681
	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	7,761

<b>Part II Balance Sheets</b> —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
<b>22</b> Cash, savings, and investments . . . . .	41,691	<b>22</b> 27,761
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe  )	4,990	<b>24</b> 0
<b>25 Total assets</b> . . . . .	46,681	<b>25</b> 27,761
<b>26 Total liabilities</b> (describe  )	2,000	<b>26</b> 20,000
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	44,681	<b>27</b> 7,761

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE GOALS OF THE VOLUNTEER CORPS OF THE VAIL VALLEY MEDICAL CENTER ARE TO PROMOTE AND ADVANCE THE WELFARE OF THE VAIL VALLEY MEDICAL CENTER AND ITS PATIENTS AND RAISE, RECEIVE, MAINTAIN AND ADMINISTER FUNDS FOR THE VAIL VALLEY MEDICAL CENTER'S USE IN PROVIDING COMMUNITY BENEFIT TO THE VAIL VALLEY AND SURROUNDING COMMUNITIES' RESIDENTS AND VISITORS			
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			
<b>28</b> The Volunteer Corps of the Vail Valley Medical Center made significant contributions in 2009/2010 by committing their time, supporting Vail Valley Medical Center, and caring for our community. By raising funds through the annual Fashion Show fundraiser and hospital gift shop, the Volunteer Corps was able to donate money to the Vail Valley Medical Center and the Shaw Outreach Team. The Volunteer Corps is proud to support the mission of the Vail Valley Medical Center in providing high quality, compassionate care. (Grants \$ 65,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	65,000
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	65,000

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV )
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Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  . . . . .	36	Yes		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No		
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	0		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  0 , section 4912  0 , section 4955  0				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No		
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 . . .  0				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .  0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No		
41	List the states with which a copy of this return is filed  _____				
42a	The organization's books are in care of  CHARLIE CREVLING CFO Telephone no  (970) 479-7238 PO BOX 40000 Located at  Vail, CO ZIP + 4  81658				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country  _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . .   and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No		

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
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

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		
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		EIN		Phone no
May the IRS discuss this return with the preparer shown above? See instructions					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Volunteer Corps of the Vail Valley Medical Center	Employer identification number  11-3730281
--	--

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)		No
11g(ii)		No
11g(iii)		No

(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	
VAIL VALLEY MEDICAL CENTER	840563230	03	Yes		Yes		Yes		10,000
VAIL HEALTH SERVICES	262648461	0	Yes		Yes		Yes		0
Total									10,000

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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 G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Volunteer Corps of the Vail  
Valley Medical Center

Employer identification number  
  
11-3730281

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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
		FASHION SHOW (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	54,828		54,828
	2	Less Charitable contributions . . . .	23,050		23,050
	3	Gross income (line 1 minus line 2) . . . .	31,778		31,778
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	49,869		49,869
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			
					-18,091

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 . . . . .		24,965	24,965
Direct Expenses	2	Cash prizes . . . . .		22,125	22,125
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			
					22,125
					2,840

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities <u>CO</u>		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a Yes	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11 Yes	
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? . . . . .	12	No

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> 50 000 %		
<b>b</b>	An outside facility . . . . . <b>13b</b> 50 000 %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► MIKE SAWATZKI			
Address ► PO BOX 40000 VAIL, CO 81658			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ► DICK WOODROW			
Gaming manager compensation ► \$ _____ 0			
Description of services provided ► MANAGED RAFFLE PROCESS			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	Yes
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 2,840		

SCHEDULE N  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.  
▶ Attach certified copies of any articles of dissolution, resolutions or plans.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Volunteer Corps of the Vail  
Valley Medical Center

Employer identification number  
11-3730281

Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization? . . . . .	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .	2b	
c	Become a direct or indirect owner of a successor or transferee organization? . . . . .	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶		

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?

b

(If "Yes," provide the date of the letter 

▸

 )

5a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

6

Did the organization discharge or pay all liabilities in accordance with state laws?

7a

Did the organization have any tax-exempt bonds outstanding during the year?

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c

If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Yes

No

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH		55,000	N/A	38-3710853	SHAW OUTREACH TEAM PO BOX 40000 VAIL,CO 81658	501(C)(3)
	CASH		10,000	N/A	84-0563230	VAIL VALLEY MEDICAL CENTER PO BOX 40000 VAIL,CO 81658	501(C)(3)

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes

No

Part IIISupplemental Information.

Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Identifier	Return Reference	Explanation
DISPOSITION OF ASSETS	SCHEDULE N SUPPLEMENTAL INFORMATION	VOLUNTEER CORPS OF THE VAIL VALLEY MEDICAL CENTER MADE A LARGE DISTRIBUTION OF ASSETS TO ITS RELATED SUPPORTED ORGANIZATION, VAIL VALLEY MEDICAL CENTER AND AN AFFILIATED ORGANIZATION, SHAW OUTREACH TEAM

TY 2009 General Explanation Attachment

**Name:** Volunteer Corps of the Vail  
Valley Medical Center  
**EIN:** 11-3730281

Identifier	Return Reference	Explanation
GAMING DISTRIBUTIONS	Schedule G, PART III, LINE 17B	100% OF THE REQUIRED AMOUNT TO BE DISTRIBUTED RELATES TO COLORADO GAMING ACTIVITES

**TY 2009 Grants and Similar Amounts Paid Schedule**

**Name:** Volunteer Corps of the Vail  
Valley Medical Center

**EIN:** 11-3730281

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	Shaw Outreach Team
<b>Donee's Address</b>	PO Box 40000 Vail, CO 81658
<b>Amount (FMV)</b>	55,000
<b>Purpose of Payment to Affiliate</b>	Pet CT scan purchase
<b>Relationship</b>	Affiliate
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	
Donee's Name	Vail Valley Medical Center
Donee's Address	PO Box 40000 Vail, CO 81658
Amount (FMV)	10,000
Purpose of Payment to Affiliate	Purchase Infusion Chairs for Shaw Regional Cancer Center
Relationship	Affiliate
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

**Name:** Volunteer Corps of the Vail  
Valley Medical Center  
**EIN:** 11-3730281

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	4,990	0

**TY 2009 Other Expenses Schedule**

**Name:** Volunteer Corps of the Vail

Valley Medical Center

**EIN:** 11-3730281

Description	Amount
MISCELLANEOUS	326
FLOWERS & CARDS	769
GIFTS & SERVICES	260

Additional Data

Software ID:  
Software Version:  
EIN: 11-3730281  
Name: Volunteer Corps of the Vail  
Valley Medical Center

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
Dick Woodrow PO Box 40000 Vail, CO 81658	Past President 13 0	0	0	0
Liz Stern PO Box 40000 Vail, CO 81658	Vice President 2 0	0	0	0
Sheri Ball PO Box 40000 Vail, CO 81658	Past Vice President 9 0	0	0	0
Susan Balcomb PO Box 40000 Vail, CO 81658	President 2 0	0	0	0
Jody Burnette PO Box 40000 Vail, CO 81658	Assistant Treasurer 2 0	0	0	0
Marilyn Gill PO Box 40000 Vail, CO 81658	Secretary 5 0	0	0	0
Susan Olmsted PO Box 40000 Vail, CO 81658	Correspondence 2 0	0	0	0
Debby Jasper PO Box 40000 Vail, CO 81658	Vice President Membership 2 0	0	0	0
Jane Reisenger PO Box 40000 Vail, CO 81658	Treasurer 2 0	0	0	0