

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

# **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)

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	<u>e 2011 cal</u> en	dar year, or tax year begin	ning	, <b>2011</b> , a	and ending	3		,	
		f applicable	С					D Employer I	dentification Nu	ımber
	Ad	dress change	STEAMBOAT SPRINGS	S CHAMBER RESO	RT ASSOCIA	A		84-03	94242	
	$\vdash$	me change	PO BOX 774408					E Telephone	number	
	$\vdash$	tial return	STEAMBOAT SPRING:	S, CO 80477				970-8	79-0882	
	$\vdash$							3.00	., 0002	<del></del>
	$\vdash$	rminated						<b>C</b> •	. 6 1	125 202
	$\vdash$	nended return				- I	Wal la thia	G Gross recei		425,203.
	Ap	plication pending		l officer				a group return fo affiliates include		Yes X No
			SAME AS C ABOVE			_		attach a list (se		Yes No
<u></u>	Tax-e	exempt status	501(c)(3) X 501(c) ( 6	5)◀ (insert no.)	4947(a)(1) or	527		•	-	
J	Web	osite: > WV	W.STEAMBOAT-CHAME	BER.COM			H(c) Group	exemption numb	er ►	
ĸ	Form	of organization	X Corporation Trust	Association Other	L Ye	ar of Formati	on 190	7 M State	of legal domic	le. CO
Pa	rt I	Summai				-				
			be the organization's missi	on or most significant	activities: TO	SUPPOR	RT, EN	COURAGE	AND SUS	TAIN A
•			HEALTHY ECONOMY							T AS A
Activities & Governance			ERSON FOR THE BUSI							
Ë			LES_AND_WELCOME_AN							
ě		Check this b		n discontinued its oper	rations or dispor	sed of mo	re than 2	5% of its nei	assets.	
ĕ			oting members of the gover					1	3	28
ಳ			ndependent voting members			1b)			4	28
Ě			r of individuals employed in						5	24
₹			r of volunteers (estimate if						6	250
¥	7a	Total unrelat	ed business revenue from F	Part VIII, column (C), I	ıne 12				7a	0.
	b	Net unrelate	d business taxable income	from Form 990-T, line	34				7 b	0.
						- "-	P	rior Year	Cui	rent Year
	8	Contributions	s and grants (Part VIII, line	1h)				394,289	9.	340,481.
92			vice revenue (Part VIII, line					738,59	1.	731,941.
<b>₹</b>		-	ncome (Part VIII, column (A					6,83	5.	4,061.
Hevenue	I		ue (Part VIII, column (A), lir			•		70,92	6.	112,855.
			e - add lines 8 through 11			e 12)	1	,210,64	1. 1	,189,338.
9	_		similar amounts paid (Part I							
N	ا م م		d to or for members (Part I)	• •						
3	15		er compensation, employee			540,57	8	559,897.		
	13		· -		310737	<del></del>				
Expenses	16a		fundraising fees (Part IX, o			•				
Experience of the control of the con	b	Total fundra	ising expenses (Part IX, col	umn (D)  R   E   25E  1\/\_						
Ž₩.	17	Other expen	ses (Part IX, column (A), lir	nes <del>  1a-11d, 11f-24e)</del>	- 10			715,14	7.	687,208.
3	18	Total expens	ses Add lines 13-17 (must	equal Part IX, column	(A), line 25)		. 1	,255,72	5. 1	,247,105.
5	19	Revenue les	ses Add lines 13-17 (must of sexpenses Subtract line 1	a from line 12 2 2	012   21			-45,08	4.	-57,767.
) 8 g					2 2		Beginnir	g of Current Y		d of Year
a ta	1	Total assets	(Part X, line 16).	OGDEN.				,067,35		973,525.
30	1		es (Part X, line 26)	T. OGDEN,				564,70		528,636.
Nat Assets Fund Balanc			•	no 21 from line 20				502,65		444,889.
		_	r fund balances. Subtract li	ne 21 Iroin iine 20	•			302,03	<u> </u>	444,005.
	art II		re Block		-					
Und	der pena nplete D	Ities of perjury Declaration of pre	declare that have examined this ret parer (other han officer) is based on	turn, including accompanying s all information of which prepa	schedules and staten arer has any knowled	nents, and to ige	the best of r	ny knowledge ar	nd belief, it is tru	e, correct, and
	· —		<del>/ /))                                 </del>					=700	110	
		V Suppli	ure of officer	·····	-		l_ Da	5 / d /	1 / =	
Sig	gn		\	- 1/10			-			
He	ere	<b>▶</b> <u> </u>	/THOMAS J	WAN						
		1	or print name and title	····					DTIN	
		1	preparer's name	Preparer's signature		Date		Check	f PTIN	
Pa	id	ALLIS	ON A. KUSY	ALLISON A. KU	SY	5/14/	12	self-employed	P0065	3531
	epare		MILDIA							
	e On		- DO DOW 33300	7				Fırm's EIN ▶	84-0773	720
			STEAMBOAT SPI		7-3027	•				9-1787
Ma	v tha	IBS discuss +	his return with the preparer				***		XY	
			Reduction Act Notice, see t			TEE	A0113L 08	/18/11		orm <b>990</b> (2011)
ΒA	A. FOI	raperwork	neuuciioii Aci Nolice, See I	uie separate ilistructio	711 <b>3</b> .	166	~vii>L 00	,,,,,,,,		

Form 990 (2011) STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA	84-0394242	Page 2
Partill Statement of Program Service Accomplishments	<del></del>	
Check if Schedule O contains a response to any question in this Part III		$\Box\Box$
1 Briefly describe the organization's mission:  TO SUPPORT, ENCOURAGE AND SUSTAIN A VIBRANT, HEALTHY ECONOMY IN  SURROUNDING AREAS. TO ACT AS A SPOKESPERSON FOR THE BUSINESS AS  COMMUNITY, TO SUPPORT ALL EXISTING INDUSTRIES AND WELCOME AND N	ND PROFESSIONAL	AND_
2 Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	on the prior Yes X	No
If 'Yes,' describe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O	services? Yes X	No
<ul> <li>Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported</li> </ul>	rvices, as measured by expe amount of grants and allocat	nses. ions to
4a (Code) (Expenses \$ including grants of \$)	(Revenue \$	)
		- <del></del>
4b (Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
		<b>-</b>
4c (Code:) (Expenses \$)	(Revenue \$	)
		<b>_</b>
		<b>-</b>
		- <b></b> -
4d Other program services. (Describe in Schedule O )		
(Expenses \$ including grants of \$ ) (Revenue 5	)	
4e Total program service expenses ▶		

\_\_\_\_\_

7,

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
1	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	<u> </u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	_	X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		l

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III* 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L. Part IV . 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part IL . 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 . 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 35b of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 ... Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

BAA

Form 990 (2011)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011) STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA 84-0394242 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-24 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a 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) 4a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5Ь b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

Cit res, to line 3a of 3b, did the organization mer of the 3000-1:	30	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		
services provided to the payor?	7a	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	<b>_</b>	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.	ļļ.	
a Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a	_	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-	
11 Section 501(c)(12) organizations. Enter:	1 1	
a Gross income from members or shareholders	-i !	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<b>」</b>	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in		

13b 13c

which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

c Enter the amount of reserves on hand

14a

Form 990 (2011)

Form 990 (2011) STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA 84-0394242 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 28 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 28 1 b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee?. ... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?. X 86 **b** Each committee with authority to act on behalf of the governing body? . Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? SEE SCHEDULE O **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Х Schedule O how this is done . SEE SCHEDULE O 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a a The organization's CEO, Executive Director, or top management official. X 15b SEE SCHEDULE O. **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? . b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website |X| Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TEEA0106L 01/23/12

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
			(C)								
(A) Name and title	(B)	(do no	t che	Posi ck mo	ition ore th	an one l	box,	(D)	(E)	(F)	
Name and title	Average hours	unles	s per and a	son is direc	s both tor/tr	n an offic ustee)	cer	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week (describe hours for	악	Г	9	의 중 의표 공		Fo	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization	
	related organiza-	lividu	t tut	Officer	y em	hest	Former			and related organizations	
	tions in Schedule	Individual trustee or director	Institutional trus		Key employee	Highest compensated employee				0,9211122110113	
	O)	ıstee	trust		8	pens					
			ee			ated					
(1) DAVID BALDINGER, JR.											
DIRECTOR	0.5	Х						0.	0.	0.	
(2) MARK MATHEWS									_	_	
DIRECTOR	0.5	Х						0.	0.	0.	
_(3)_REX_BRICE	<b>!</b> .			١.,						^	
DIRECTOR	1	Х		Х	_			0.	0.	0.	
(4) MARY ALICE PAGE ALLEN	0.5	X						0.	0.	0.	
DIRECTOR  (5) CHRIS DIAMOND	1 0.5		$\vdash$	$\vdash$	Н			0.	0.		
DIRECTOR	0.5	x			1			0.	0.	0.	
(6) JULIE KIRKPATRICK	0.5	_ ^						0.	0.	<u> </u>	
DIRECTOR	0.5	X						0.	0.	0.	
(7) GRANT FENTON	1	<u> </u>									
VICE PRESIDENT	1 1	Х		Х				0.	0.	0.	
(8) BETSE GRASSBY											
DIRECTOR	0.5	X						0.	0.	0.	
(9) J. MARK HALVORSON	1										
DIRECTOR	0.5	Х						0.	0.	0.	
(10) KELLY LANDERS										•	
DIRECTOR	0.5	X						0.	0.	0.	
(11) RANDY RUDASICS	ا	١,,							0	0	
DIRECTOR	0.5	X		_	$\vdash$			0.	0.	0.	
(12) SHAUNA STEELE LAMANSKY	٠, ١	X						0.	0.	0.	
DIRECTOR	0.5	_^	$\vdash$					<u> </u>	U.		
(13) BOB LARSON DIRECTOR	0.5	X						0.	0.	0.	
(14) KEITH LIEFER	1 0.5	<u>^</u>	$\vdash$				_		0.	<u> </u>	
DIRECTOR	0.5	X						0.	0.	0.	
<u> </u>	,						_				

Part VII   Section A. Officers, Directors, Trust	ees, k	<b>∖</b> ey	Em	plo	ye	es,	and	Highest Com	pensated Emp	oyees (cont)
				((	C)					
(A) Name and title	(B) Average hours	Ьох	, unles	heck ss pe	rson	than is both or/trus	hап	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week	or dir	Ę,	Q.	κ ey	g 포	77	the organization (W-2/1099-MISC) related organization (W-2/1099-MISC)		compensation from the
	(describ e hours	director	nstitutional trustee	Officer	y em	Highest co employee	rmer			organization and related organizations
	for related	idual trustee rector	onal		employee	compensated				organizations
	organı- zatıons	stee	trust		l iš	pens				
	Sch O)		ee			ated				
(15) KERRY SHEA	م د	.,					_		•	
DIRECTOR (16) SCOTT MARR	0.5	Х	$\dashv$			$\vdash$		0.	0.	0.
DIRECTOR	0.5	Х						0.	0.	0.
(17) LARRY MASHAW DIRECTOR	0.5	х						0.	0.	0.
(18) PETER VAN DE CARR	10.5	<del>  ^`</del>			<del>                                     </del>	╁		, , , , , , , , , , , , , , , , , , ,	0.	· · ·
DIRECTOR	0.5	Х						0.	0.	0.
(19) LINDA CULLEN	ا ر	ν,						0	•	_
DIRECTOR (20) DAVID NAGEL	0.5	Х						0.	0.	0.
DIRECTOR	0.5	X						0.	0.	0.
(21) JEFF_STEINKE PRESIDENT	,	X		Х				0.	0.	
(22) KATHY STOKES	1	^			-		-	0.	<u> </u>	0.
DIRECTOR	0.5	Х			_		L	0.	0.	0.
<u>(23)</u> <u>JOHN CURNOW</u> <u>DIRECTOR</u>	0.5	X						0.	0.	0.
(24) DEAN VOGELAAR	0.3	Λ				╁		<u> </u>	<u></u>	<u> </u>
DIRECTOR	0.5	x						0.	0.	0.
(25) JON WADE										
DIRECTOR	0.5	X			<u> </u>			0.	0.	0.
1 b Sub-total							<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	Α						<b>&gt;</b>	77,061.	0.	0.
d Total (add lines 1b and 1c)							_	77,061.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	a to the	ose i	istec	ab	ove	) wn	o re	ceived more than	\$100,000 of report	able compensation
3										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re			mne	nea	tion	and	l oth	er compensation	from	
the organization and related organizations greater t	han \$1	50,0	00?	If '\	'es'	com	plet	e Schedule J for	110111	4 X
5 Did any person listed on line 1a receive or accrue of	ompen	satio	on fro	om	anv	unre	elate	ed organization or	ındıvıdual	
for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors	comple	te S	chea	lule	J fo	r suc	ch p	erson	·	5 X
1 Complete this table for your five highest compensal	ed inde	epen	dent	coi	ntra	ctors	tha	it received more t	han \$100,000 of	
compensation from the organization Report compe	nsation	for	the	cale	nda	r yea	ar ei	nding with or with	in the organization'	
	(A) (B) (C) Name and business address Description of services Compensation									
2 Total number of independent contractors (including	but no	t lım	ıted	to t	hose	e list	ed a	bove) who receiv	ed more than	
\$100,000 in compensation from the organization	_									

#### Form 990

## **Continuation Sheet for Form 990**

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA 84-0394242

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees						-	•		<u> </u>	
(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average		tion (	_	_	hat app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	hours per week	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		rect	Institutional trustee	er	emţ	est o	뻍	(11 2 1035 111100)	(17 12 1055 111100)	organization and related organizations
		일	nal		oloye	eom				organizations
		stee	trust		Ж.	) ens				
	]	, "	æ		١.,	ated		,		
MARK WALKER										
DIRECTOR	0.5	Х						0.	0.	0.
KARL GILLS										
DIRECTOR	1	Х	L	X				0.	0.	0.
STACY HUFFMAN	[						ĺ			
	0.5	Х	L					0.	0.	0.
SANDY EVANS HALL	j			İ						
EXECUTIVE DIREC	40		$ldsymbol{ld}}}}}}$	X	<u> </u>			35,228.	0.	0.
TOM KERN	ļ							ŀ		
EXECUTIVE DIR.	40			X				41,833.	0.	0.
							İ			
	ļ		ļ				_		·	
	ł						ŀ			
					<u> </u>		_			
					<u> </u>		-			
	{									
<del></del>					-		-			<del></del>
	ł									
<del></del>		-	-		├	-	-			·
	1					Ì				
				-	-		-		<del></del>	
	ſ	[	1		ĺ	ĺ	ĺ			
	<del>                                     </del>	-	$\vdash$		<del> </del>	l	$\vdash$			<del></del>
	1	:				İ	İ			
<del></del>			╁┈	$\vdash$	$\vdash$		╁			
	†		1		1	}				
		<del>                                     </del>	$\vdash$		┝	<u> </u>				
	1				l					
			$\vdash$	l				-		<del></del>
	1									
	<del></del>				┢	f				
	1									
			Г							
	1									
					Π					
			L	L	L					
	l		L	L	<u> </u>	<u> </u>				
										Form <b>990</b> Cont 2011

Form 990 Cont 2011

Par	t VIII   Statement of Revenue				<u> </u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f: \$				
S S	h Total. Add lines 1a-1f	340,481.			
JA	Business Code				
VEN	2a DEVELOPMENT	731,941.	731,941.		
AM SERVICE RE	bcde				
85	f All other program service revenue	<u> </u>		<del></del>	
4	g Total. Add lines 2a-2f	731,941.		<del> </del>	<u> </u>
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	4,061.			4,061.
	5 Royalties .				<del> </del>
	6a Gross rents				
	d Net rental income or (loss)	10,475.			10,475.
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$				
5	c Net income or (loss) from fundraising events.	38,508.			
	9a Gross income from gaming activities. See Part IV, line 19	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>			
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				<del>                                     </del>
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold . b		:		
,	c Net income or (loss) from sales of inventory			· · · · · · · · · · · · · · · · · · ·	
	Miscellaneous Revenue Business Code				
	11a MANAGEMENT AND GENERAL	63,872.	63,872.		
	b				<del> </del>
	c				<del>                                     </del>
	d All other revenue	62 070	<del></del>		<del> </del>
	e Total. Add lines 11a-11d	63,872. 1,189,338.	795,813.	0	. 14,536.
	12 Total revenue. See instructions	1,109,330.	130,010.		1-1200.

Form 990 (2011)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in the United States See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	77,061.								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	393,801.		-						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	8,461.								
9	Other employee benefits	40,512.			<del></del>					
10	Payroll taxes	40,062.	<del></del>		<del></del> -					
	· ·	40,002.								
	Fees for services (non-employees):									
а	Management									
6	Legal		<del></del> .							
C	Accounting	7,450.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	13,263.								
12	Advertising and promotion	153,736.								
13	Office expenses	31,564.								
14	Information technology	84,121.								
15	Royalties									
16	Occupancy	69,699.								
	Travel	7,852.								
	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
	Depreciation, depletion, and amortization	19,143.								
	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a	COMMUNITY DEVELOPMENT	137,312.								
	OTHER EXPENSES	56,324.								
	UNCOLLECTABLE MEMBERSHIP DUES	36,591.								
	FULFILLMENT	27,839.								
	All other expenses	42,314.								
	Total functional expenses. Add lines 1 through 24e	1,247,105.								
	Joint costs. Complete this line only if									
	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.									
	Check here ► if following									
	SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>					

**Balance Sheet** (A) **(B)** End of year Beginning of year 1 325,279 270,281. Cash - non-interest-bearing. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 20,516 10,626 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 695,456 286,193 422,130 10 c 409,263. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 299,431 15 283,355. 15 Other assets. See Part IV, line 11 067,356. 973,525 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 41,436. 19,899 17 17 Accounts payable and accrued expenses 18 18 Grants payable 50,689 19 54,514 19 Deferred revenue 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 472,575 25 454,223. 564,700 528,636 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here |X| and complete lines 27 through 29 and lines 33 and 34. 502,656. 27 444,889. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 502,656 33 444,889. 33 Total net assets or fund balances 067,356 973,525. 34 Total liabilities and net assets/fund balances

BAA

Part X

Form 990 (2011) STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA 84-039	4242 Page 12
Part XI Reconciliation of Net Assets	
Check if Schedule O contains a response to any question in this Part XI	
·	1
1 Total revenue (must equal Part VIII, column (A), line 12)	1,189,338.
2 Total expenses (must equal Part IX, column (A), line 25)	1,247,105.
3 Revenue less expenses. Subtract line 2 from line 1	-57,767.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	502,656.
5 Other changes in net assets or fund balances (explain in Schedule O)	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	444,889.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response to any question in this Part XII	
	Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
<b>b</b> Were the organization's financial statements audited by an independent accountant? .	2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the arreview, or compilation of its financial statements and selection of an independent accountant?	udit, 2c X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o separate basis, consolidated basis, or both:	na
X Separate basis Consolidated basis Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b
BAA	Form <b>990</b> (2011)

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

• Section 527 organizations: Complete Part I-A only.

2011

► Complete if the organization is described below. Open to Public

Department of the Treasury Internal Revenue Service

(6)

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

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

Inspection

Schedule C (Form 990 or 990-EZ) 2011

OMB No 1545-0047

• 9	Section 501(c)(3) organizations	s that have filed Form 5768 (election under	section 501(h)): Con	nplete Part II-A Do not	complete Part II-B			
F	Part II-A	s that have NOT filed Form 5768 (election						
	-	' to Form 990, Part IV, line 5 (Proxy Tax) o	r Form 990-EZ, Part \	/, line 35a (Proxy Tax),	then			
		rganizations, Complete Part III		······································				
Name	of organization			Employer identifica				
STE	AMBOAT SPRINGS CHA	MBER RESORT ASSOCIA		84-039424				
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.			
		organization's direct and indirect political c						
2	Political expenditures			. ▶\$				
	Volunteer hours			•				
		ganization is exempt under section	on 501(c)(3).					
		ise tax incurred by the organization under		►\$				
	-	ise tax incurred by organization managers		►s				
	-	section 4955 tax, did it file Form 4720 for		• •	Yes No			
	Was a correction made?	section 4555 tax, did it life form 4720 for	uns year.		Yes No			
				•				
	If 'Yes,' describe in Part IV.	rganization is exempt under section	n E01(a) avean	costion E01/c)/2)	<del> </del>			
,	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities - 5				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function expendine 17b	ditures Add lines 1 and 2. Enter here and	on Form 1120-POL,	<b>►</b> \$				
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No			
5	organization made navments	and employer identification number (EIN) s. For each organization listed, enter the arons received that were promptly and direct I action committee (PAC) If additional spa	nount paid from the f	iling organization's fund	is Also enter the			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
(1)								
(2)								
(3)								
(4)								
(5)								
	<del></del>				]			

Schedule C (Form 990 or 990-EZ) 201				84-0394	
Part II-A Complete if section 501(		n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
		ongs to an affiliated group	(and list in Part IV eac	th affiliated group membe	r's name
_		d share of excess lobbying	•	and an area group money	. o name,
	•	cked box A and 'limited co			
<del></del>	Limits on Lobby	ring Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pu	iblic opinion (grass roots le	obbying)		
<b>b</b> Total lobbying expendition	ures to influence a	legislative body (direct lob	bying)		
<b>c</b> Total lobbying expendition	ures (add lines 1a	and 1b)			
<b>d</b> Other exempt purpose	expenditures.				
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable an both columns.	mount Enter the an	nount from the following ta	ble in		
If the amount on line 1e, col	lumn (a) or (b) is:	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	s over \$500,000.		}
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
<b>g</b> Grassroots nontaxable	•	•	•		
<b>h</b> Subtract line 1g from lir			•		
i Subtract line 1f from lin	ne 1c If zero or less	s, enter -0-			
j If there is an amount of section 4911 tax for this	ther than zero on ei s year?	ther line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	Yes No
(Som	ne organizations tha columi	4-Year Averaging Period of the transfer of the	Under Section 501(h) lection do not have to ions for lines 2a throug	complete all of the five jh 2f.)	
	Lobi	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures .					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Schodulo C (Form	1 990 or 990-EZ) 2011
BAA				Schedule C (FOII)	1 220 01 220-641 2011

(election under section 501(h)).	(6	a)	(b		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?			·		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	-				
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	ļ				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?.			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2	<u> </u>	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' answered 'Yes.'	OR (b)	Part I	II-A, line	3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a	<u> </u>		
<b>b</b> Carryover from last year.		2b			
c Total		2c			
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	200	1			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical				_
		4			<u>0.</u>
expenditure next year?		<del></del>			0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information		5			
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, line 4.	Part II-A	5	Part II-B, Iır	ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information		5	°art II-B, lır	ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, laso, complete this part for any additional information		5	Part II-B, Iır	ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, laso, complete this part for any additional information	<b>-</b>	5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information	<b>-</b>	5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information		5, and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information		5, and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information	 	5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information	 	5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information		5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information		5 , and F		ne 1	
5 Taxable amount of lobbying and political expenditures (see instructions).  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information		5 , and F		ne 1	

Schedule C (Form 990 or 990-EZ) 2011 STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA	84-0394242	Page 4
Part IV   Supplemental Information (continued)		
<del></del>		
	<del>-</del>	
	<b>-</b>	
	<b>-</b>	
	- <b></b>	
		<del>-</del>
	<del>-</del>	
	<del></del>	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

CENT	NAME OF TAXABLE PARTIES.	1 1000071		
	AMBOAT SPRINGS CHAMBER RESORT		<u> </u>	84-0394242
Par	tl Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or Uthe o Form 990 Part IV line	er Similar Funds of Acc	ounts. Complete if
	the organization answered 105 to	<u> </u>	<del></del>	inde and other accounts
1	Total number at end of year	(a) Donor advised	luilds (B) F	unds and other accounts
2	_			· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		<del></del>	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor advised legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dor	ng that grant funds can be nor advisor, or for any other	Yes No
Par	t II Conservation Easements. Compl	ete if the organization ai	nswered 'Yes' to Form 9	90, Part IV, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r		Preservation of an historic	ally important land area
	Protection of natural habitat	,	Preservation of a certified	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation		
				feld at the End of the Tax Year
а	Total number of conservation easements		2a	
t	Total acreage restricted by conservation ease	ments	2 <u>b</u>	
c	Number of conservation easements on a certification	fied historic structure included	ın (a) <b>2c</b>	
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, a	nd not on a historic 2d	<u></u>
3	Number of conservation easements modified, tax year ▶	transferred, released, extingui	ished, or terminated by the or	ganization during the
4	Number of states where property subject to co	onservation easement is locate	ed ►	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring it holds?	ig, inspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing o	conservation easements durin	g the year
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing conse	ervation easements during the	e year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements			
Par	t III Organizations Maintaining Colle Complete if the organization ans			nilar Assets.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, ed	lucation, or research in furthei	nt and balance sheet works of rance of public service, provide,
ŧ	b) If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to rep ld for public exhibition, educat	ort in its revenue statement a tion, or research in furtheranc	nd balance sheet works of art, e of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		•	<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 (ASC 958) relating to the	er similar assets for financial ( se items:	gain, provide the following
ě	Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$
Ł	Assets included in Form 990, Part X			►\$

Schedule D (Form 990) 2011 STEAMBO				84-039		Page 2		
Part III Organizations Maintainin								
3 Using the organization's acquisition, items (check all that apply):	accession, and o	_		g that are a significant i	use of its colle	ection		
a Public exhibition			or exchange programs					
b Scholarly research		e [_] Other	<del></del>					
c Preservation for future generation	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
Part XIV.								
5 During the year, did the organization assets to be sold to raise funds rather	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No							
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV,							
line 9, or reported an am	ount on Form	990, Part X,	line 21.		,			
1 a Is the organization an agent, trustee included on Form 990, Part X?	, custodian, or oth	ner intermediary	for contributions or oth	ner assets not	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement in F	art XIV and com	plete the follow	ng table:	· · · · · · · · · · · · · · · · · · ·				
					Amount			
<b>c</b> Beginning balance .	•	•		1c				
d Additions during the year				1 d				
e Distributions during the year				1e				
f Ending balance .			• •	1f	<del></del>	<del></del>		
2a Did the organization include an amou		Part X, line 21?	•		Yes	∐ No		
b If 'Yes,' explain the arrangement in F		anization and	word 'Vos' to For	m 000 Part IV line	2 10	<del></del>		
Part V Endowment Funds. Comp	(a) Current year				(e) Four ye	are back		
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years Dac	k (u) Tillee years back	(e) Four ye	als Dack		
<b>b</b> Contributions		<del></del>			+	<del></del>		
			<del></del>					
c Net investment earnings, gains, and losses								
d Grants or scholarships					<del></del>			
e Other expenditures for facilities and programs					<u> </u>			
f Administrative expenses					<u>-  </u>			
g End of year balance	<del></del>	L						
2 Provide the estimated percentage of	<del>-</del>	end balance (lin	ie 1g, column (a)) held	as:				
<ul> <li>a Board designated or quasi-endowme</li> <li>b Permanent endowment ►</li> </ul>	nt •							
	°	%						
c Temporarily restricted endowment • The percentages in lines 2a, 2b, and		<b>—</b> -						
3a Are there endowment funds not in the			that are held and adm	inistered for the				
organization by:	e possession or i	ine organization	that are new and adm	inistered for the	Yes	No		
(i) unrelated organizations.		•	• •		3a(i)			
(ii) related organizations				••	3a(ii)	<u> </u>		
<b>b</b> If 'Yes' to 3a(II), are the related orga	nizations listed a	s required on So	chedule R?		_3b			
4 Describe in Part XIV the intended us								
Part VI   Land, Buildings, and Equ								
Description of property		t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value		
<b>1a</b> Land		, ,	200,000.		200	0,000.		
<b>b</b> Buildings			384,703.	197,699.		7,004.		
<b>c</b> Leasehold improvements			77,635.	65,371.	13	2,264.		
<b>d</b> Equipment .			33,118.	23,123.		9,995.		
e Other								
Total. Add lines 1a through 1e (Column (	d) must equal For	rm 990, Part X,	column (B), line 10(c)	·	40	<u>9,263.</u>		

BAA

Schedule **D** (Form 990) 2011

	(Form 990) 2011						A 84-039	94242 Page <b>3</b>
Part VII	Investments -	Other Secur	iti <b>es.</b> See	Form 990,	Part X,	line 12.	N/A	
	(a) Description of se (including nam	ecurity or catego ne of security)	ry	(b) Book	value		(c) Method of valua Cost or end-of-year mar	tion: ket value
(1) Financi	ial derivatives							
(2) Closely	-held equity interes	its						
(3) Other								<u></u>
<u>(A)</u>							· · · · · · · · · · · · · · · · · · ·	
<u>(B)</u>								
(C)	<b></b>							
<u>(D)</u>						<u> </u>		<del></del>
<u></u>						<del> </del>		<u> </u>
<u></u>		<del></del>			<del></del>	<del></del>	<del></del> _	
<u>(G)</u>								
<u>(H)</u>								
_(l)	mn (b) must equal Form S	000 Part V saluma (P	) line 12.)				······································	
	Investments -				Part X	line 13	N/A	<del></del>
1 art VIII	(a) Description of			( <b>b)</b> Book		1116 13.	(c) Method of valua	tion
	(a) Description of	investment type		(0) 600	value		Cost or end-of-year mar	ket value
(1)								
(2)							. <u></u>	
(3)		<u> </u>						
(4)								
(5)				_				
(6)	<del></del>					<del> </del>		
	<del></del> -		<del></del>	<del> </del>	·	ļ		
(8)							<del></del>	
(9)	<del></del>	<del></del>					<u> </u>	
(10)		100 D - 1 V 1 (1	2) ( 12 )	<u> </u>		<del> </del>	<del> </del>	
Part IX	on (b) must equal Form 9 Other Assets.	90, Part X, COIUMN (E See Form 991	)	line 15	<del></del>	<u> </u>		
Tartix	Other Assets.	See i oilii 55		scription				(b) Book value
(1) AGE	NCY ASSETS:	ACCOUNTS R						5,535.
		CASH AND C						276,884.
	ETS HELD BY							936.
(4)								
(5)								
(6)								
(7)							<u> </u>	<u> </u>
(8)	<u>.</u>		··					
<u>(9)</u>	,							
(10)	<u> </u>						_ <del></del>	
	lumn (b) must equa							283,355.
Part X	Other Liabilitie		990, Part					
<u></u>		tion of liability		(b) E	Book value	<u>-</u>		
	ral income taxes	יבאיתי		_	281,98	-		
	SH HELD AS AG TT CERTIFICAT		DINC		172,2			
	I CENTIFICAT	ES COISIAN.	DING		112,2.	<del>33. </del>		
<u>(4)</u> (5)		<del>-</del>		-+				
(6)								
(7)	<del></del>							
(8)						_		
(9)			<del></del>					
(10)			<del></del>					
(11)								
	nn (b) must equal Form 9	90, Part X, column (B	) line 25.)	<b>•</b>	454,22	23.		
<u>-</u>				of the factor			's financial statements that	roports the

<sup>2</sup> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

		-0394242	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	,189,338.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,247,105.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-57,767.
4	Net unrealized gains (losses) on investments		<u>-</u>
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV )		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<del>-57</del> ,767.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements	1 1	<u>,420,078.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ā	Net unrealized gains on investments . 2a		
t	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV) SEE PART XIV . 2d 230,740.		
•	Add lines 2a through 2d	2e	230,740.
3	Subtract line 2e from line 1	3 1	<u>,189,338.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b.	4c	100 000
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		,189,338.
Pai	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		477 045
1	Total expenses and losses per audited financial statements .	<del>                                     </del>	,477,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
	Donated services and use of facilities  Prior year adjustments  2b		
	O Prior year adjustments		
		1 ]	
		2e	230,740.
,	Subtract line <b>2e</b> from line <b>1</b>		,247,105.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, 241, 105.
٦,	Investment expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)	1 1	
	Add lines 4a and 4b.	4c	_
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .	5 1	,247,105.
Pai	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete additional information.	, lines 1b and e this part to p	2b, provide
	~		
	·		
			<del>-</del>
			<b></b>
		<b></b> -	<b></b>

TEEA3304L 05/25/11

BAA

Schedule **D** (Form 990) 2011

Schedule <b>D</b> (Form 990) 2011	STEAMBOAT SPRINGS	CHAMBER RESORT ASSOCIA	84-0394242	Page 5
Part XIV Supplementa	I Information (continued	CHAMBER RESORT ASSOCIA		
		<b></b>		
			<del></del>	
			<del>-</del>	<b>-</b>
			~	
		<del>_</del>	<b>-</b>	
			<del></del>	
				<del>-</del>
		<b></b>		- <b></b>
			<del></del>	
				<del>-</del>
				<del></del> -

2011

# SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA

84-0394242

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENTS EXPENSES .

TOTAL \$ 230,740. \$ 230,740.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS EXPENSES

TOTAL \$ 230,740.

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,

OMB No 1545-0047 2011

Open to Public Inspection /

Department of the Treasury Internal Revenue Service

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. Name of the organization Employer identification number STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA 84-0394242 **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants е b Internet and email solicitations f Solicitation of government grants c Phone solicitations Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key XNo employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) (or retained by) of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		G (Form 990 or 990-EZ) 2011 STEAMBO				
Par	<u>t II  </u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts groups.	event contributions	nswered 'Yes' to For s and gross income	rm 990, Part IV, Iir on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1  MARATHON  (event type)	(b) Event #2 ALL ARTS FESTI (event type)	(c) Other events 7 (total number)	(d) Total events (add column (a) through column (c))
アルン 田 アンル	1	Gross receipts	135,299.	36,035.	97,914.	269,248.
Ē	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	135,299.	36,035.	97,914.	269,248.
	4	Cash prizes .				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs .				
C T	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	72,306.	33,596.	124,838.	230,740.
S	10 11				<b>&gt;</b>	230,740. 38,508.
Pai		Ret income summary Combine line 3, complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	
		<del></del>	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Ë V E				bingo/progressive bingo		(add column (a) through column (c))
REVENUE	1	Gross revenue				
_	2	Cash prizes				
D I R N S F	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d).		•	
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	<b>&gt;</b>	
	a Is ti	er the state(s) in which the organization on the organization licensed to operate gamin No,' explain:	g activities in each of th	nese states?		Yes No
		re any of the organization's gaming licensities,' explain:	es revoked, suspended	or terminated during the	e tax year?	Yes No
BAA			TEEA3702L (	01/24/12	Schedule <b>G</b> (Fo	rm 990 or 990-EZ) 2011

Sche	nedule G (Form 990 or 990-EZ) 2011 STEAMBOAT SPRINGS C	HAMBER RESORT ASSOCIA	84-0394242	Page 3
	Does the organization operate gaming activities with nonmembers		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a administer charitable gaming?	member of a partnership or other e	entity formed to Yes	No
13	Indicate the percentage of gaming activity operated in:		1 1	
	a The organization's facility		13a	%
ŧ	<b>b</b> An outside facility		13Ь	8
14	Enter the name and address of the person who prepares the orga	anization's gaming/special events bo	ooks and records:	
	Name ►			
	Address >			- <b>-</b>
15 a	a Does the organization have a contact with a third party from who	n the organization receives gaming	revenue? Yes	No No
ŧ	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organic		and the amount	<u>—</u>
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party:			
	Name <b>&gt;</b>			7
	Address ►			1 1
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation   \$			
	Description of services provided			
	Director/officer Employee	Independent contractor		
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable di	stributions from the gaming proceed	ds to retain the	
ı	b Enter the amount of distributions required under state law to be c	distributed to other exempt organiza	tions or spent in the	s []No
(Pai	organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part t	o provide the explanations re	equired by Part I. line	2h
<u>luaei</u>	columns (III) and (v), and Part III, lines 9, 9b, 10 this part to provide any additional information (s	)b. 15b. 15c. 16. and 17b. as	applicable. Also con	nplete
				<del></del>
			<del></del>	
				<del></del>
				<del></del>
			<del> </del>	
BAA	A TEEA370:	BL 05/20/11 S	chedule <b>G</b> (Form 990 or 9	90-EZ) 2011

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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.

Open to Public Inspection

	Employer Identification number
STEAMBOAT SPRINGS CHAMBER RESORT ASSOCIA	84-0394242
FORM_990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE EXECUTIVE COMMITTEE REVIEWS THE 990 IN A SPECIAL SESSION.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
TWO OR MORE BIDS ARE REQUESTED ON PRODUCTS OR SERVICES PURCHASE	D BY STAFF. THE
BOARD REQUIRES DISCLOSURE PRIOR TO VOTING ON ANY ISSUE THAT MAY	HAVE REAL OR
PERCEIVED PERSONAL GAIN FOR ANY VOTING MEMBER OF THE BOARD.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEE
FINANCE COMMITTEE IS ESTABLISHED EACH YEAR IN OCTOBER UNDER THE	CHAIRMANSHIP OF THE
TREASURER OF THE BOARD OF DIRECTORS PER THE ASSOCIATION BYLAWS.	THE COMMITTEE
REVIEWS ALL SALARIES OF KEY EMPLOYEES AND LOOKS AT COMPARABLE I	NDUSTRY STANDARDS FOR
CHAMBERS OF COMMERCE.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
UPON REQUEST.	

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

	re filing for an Automatic 3-Month Extension, com				► X
	re filing for an Additional (Not Automatic) 3-Month				
Do not com	<i>plete Part II unless</i> you have already been granted	d an autom	atic 3-month extension on a previously t	iled Form 8868	
corporation request an i Associated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which multing of this form, visit www irs gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time You can ele irt II with the exception of Form 8870, In to the IRS in paper format (see instruction	ctronically file Form formation Return fo	n 8868 to r Transfers
	automatic 3-Month Extension of Time. O			<del></del>	
	on required to file Form 990-T and requesting an a			complete Part Lonly	<b>→</b>
	rporations (including 1120-C filers), partnerships,			-	
income tax		nemioo, ai	ia trasts mast ase form foot to request	can extension or the	
			Enter filer's identi	fying number, see i	nstructions
	Name of exempt organization or other filer, see instructions			Employer identification n	umber (EIN) or
Type or				1	
print	STEAMBOAT SPRINGS CHAMBER RESC	RT ASSC	CIA	X 84-039424	2
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions		Social security num	iber (SSN)
filing your return See	PO BOX 774408			<u> </u>	
instructions	City, town or post office, state, and ZIP code For a foreign additional code.	ess, see instru	ctions		
	STEAMBOAT SPRINGS, CO 80477			·	
Enter the R	eturn code for the return that this application is fo	r (file a sep	arate application for each return)		01
Application Return Application Code Is For				Return Code	
Form 990		01	Form 990-T (corporation)		07
Form 990-B	BL .	02	Form 1041-A		08
Form 990-E	Z	01	Form 4720		09
Form 990-P	PF	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor If the or If this is check the exter I require until The e	rganization does not have an office or place of but for a Group Return, enter the organization's four his box  If it is for part of the group, organization is for lest an automatic 3-month (6 months for a corpora 8/15, 20 12, to file the exempt organization is for the organization's return for calendar year 20 11 or tax year beginning, 20	FAX No siness in th digit Group theck this b ation require ganization re	e United States, check this box Exemption Number (GEN) It ox		
	tax year entered in line 1 is for less than 12 month hange in accounting period			nal return	
3a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	720, or 6069	enter the tentative tax, less any	3a \$	0.
<b>b</b> If this paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	069, enter a llowed as a	any refundable credits and estimated tar credit	3 в \$	0.
EFTP	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	<u>.                                    </u>	3c \$	0.
Caution. If payment in	you are going to make an electronic fund withdra structions.	wal with thi	s Form 8868, see Form 8453-EO and Fo	orm 8879-EO for	