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# SCANNED JUN 1 4 2011

Department of the Treasury Internal Revenue Service

# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

**Open to Public** Inspection

A	For the	2010 calenda	ar year, or tax year beginning	January 1	, 2010,	and ending	Dec	ember 31	, 20	10
В	Check if ag	oplicable	C Name of organization				D Empl	oyer identific	ation number	r
	Address c	hange	Vail Snow Sports Foundation					20-526	1191	
닏	Name cha	inge	Number and street (or P.O box, if mail is no	t delivered to street address)		Room/suite	E Telep	hone number		
님	Initial retui		1401 Blake Street					720-479	J-3078	
H	Terminate Amended		City or town, state or country, and ZIP + 4				F Grou	p Exemptio	n	
Ħ	Applicatio		Denver, CO 80202				Num	nber 🕨		
G		ting Method.	✓ Cash	ecify) ►		Н	Check I	► ☐ If the	organization	ıs not
	Websit	-						I to attach S	_	
			eck only one) - 3501(c)(3) 501(c)	) ◀ (insert no ) ☐ 4947	(a)(1) or	<b>□</b> 527			or 990-PF).	
	Check >	· · · · · · · · · · · · · · · · · · ·	e organization is not a section 509(a)(3) s	<del></del>						
		90-EZ or Form	n 990 return is not required though Forn	n 990-N (e-postcard) may b	e reauir	ed (see instru	ctions). E	But if the org	anization ch	nooses
			re to file a complete return	, ,	•	•	•			
			b, to line 9 to determine gross receipts. If	gross receipts are \$200,000 c	r more.	or if total asset	s (Part II,			
			) are \$500,000 or more, file Form 990 inste					► s	8	39,015
_	Part I		e, Expenses, and Changes in		lalanc	es (see the	inetru	-	Part I \	
L	arti		the organization used Schedule (							. 🕱
	1 4							1		9,000
	1		ons, gifts, grants, and similar amour							13,000
	2	-	ervice revenue including governme					3		
	3		ip dues and assessments							15
	4	Investment			1		• •	4		
	5a		ount from sale of assets other than i	•	5a					
	b		or other basis and sales expenses		5b					
	С	•	ss) from sale of assets other than in	ventory (Subtract line 5b	from I	ne 5a)		5c		
<b>a</b> )	6		nd fundraising events					4.5 14 36.20		
	a		ome from gaming (attach Sched		1	ì		3.4		
Revenue					6a					
Ş	b		ome from fundraising events (not inc			contributio	ns			
æ			aising events reported on line 1) (a			1		多分		
			ch gross income and contributions e		6b			, t		
	С		t expenses from gaming and fundr		6c			] ` -		
	d	Net incom	e or (loss) from gaming and fundr	aising events (add lines	6a and	d 6b and su	btract	, y , y		
		line 6c) .	· · · · · · · · · · · · · ·					6d		
	7a	Gross sale	s of inventory, less returns and allo	wances	7a			,		
	b	Less: cost	of goods sold		7b			المراجعة الم		
	c	Gross prof	it or (loss) from sales of inventory (S	Subtract line 7b from line	7a) .			7c		
	8	Other reve	nue (describe in Schedule O)					8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	, and 8 <sub></sub>	<u></u>	<u> </u>	. ▶	9	8	89,015
	10	Grants and	l similar amounts paid (list in Sched	lule O)	· RE	CEIVE	(I)	10	9	90,357
	11	Benefits pa	aid to or for members				<u> </u>	) គំ1		
S	12		ther compensation, and employee I		. ي	٠ ـ ٠ ٠ ٠ ٠	. 0	12		
Expenses	13	Profession	al fees and other payments to inde	pendent contractors 🏋	. MA	Y . 1 .7 .201	1. [4	13		
ě	. 14		y, rent, utilities, and maintenance	r -			. [0	114		
Щ	15	•	ublications, postage, and shipping	G .	. 00	(F) (F) (	<u>-</u> ∓-iŒ	<b>1</b> 15		
	16	• • •	enses (describe in Schedule O) .	N N	<u> </u>	DEN, L	<u> </u>	16		2,764
	17		enses. Add lines 10 through 16 .				. >	17		93,121
	10	Excess or	(deficit) for the year (Subtract line 1	7 from line 9)			• •	18		4,106)
ě	19		or fund balances at beginning of				e with	7 . 4 . 20 .		
Net Assets			ar figure reported on prior year's ret					19	f	65,858
¥,	20	-	nges in net assets or fund balances					20		
ž	21		or fund balances at end of year. Co					21	f	61,752

Form	990-EZ (2010)						Page 2		
Pa	t II Balance Sheets. (see the instructions	for Part II.)				_			
	Check if the organization used Schedule	O to respond to any que	stion in this				🗸		
				(A) Beg	ginning of year	<del> </del>	(B) End of year		
22	Cash, savings, and investments			_	65,858	23	61,752		
23 24	Land and buildings					24			
25	Total assets				65,858	+=-+-	61,752		
26	Total liabilities (describe in Schedule O)					26	•		
27	Net assets or fund balances (line 27 of column	n (B) must agree with line 2	1)		65,858	27	61,752		
Par	Statement of Program Service Accom	plishments (see the instr	uctions for	Part III	l.) 		Expenses		
	Check if the organization used Schedule		stion in this	Parti	Ⅱ 🗸		ured for section (3) and 501(c)(4)		
Wha	t is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization	See Schedule O	ar and concis	e manr	ner describe	orgai	izations and section		
thes	ervices provided, the number of persons benefited, and	other relevant information for	each progran	n title.	,		(a)(1) trusts, optional hers)		
28	See Schedule O	<del>.</del>							
				••					
	<u> </u>	t includes foreign grants, ch			. ▶ 🗆	28a	90,357		
29	Donation of stock to Ski and Snowboard Club Vail (	90 shares of Bill Barrett Corp	oration)						
	(Grants \$ ) If this amount	t includes foreign grants, ch	eck here		▶ □	29a	2,764		
30	(Cranto 4) In this amount	iniciades foreign grams, or		<u> </u>	::				
		t includes foreign grants, ch	eck here .		. ▶ 🗆	30a			
31	Other program services (describe in Schedule O)					31a			
22		(Grants \$ ) If this amount includes foreign grants, check here ▶ ☐  Total program service expenses (add lines 28a through 31a)							
Par						instruc	93,121 ctions for Part IV.)		
ıaı	Check if the organization used Schedule						[		
	(a) Name and address	(b) Title and average hours per week	(c) Comper		(d) Contribution	ons to	(e) Expense account and		
	(a) Name and address	devoted to position	enter -		deferred compe	ensation	other allowances		
Dan	el Leever	- Chairman- 0.50							
	Blake Street, Denver CO 80202			0		N/A	N/A		
	k Monteiro	- Director-Treasurer- 0.50		•	ļ.	N/A	N/A		
	Countrybriar Lane, HR, CO 80129 on Johnson					- 19/7	14/5		
	Isabel Court, HR, CO 80126	Director-Secretary- 0.50		0		N/A	N/A		
_	old Leever II	D 4 050							
140	Blake Street, Denver, CO 80202	Director- 0.50		0		N/A	N/A		
			ļ						
		-							
			<del>                                     </del>						
			<del>                                     </del>				<del> </del>		
			<u>L</u>						
		_							
					ļ . <u></u> .				
		-							
			<del> </del>		<del> </del>		-		
			1		1		1		

Form 99	0-EZ (2010)		۴	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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 tax year covered by this return?	38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9	-1		
40a	Gross receipts, included on line 9, for public use of club facilities	1		
40a	section 4911 ► ; section 4912 ► ; section 4955 ►	l	ŀ	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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			
е	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		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization of both and the date of the state of the	720-47		9
	Located at ► 1401 Blake Street, Denver, CO ZIP + 4 ►	80	202	
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► N/A	420		<b>- v</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt chantable 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		•	▶ □
			124	T & -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		<b>✓</b>
	completed instead of Form 990-EZ	44b		<b>  √</b>
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>✓</b>

,									
Form 99	0-EZ (2	010)							age 4
								Yes	No
45		related organization a controlled entity o					45	<u> </u>	<b>✓</b>
а	Did tl	ne organization receive any payment from	or engage in any transaction	with	a controlled	entity within the			
		ing of section 512(b)(13)? If "Yes," Form		need	to be comp	leted instead of	l	_	ļ.,
		990-EZ (see instructions)					45a	<del> </del>	<b>  ✓</b>
46	Did ti	ne organization engage, directly or indirect	itly, in political campaign acti	vities	on behalf of	or in opposition			ļ,-
		andidates for public office? If "Yes," comp					46	<u> </u>	_ ✓
Part \	VI	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49	l section 4947(a)(1) none	xemi	ot charitable	le trusts only. A	di sed	ction	h
		and 52, and complete the tables for li	ines 50 and 51	lable	เเนรเร เกนร	answer questic	JI 15 4	7-431	D
		Check if the organization used Schedul		tion i	in this Part \	⁄I			
		Officer if the organization used defication	ie o to respond to any quee		The state of the s	<u> </u>		Yes	No
47	Did +	ne organization engage in lobbying activiti	ios? If "Ves " complete Scher	dula (	Part II		47	103	17
47 40		re organization engage in lobbyling activiti organization a school as described in sect				 E	48	<del></del>	<del>                                     </del>
48		ne organization make any transfers to an e				E	49a	<del> </del>	<del>                                     </del>
49a b		es," was the related organization a section		_			49b	1	<del>                                     </del>
50		plete this table for the organization's five						es an	id key
50		oyees) who each received more than \$100							
		· · · · · · · · · · · · · · · · · · ·	(b) Title and average		Compensation	(d) Contributions to	(e	) Exper	
	(a) Na	me and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		count a	
N/A		uia/ 4/00,000	devoted to position		-		00.0	anome	211000
					***				
f	Total	number of other employees paid over \$10	00.000 ▶						
51		plete this table for the organization's five	·	pend	ent contracto	rs who each rec	eived	more	e thai
	\$100	,000 of compensation from the organizat	ion. If there is none, enter "No	one."					
		(a) Name and address of each independent contract	or paid more than \$100,000		<b>(b)</b> Typ	e of service	(c) Co	mpens	ation
N/A	′								
					]				
				<b></b>	]				
					]				
	<b></b> .				]				
d		number of other independent contractors	=		. ▶				
52		he organization complete Schedule A? <b>No</b>		nizati	ons and 494		_	_	
	none	xempt charitable trusts must attach a con	npleted Schedule A	<u>· · · · · · · · · · · · · · · · · · · </u>		▶ [	Yes	; 📙 !	No
Under pe	enalties	of perjury, I declare that I have examined this return,	including accompanying schedules a	nd sta	tements, and to	the best of my knowled	dge an	d belief	f, it is
true, cor	rect, an	d complete Declaration of preparer (other than office	r) is based on all information of which	n prepa	arer nas any knov	wieage 			
	-	JMM1/1							
Sign		S (1) 11 (1)							
Here	- 1	Signature of officer	TA 15 101	_	C	Date // /	7)		
		1. Monteino	- I Reasuren	<u></u>		5/W/14	<u> </u>		
		Type or print name and title			15.		D. T		
Paid		Print/Type preparer's name	parer's signature		Date	Check if	PTIN		
Prepa	arer				L	self-employed			
Use (		Firm's name ▶			f	irm's EIN ▶			
	-	re , ,, ,			_				

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

20**10** 

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

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

tions. Inspection

Vail	Snow Sports Found	ation							20-52	61191	
Pai			rity Status (All orga						nstructio	ns.	
The d 1 2 3	☐ A church, con☐ A school desc☐ A hospital or a	vention of church ribed in <b>section</b> a cooperative hos	ttion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170( 170(b)(1)(	b)(1)(A)(i A)(iii).			
4			on operated in conjunc	ction with	n a hospit	al descril	bed in <b>se</b>	ction 17	D(b)(1)(A)(	(iii). Ente	r the
5	hospital's name, city, and state:  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 7											
9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt function int income and unrelater June 30, 1975. Se	an 331/3% ions—sul lated bus	6 of its subject to disiness tax	upport fro certain ex xable inc	come (les	s, and (2) ss sectio	no more	than 33	11/3% of its
10 11	An organization	on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of the	ely for th	ne benefit described	t of, to p d in sect	perform fi ion 509(a	the funct a)(1) or se	tions of, ection 509	9(a)(2). S	
е	a ☐ Type By checking the other than four or section 509	his box, I certify Indation manage	Type II c that the organization ers and other than one	is not co	oe III–Fund Introlled d De publicly	lirectly or	indirecti	y by one	or more	disqualifi	III-Other ed persons on 509(a)(1)
f	-	ation received a check this box	a written determination					-			porting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	€		
			ndirectly controls, eitlody of the supported o								Yes No
	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in	ı (ı) or (ii) :	above? .					11g(u) 11g(u)	<del>   </del>
h Provide the following inform  (i) Name of supported organization  (ii) EIN		r	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	ization(s). organization sted in your document?	(v) Did y the orgai col (i)	rou notify nization in of your port?	in organization in col			mount of pport
		-	,,,	Yes	No	Yes	No	Yes	No		
(A)	<u> </u>										
(B)											
(C)									ļ		
(D)											
(E)											
				T	1				1		

**Total** 

Schedul	le A (Form 990 or 990-EZ) 2010						Page 2
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, ple	ease comple	te Part III.)	
	on A. Public Support				( 1) 2000	( ) 60/0	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	250,313		50,017	27,800	89,000	417,130
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	250,313		50,017	27,800	89,000	417,130
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)						244,306
6	Public support. Subtract line 5 from line 4.						172,824
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	250,313		50,017	27,800	89,000	417,130
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						417,130
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth,			
	on C. Computation of Public Suppor Public support percentage for 2010 (line 6			1 column (6)		14	%
14	Public support percentage for 2010 (line to Public support percentage from 2009 Sch		•			15	<del>%</del>
15 16a	331/3% support test—2010. If the organization qua	zation did not o	check the box	on line 13, and	l line 14 is 331		
b	331/3% support test—2009. If the organ check this box and stop here. The organ	nization did no	t check a box	c on line 13 or		15 is 33½%	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	inces" test, che st. The organiza	ck this box an ation qualifies	d <b>stop here.</b> E as a publicly su 	explain in ipported . ► □
Þ	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization						

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see  

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

		· · · · ·	
(Complete only if you checked	the box on line 9 of Par	t I or if the organization fa	ailed to qualify under Part II
If the organization fails to quali-	v under the tests listed	below, please complete	Part II.)

1 Gills, garate, controllations, and membership less received, Do not mobale any inxusual grains. 1 2 Giross receipts from admissions, merchandriss sold or servenes performed, or facilities furnished in any activity that is related to the organization's barest and evidence of the organization's barest and either paid to or expended on its behalf. 3 Gross receipts from activities that are not an unrelated ration of business and or seventh propose. 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5. 7a Amounts included on lines 2 and 3 received from other than 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). 9 Amounts from line 6 9 Total Support Calendar year (or fiscal year beginning in) ▶ (e) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total of the persons of the second of the persons of the second of the persons of the second of the persons	Secti	on A. Public Support					<u> </u>	
received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3 Gross receipts from achillets that are not an unrelated trade or business under section 513 4 Tax reverues leved 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 Totals Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons are ceived from disqualified persons	Calen		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Employer identification number** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization 20-5261191 **Vail Snow Sports Foundation** Grants provided to Ski and Snowboard Club Vail for the advancement of youth Ski racing in the Vail Valley of Colorado totaled \$83,357. Grant provided to Brooke Wales for advancement of skiing training- \$2,000 Grant Provided to Colby Lange for advancement of skiing training- \$5,000 Other Expenses-Transfer of 90 Shares of Bill Barrett Corp. to Ski and Snowboard Club Vail as a donation. Part III-The Vail Snow Sports Foundation was formed for the educational and charitable purposes of supporting other 501(c)(3) charitable organizations engaged in the support and advancement of youth skiing in the Vail Valley of Colorado. The Vail Snow Sports Foundation provided grants totaling \$83,357 to Ski and Snowboard Club Vail, Brooke Wales (\$2,000), and Colby Lange (\$5,000) for the advancement and training of youth skiing programs in the Vail Valley of Colorado.