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# Return of Organization Exempt From Income Tax

► 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

Department of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning 11-01-2010 , and ending 10-31-2011**

<b>C Name of organization</b> Volunteer Corps of the Vail Valley Medical Center	
Number and street (or P O box, if mail is not delivered to street address) PO Box 40000	Room/suite
City or town, state or country, and ZIP + 4 Vail, CO 81658	

**F** Group Exemption  
Number 

**J Tax-Exempt status** (check only one)— ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 165,865

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	52,444
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 47,742 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .		
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	58,405
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	-10,663
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	65,679
b	Less cost of goods sold . . . . .	7b	42,476	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	23,203	
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	64,984	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	41,637
	11	Benefits paid to or for members . . . . .	11	
	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 in Schedule O) . . . . .	16	1,491
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	45,878
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	19,106
	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	7,761
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	26,867

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	27,761	22	27,200
23	Land and buildings . . . . .	0	23	0
24	Other assets (describe in Schedule O) . . . . .	0	24	431
25	Total assets . . . . .	27,761	25	27,631
26	Total liabilities (describe in Schedule O) . . . . .	20,000	26	764
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	7,761	27	26,867

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☒

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

28	The Volunteer Corps of the Vail Valley Medical Center made significant contributions in 2010/2011 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. In FY-2011, the Volunteer Corps donated \$30,000 to Vail Valley Medical Center to be used towards the purchase of a Mobile Simulation Laboratory. The Mobile Sim Lab is a mobile training laboratory that can be moved around Eagle County and beyond for high quality medical training and education. The Volunteer Corps also contributed \$10,000 to the Shaw Outreach Team for a Tissue Analyzer. This analyzer provides for quicker tissue analysis while reducing the time in surgery. (Grants \$ 41,637)	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	41,637
29				
	(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	
30				
	(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .		32	41,637

Part IV

List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated. (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

















☐

(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
See Additional Data Table				

Part V

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	No
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	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, explain in Schedule O 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 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	Yes
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  <b>37a</b> 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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> 0		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 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 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	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 <input checked="" type="checkbox"/>   <b>43</b>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes☒ No

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.

Sign Here	***** Signature of officer		2012-06-15 Date		
	CHARLIE CREVLING CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	David S Mason CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 111 South Tejon Suite 800 Colorado Springs, CO 809039848			EIN
					Phone no (719) 471-4290

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

☐ Yes☐ No

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

2010

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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☒

Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(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	
(A) VAIL VALLEY MEDICAL CENTER	840563230	03	Yes		Yes		Yes		31,637
(B) VAIL HEALTH SERVICES	262648461	0	Yes		Yes		Yes		0
Total									31,637

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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	President 13 0	0	0	0
Liz Stern PO Box 40000 Vail, CO 81658	Former Director & VP 2 0	0	0	0
Sheri Ball PO Box 40000 Vail, CO 81658	Former Director & VP 2 0	0	0	0
Susan Balcomb PO Box 40000 Vail, CO 81658	Former Director & President 2 0	0	0	0
Jody Burnette PO Box 40000 Vail, CO 81658	Former Dir & Ass't Treasurer 2 0	0	0	0
Marilyn Gill PO Box 40000 Vail, CO 81658	Vice President 2 0	0	0	0
Susan Olmsted PO Box 40000 Vail, CO 81658	Former Dir & Correspondence 2 0	0	0	0
Debby Jasper PO Box 40000 Vail, CO 81658	Vice President 2 0	0	0	0
Jane Reisenger PO Box 40000 Vail, CO 81658	Treasurer 2 0	0	0	0
Jan Smith PO Box 40000 Vail, CO 81658	Secretary 2 0	0	0	0
Jennifer Holzworth PO Box 40000 Vail, CO 81658	Assistant Treasurer 2 0	0	0	0
Marti Waneka PO Box 40000 Vail, CO 81658	Correspondence 2 0	0	0	0
Samantha McIntosh PO Box 40000 Vail, CO 81658	Assistant Treasurer 2 0	0	0	0

## 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.**

OMB No 1545-0047

# 2010

## 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.

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

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**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 services? ☐ **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 and address 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

[illegible]

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)	BAKE SALE (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	91,951	6,953	98,904
	2	Less Charitable contributions . . . .	44,209	6,953	51,162
	3	Gross income (line 1 minus line 2) . . . .	47,742		47,742
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	28,678		28,678
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	29,727		29,727
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			58,405
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-10,663

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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	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 type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

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

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2010

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 Part III 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

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
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 ▶		

<b>Note.</b> If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-		Yes	No
<b>3</b>	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	<b>3</b>	
<b>4a</b>	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	<b>4a</b>	
<b>b</b>	If "Yes," did the organization provide such notice?	<b>4b</b>	
<b>5</b>	Did the organization discharge or pay all liabilities in accordance with state laws?	<b>5</b>	
<b>6a</b>	Did the organization have any tax-exempt bonds outstanding during the year?	<b>6a</b>	
<b>b</b>	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	<b>6b</b>	
<b>c</b>	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III		

[illegible]**Schedule N(Form 990 or 990-EZ) 2010**

**Part III**   **Supplemental Information.**   Complete to provide the information required by Parts I and II,  
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



SCHEDULE O  
(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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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2010

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Volunteer Corps of the Vail  
Valley Medical Center

Employer identification number  
11-3730281

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME Shaw Outreach Team DONEES ADDRESS P O Box 40000 Vail, CO 81658 RELATIONSHIP Affiliate PURPOSE OF PAYMENT Purchase Tissue Analyzer AMOUNT 10000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME Vail Valley Medical Center DONEES ADDRESS P O Box 40000 Vail, CO 81658 RELATIONSHIP Affiliate PURPOSE OF PAYMENT Purchase of Mobile Simulation Laboratory & AMOUNT 31637

Identifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 309

Identifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description FLOWERS & CARDS Amount 562

Identifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description GIFTS & SERVICES Amount 620