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.Form **990-EZ**

OMB No 1545-1150

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. 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.

Open to Public Inspection

A	For tr	ne 2010 calendar year, or tax year beginning and ending	9		
`B	Check ı applıcal	C Name of organization	D	Employer ic	lentification number
L	Add:	ress change			
[Nam	ne change SONNENALP OF VAIL FOUNDATION		84-1442	2704
	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Roc	m/suite E	Telephone	number
	Term	ninated P.O. BOX 4401		(970)47	79-5700
	Ame	ended return City or town, state or country, and ZIP + 4	F	Group Exer	
Ī		cation pending VAIL CO 81658	ľ	Number >	•
G		inting Method: x Cash			if the organization is not
ı		ite: SONNENALPSERVES.COM/SONNENALPFOUNDATION/	"		attach Schedule B
		xempt status (check only one) — x 501(c)(3)	527	•	990-EZ, or 990-PF).
V K	Check				
, ,		990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the orga			
			mzation ch	ooses to me	a return, de sure to file a
_		ete return.			
L		nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets (Part II,		
<u> </u>		5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	the metrical	<u> </u>	92 602.
<u></u>	Part I	-	the instruct	tions for Pari	· —
_	Τ.	Check if the organization used Schedule O to respond to any question in this Part I			<u>x</u> _
	1	Contributions, gifts, grants, and similar amounts received		1	39,854,
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE Q		4	123.
	5a	Gross amount from sale of assets other than inventory 5a			
38	b	Less: cost or other basis and sales expenses 5b			
0 2011	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than			
JUN 1 (\$15,000) 6a			
ھُ گ	b	Gross income from fundraising events (not including \$ 39,854, of contributions			
<u> </u>		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)	52.6	25.	
뺋	С	Less: direct expenses from gaming and tundraising events	14.9		
SCANNED	d	Net income or (loss) from gamma and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	37,646,
S.	7a				
8	Ь	Less; cost of goeds with			
00	C	Gross profit or (loss) from sales of intentory (Subtract line 7b from line 7a)		7c	
	_ 8-	Other-revenue (describe in Schedule O)		8	
	9	Total revenue and lines 7, 2, 3, 4, 5c, 6d, 7d, and 8		9	77,623,
_	10	Grants and similar amounts paut (1)st in Schedule O) Benefits paid to on for merbber.		10	71,700,
	11	Benefits paid to on for merabers		11	71,700,
Ø		Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent contractors		13	
pei	14	Occupancy, rent, utilities, and maintenance		14	
Ų	15	Printing, publications, postage, and shipping		15	E00
	16	04-1-1-04-1-03			598.
	17	Other expenses (describe in Schedule 0) SEE SCHEDULE O Total expenses Add lines 10 through 16		16	6.033.
	_			17	78,331,
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<708.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		_	
Ϋ́		(must agree with end-of-year figure reported on prior year's return)		19	37,763.
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		≥ 21	37 055.
L.F	ıA For	r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)

032171 02-02-11

SONNENALP OF VAIL FOUNDATION	······································	8	4-144	2704	raye 2
Part II Balance Sheets. (see the instructions for Part II.)	a tha a Dank II				
Check if the organization used Schedule O to respond to any question		N. Danimana afirma	·		
		A) Beginning of year	 	(B) E	nd of year
22 Cash, savings, and investments		37,763.	1		37,055,
23 Land and buildings			23		
24 Other assets (describe in Schedule 0)			24	_	
25 Total assets		37,763,	25		37,055.
26 Total liabilities (describe in Schedule 0)		0,	26	_	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		37,763,	27		37,055,
Part III Statement of Program Service Accomplishmen	its (see the instructions for	Part III.)			kpenses
Check if the organization used Schedule 0 to respond to any question	in this Part III	<u></u>			for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O					ons and section
Describe what was achieved in carrying out the organization's exempt purp	ooses. In a clear and cond	ise manner, describe) trusts; optional
the services provided, the number of persons benefited, and other relevan	t information for each pro-	gram title.	1	or others	.)
28 PROVIDE ASSISTANCE TO EXPAND OPPORTUNITIES FOR QUALITY	Y				
HEALTH CARE, RECREATION, AND CULTURAL LEARNING FOR					
RESIDENTS OF EAGLE COUNTY COLORADO.			_		
(Grants \$ 71,700.) If this amount includes foreign g	rants, check here	▶ [₂	Ва	71,700.
29					
		•	_	ŀ	
			_		
(Grants \$) If this amount includes foreign g	rants, check here	— [_ 2	9a	
30	iditto, origont troto	<u>. </u>			
			-	1	
(Grants \$) If this amount includes foreign g	ranta abaak bara		_را_	0a	
31 Other program services (describe in Schedule O)	iants, check here		<u> </u>	Ual	
,	ranta shaal bara		<u>ا</u> _	.	
	rants, check here			1a	
32 Total program service expenses (add lines 28a through 31a)				12	71,700
Dort IV : LIST OT UTTICERS DIRECTORS PRISTERS AND KAV =	mninvees				
Part IV List of Officers, Directors, Trustees, and Key E		ven if not compensated (se	e the ins	structions f	for Part IV)
Check if the organization used Schedule 0 to respond to any question	ın thıs Part IV	· · · · · · · · · · · · · · · · · · ·		<u>,</u>	
Check if the organization used Schedule 0 to respond to any question	in this Part IV (b) Title and average hours	(c) Compensation	(d) Con	tributions	(e) Expense
	in this Part IV (b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	(d) Con to em benefit	tributions	(e) Expense account and
Check if the organization used Schedule O to respond to any question (a) Name and address	in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation	(d) Con to em benefit defe	tributions ployee plans &	(e) Expense
Check if the organization used Schedule 0 to respond to any question (a) Name and address ROSANA FAESSLER	in this Part IV (b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	(d) Con to em benefit defe	tributions ployes plans & erred	(e) Expense account and
Check if the organization used Schedule 0 to respond to any question (a) Name and address ROSANA FAESSLER 20 VAIL ROAD, VAIL, CO 81657	in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Con to em benefit defe	tributions ployes plans & erred	(e) Expense account and
Check if the organization used Schedule 0 to respond to any question (a) Name and address ROSANA FAESSLER	in this Part IV (b) Title and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0)	(d) Con to em benefit defe	tributions ployee plans & erred insation	(e) Expense account and other allowances
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	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			
	Check if the organization used Schedule 0 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		103	140
00	Schedule 0	33		v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	-	<u> </u>
J4	· · · · · · · · · · · · · · · · · · ·			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, 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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1		
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1	}	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	7		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	7		
10 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
ь	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		v
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		Х_
·	1 16 1]	
	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	1		
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed. NONE			
12 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► (970)479	-5700		
	Located at ► P.O. BOX 4401, VAIL, CO ZIP+4 ►	` ५.६	-	_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		<u> </u>	No
	account)?	, +2D		Х
			ļ	
	If "Yes," enter the name of the foreign country:			
	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 Accour		<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
C	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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		х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u> ▶	x
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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		<u>x</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			<u>x</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Yes	
3	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Yes	
13	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: 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	N/A	Yes	No
13 14 a	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
13 4a	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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	N/A	Yes	No
\$3 4a b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	N/A 44a 44b	Yes	No x
13 14a b	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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	N/A	Yes	No.
13 14a b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	N/A 44a 44b	Yes	No.

Form 990-EZ (2010) SONNENALP OF VAIL FOUNDATION			84-1442704			Page 4
				1		Yes	No
	lated organization a controlled entity of the organization within th			54541144015	45		Х
	organization receive any payment from or engage in any transaction of Form 990 and Schedule R may need to be completed instead of Forr		e meaning of section	512(0)(13)?	45.0		۱
•	organization engage, directly or indirectly, in political campaign activi		to candidates for nu	iblic office?	45a		Х
	complete Schedule C, Part I	aloo on bonan or or in opposition	rto carroration for pe	iono omog.	46		x
	Section 501(c)(3) organizations and section 4	947(a)(1) nonexempt	charitable tru	sts only. All		501(c	
	organizations and section 4947(a)(1) nonexempt charitable trusts r	must answer questions 47-49b a	and 52, and complete	the tables for li	nes 50 a	and 51	1.
	Check if the organization used Schedule 0 to respond to any questi	on in this Part VI					
				1		Yes	No
	organization engage in lobbying activities? If "Yes," complete Sch				47		х
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes	· ·			48		Х
	rganization make any transfers to an exempt non-charitable related was the related organization?	organization			49a 49b		Х
	e this table for the organization's five highest compensated employe	es (other than officers, directors	trustees and key en	l a odw (saavolan		awad i	more.
	0,000 of compensation from the organization. If there is none, enter		s, it usices and key en	ipioyees) wile e	acii i ec	CIACA (111016
- 11417 \$10	ojose or componenter nom the organization. It there is trone, office	(b) Title and average hours	(c) Compensation	(d) Contributions	; (e) Expe	ense
	(a) Name and address of each employee paid more	per week devoted to	(4) 55	to employee benefit plans &		count	
	than \$100,000 NONE	position		deferred compensation	othe	r allow	vances
					<u> </u>		
		_					
				-			
							
					- 		
		-					
							
	e this table for the organization's five highest compensated independation. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ved more than \$100, (b) Type of ser	·	ation fro		
d Total num	mber of other independent contractors each receiving over \$100,000	n	<u> </u>				
	rganization complete Schedule A? Note: All section 501(c)(3) organization		mpt				
charitable	e trusts must attach a completed Schedule A		•	▶ [x Ye	s [□ No
U ca	Inder penalties of perjury. I declare that I have examined this return, including a orredit and complete. Declaration of preparer other than officer) is based on all i	companying schedules and statement information of which preparer has any	its, and to the best of my knowledge	knowledge and be	lief, it is	true,	_
Sign	Photele of Jane			5/12/			
Here	Signature of officer	VECUTO 15	NO	Date/ /			
	Type or briting and title	VACUITAE ,	DIK				
	/		Obest Com	7 4 57111			
Paid	Print/Type preparer's name Preparer's annature	e Date	Check] if PTIN			
raio Preparer	TA	dr stulu	self- emplo	yeu			
Use Only	MICHAEL N. JENKINS CPA FIRM'S Name MCMAHAN AND ASSOCIATES I. I. C						
July Cilly	Firm's address P.O. BOX 5850	· · · · · · · · · · · · · · · · · · ·	Firm's EIN	-	IE 001		
	AVON. CO 81620		Phone no.	(970) 84	12-88	טע	
May the IRS dis	scuss this return with the preparer shown above? See instructions			▶ [x Ye	s	□ No

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number 84-1442704 SONNENALP OF VAIL FOUNDATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III - Other b Type II c ____ Type III - Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (ii) EIN (i) Name of supported (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes No

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 SONNENALP OF VAIL FOUNDATION

| 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	121,656	104,397.	68,114.	42,724.	39,854,	376,745.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to			ľ			
	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	121,656.	104,397,	68,114.	42.724.	39,854,	376,745.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			ĺ			
	supported organization) included			1			
	on line 1 that exceeds 2% of the	İ		ĺ			
	amount shown on line 11,						
	column (f)			ļ			77,023
6	Public support. Subtract line 5 from line 4						299 722
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	121,656.	104,397.	68,114.	42,724.	39,854.	376 745
8	Gross income from interest,				·		-
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,316.	1,074.	898.	370.	123	3,781.
9	Net income from unrelated business		·				
	activities, whether or not the					İ	
	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						380,526
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	260 172.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))	•	14	78,77 %
	Public support percentage from 2009					15	77,61 %
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies			•			لعا⊲
b	33 1/3% support test - 2009.If the o				ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	•				
17a	10% -facts-and-circumstances tes						•
	and if the organization meets the "fac			-		rt IV how the organi	zation
	meets the "facts-and-circumstances"	_	•		•		. ▶∟
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ		_	•	• • •		
<u>18</u>	Private foundation. If the organization	on did not check a	<u>box on line 13, 16a</u>	<u>a, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	BIOW, PIBASE COIT	piete r art ir j		 		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that				<u> </u>	 	
3	are not an unrelated trade or bus-			1			
	iness under section 513						1
4			1				 -
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		ļ				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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				1		
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		1				
	ction B. Total Support		 	<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		(2) = 0.	(0) = ===	1 357 = 555	(0)2010	(7.75
-	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975				-		
	· ' '		+		<u> </u>		
-	Add lines 10a and 10b 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					1	
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organ	zation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2010 (li	ine 8, column (f) o	divided by line 13,	column (f))		15	9
16	Public support percentage from 2009	Schedule A, Par	t III, line 15			16	9
Se	ction D. Computation of Inves	stment Incom	ne Percentage)			
17	Investment income percentage for 20	10 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18	Investment income percentage from 2					18	9
	33 1/3% support tests - 2010. If the		•	on line 14, and lin	e 15 is more than:	·	
.56	more than 33 1/3%, check this box ar	-		•		•	IS NO.
	33 1/3% support tests - 2009. If the		-				and .
C	- · · · · · · · · · · · · · · · · · · ·	-					
20	line 18 is not more than 33 1/3%, che			•		-	" ~ }
20	Private foundation. If the organization	л ини посспеск а	LUOX ON IINO 14, 18	a, ULLISO, CHOCK I			00 600 57) 55
0320	23 12-21-10				Scl	hedule∖A (Form 9	90 or 990-EZ) 201

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service 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.

2010

Open To Public Inspection

Name of the organization					Employer ide	ntification number
	AIL FOUNDATION				84-1442704	
Fundraising Activities. Correquired to complete this part.	mplete if the organization ar	nswered "\	es" to	o Form 990, Part IV,	ine 17. Form 990-E2	Z filers are not
1 Indicate whether the organization raised	unds through any of the foll	owing acti	/ities	Check all that apply	•	
a Mail solicitations	e Soli	icitation of	non-g	overnment grants		
b Internet and email solicitations	f 🔲 Soli	citation of	gover	nment grants		
c Phone solicitations		ecial fundra	_	-		
d In-person solicitations	9 020	Joian Tarranc		0.000		
2 a Did the organization have a written or or	al agracment with any indivi	dual (malu	4.00.0	fficara directora tru	ntana ar	
-	-		_			
key employees listed in Form 990, Part \	•	•		•		
b If "Yes," list the ten highest paid individu	,	pursuant to	agre	ements under which	the fundraiser is to	pe
compensated at least \$5,000 by the org	anızatıon.					
					(A) Amount paid	
(i) Name and address of individual		(iii) fundi	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	I have c	ustodv	from activity	fundraiser	to (or retained by organization
,		or cor contrib	utions?	1	listed in col. (i)	Organization
		Yes	No			
						
		1				
		1				
						
1						
		I	I.			<u> </u>
otal				<u> </u>		<u> </u>
3 List all states in which the organization is or licensing	registered or licensed to so	licit contrib	ution	s or has been notifie	d it is exempt from r	egistration
or ilcertaing			-	····	 	
				 -		
						
	,					
						
HA Paperwork Reduction Act Notice, see	the Instructions for Form	990 or 990)-EZ.	· · · · · · · · · · · · · · · · · · ·	Schedule G (For	m 990 or 990-EZ) 20

Pa	irt l	Fundraising Events. Complete if t of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SCRAMBLE AGAINST	BICYCLE CLASSIC	NONE	
		•	CANCER EVENT	EVENT		(add col. (a) through
•		•	(event type)	(event type)	(total number)	col (c))
J.						
Revenue	1	Gross receipts	72,833	19,646.		92,479.
_						
	2	Less: Charitable contributions	29,733	10,121.		39,854,
	3	Gross income (line 1 minus line 2)	43,100	9,525		52,625.
	4	Cash prizes .				
S	5	Noncash prizes				
ens(
Ä	6	Rent/facility costs				
Orrect Expenses	_	Food and house.				
٥	7	Food and beverages				
		Entertainment				
	8	Other direct expenses	7,246	7 722		14 070
	9	Direct expense summary. Add lines 4 through		7,733,		14,979. (14,979)
		Net income summary. Combine line 3, colun				37,646.
Pa	irt	III Gaming. Complete if the organization	answered "Yes" to Form	n 990, Part IV, line 19, or r	eported more than	31,040.
Щ		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
ě						
<u>н</u>	1	Gross revenue				
	}					
es	2	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
ens						•
Ñ	3	Noncash prizes				
Direct Expenses		Don't for other posts				
۵	4	Rent/facility costs				
	5	Other direct expenses		[
	_	Cition direct expenses	Yes %	Yes %	Yes %	,
	6	Volunteer labor	No No	No No	No No	
			<u> </u>	110		·
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
9	En	ter the state(s) in which the organization oper	ates gaming activities.			
а	ls t	the organization licensed to operate gaming a		states?		. L Yes L No
b	If "	No," explain:				
	_				····	
			 			
		ere any of the organization's gaming licenses	-		year?	└── Yes └── No
b	IT "	Yes," explain:				
	_	· · · · · · · · · · · · · · · · · · ·				
0320	12 0	1-13-11			Schedule G (Fo	orm 990 or 990-EZ) 2010

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 SONNENALP OF VAIL FOUNDATION	84-1442704		Page 3
11	Does the organization operate gaming activities with nonmembers?		es '	No
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?		es	No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords.		
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		/es	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am of gaming revenue retained by the third party > \$	ount		
c	If "Yes," enter name and address of the third party.			
	Name			
	Address >			
16	Gaming manager information			
	Name		. ,	
	Gaming manager compensation ▶ \$			
	Description of services provided		•	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	is the organization required under state law to make chantable distributions from the gaming proceeds to			
	retain the state gaming license?	,	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year > \$	t in the		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation (see in	nstruct	ions)
				<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

032211 01-24-11 Supplemental Information to Form 990 or 990-EZ

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.

2010
Open to Public Inspection

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization **Employer identification number** SONNENALP OF VAIL FOUNDATION 84-1442704 FORM 990-EZ, PART I LINE 4 OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 123 FORM 990-EZ, PART I LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: VAIL VALLEY MEDICAL CENTER FOUNDATION GRANTEE ADDRESS: 181 WEST MEADOW DRIVE VAIL, CO 81657 AMOUNT GIVEN: 67,000. ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: EAGLE COUNTY- ECO TRAILS GRANTEE ADDRESS: P.O. BOX 850 EAGLE CO 81631 AMOUNT GIVEN: 4.700. TOTAL INCLUDED ON FORM 990-EZ LINE 10 71,700, FORM_990-EZ_ PART_I, LINE_16_OTHER_EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: MISCELLANEOUS 4.875 1,049 **INSURANCE** BANK CHARGES 109 TOTAL TO FORM 990-EZ, LINE 16 6,033 FORM 990-EZ PART III PRIMARY EXEMPT PURPOSE - TO ENHANCE THE QUALITY OF LIFE FOR THE RESIDENTS OF EAGLE COUNTY COLORADO WITH A PARTICULAR

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

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2010 Open to Public Inspection

Name of the organization	Employer identification number
SONNENALP OF VAIL FOUNDATION	84-1442704
FOCUS ON ADDRESSING FAMILIES' AND CHILDREN'S MEDICAL AND EDUCATIONAL	
TOCOS ON ADDINOSTRO TAMIDIDO AND CHIZDRAN D ADDICAD AND EDGONICAND	
NEEDS NOT CURRENTLY MET BY EXISTING AGENCIES AND CHARITABLE	
ORGANIZATIONS,	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT,	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	
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