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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

OMB No 1545-0047

benefit trust or private foundation)

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2011 calendar year, or tax year beginning 05-01-2011 and ending 04-30-2012 D Employer identification number **B** Check if applicable VERMONT SKI AREAS ASSOCIATION Address change 23-7083793 Doing Business As E Telephone number Name change (802) 223-2439 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 1,251,860 Terminated Amended return City or town, state or country, and ZIP + 4 MONTPELIER, VT 05602 Application pending Name and address of principal officer **H(a)** Is this a group return for PARKER RIEHLE ΓYes **Γ**Nο affiliates? 26 STATE STREET MONTPELIER, VT 05602 ┌ Yes ┌ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status $\[\] 501(c)(3) \] \[\] 501(c)(6) \] (Insert no) \[\] 4947(a)(1) or \[\] 527$ H(c) Group exemption number ► Website: ► WWW SKIVERMONT COM K Form of organization Corporation Trust Association Other L Year of formation 1969 M State of legal domicile VT Part I Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE VERMONT SKI AREAS ASSOCIATION, SKI VERMONT, A PRIVATE NON-PROFIT TRADE ASSOCIATION, IS TO HELP CREATE A LEGISLATIVE, ECONOMIC AND SOCIAL ENVIRONMENT IN WHICH THE STATE'S SKI INDUSTRY CAN GROW AND PROSPER, ADDRESSING ISSUES INCLUDING ENVIRONMENTAL INTEGRITY, ECONOMIC Activities & Governance AND SOCIAL CONTRIBUTIONS TO THE STATE'S WELFARE, AND COMPETITIVE POSITIONING OF THE STATE AS A DESTINATION FOR WINTER TOURISM 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 10 7 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 7 **6** Total number of volunteers (estimate if necessary) 6 7a 47,450 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 . . **7b** -15 **Prior Year Current Year** 0 0 Program service revenue (Part VIII, line 2g) 1,183,206 1,230,994 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,708 1,173 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,481 1,906 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,197,395 1,234,073 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 23,495 23,830 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 369,798 361,619 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 ь Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 774,097 825.789 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,167,390 1,211,238 19 Revenue less expenses Subtract line 18 from line 12 . 30,005 22,835 (Assets or ed Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) 589,181 632,471 Total liabilities (Part X, line 26) 21 62,456 82,911 549,560 22 Net assets or fund balances Subtract line 21 from line 20 . . 526,725 Signature Block 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 ***** 2012-11-28 Date Signature of officer Sign Here PARKER RIEHLE PRESIDENT Type or print name and title Date Check If Preparer's taxpayer identification number WENDY C GILWEE CPA (see instructions) signature Paid employed 🕨 P00450631

Firm's name (or yours

if self-employed), address, and ZIP + 4

SULLIVAN POWERS & COMPANY

77 BARRE ST PO BOX 947

MONTPELIER, VT 05601 May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer's

Use Only

FIN ▶ 03-0276150

Phone no (802) 223-2352

Par	C TTT		contains a response to any o			.
1	Briefl	ly describe the organi	zation's mission			
HELF PRO:	CREA SPER,	TE A LEGISLATIVE, ADDRESSING ISSUE	ECONOMIC AND SOCIAL SINCLUDING ENVIRONME	ENVIRONMENT IN WHIC ENTAL INTEGRITY, ECON	IVATE NON-PROFIT TRADE AS H THE STATE'S SKI INDUSTRY NOMIC AND SOCIAL CONTRIB INATION FOR WINTER TOURIS	CAN GROWAND UTIONS TO THE
2			ake any significant program s EZ?			s ▽ No
	If "Ye	s," describe these nev	w services on Schedule O			
3	servio	es?	conducting, or make significa	ant changes in how it cond		s 🔽 No
		s," describe these cha	_			
4	exper	nses Section 501(c)(ns and section 4947(a)(1)	e largest program services, as m) trusts are required to report the program service reported	
4a	AFFAI POTE POSIT REST DEST TARG AND I TACT AFFAI VERM	VERMONT SKI AREAS ASSO IRS GOVERNMENT RELATIC NTIAL IMPACT ON THE SKI FIONS ON KEY PUBLIC ISSU RUCTURING VERMONT'S E INATION, AND SUPPORT M SETED TO RAISE AWARENES PROMOTIONAL REACH OF I ICS INCLUDE ADVERTISING IRS VSAA HAS DEVELOPED IONT AS A LEADER IN BALA	ONS WITH ON-STAFF LOBBYISTS, V. INDUSTRY VSAA REGULARLY WOR JES AMONG SOME OF THE INDUSTIL LECTRIC INDUSTRY MARKETING VARKETING/PROMOTIONAL PUBLIC FESS OF VERMONT AS A WINTER DESTINDIVIDUAL MEMBERS WORKING CO., COLLATERAL, FULFILLMENT, CON. A COMPREHENSIVE PUBLIC AFFAIF	SAA CONTINUOUSLY MONITORS KS LEGISLATORS, GOVERNMENT RY ISSUES CURRENTLY IN DEBA SAA'S MARKETING PROGRAM IS RELATIONS EFFORTS CONDUCTE INATION BY PROMOTION OF AN LOSELY WITH THE VERMONT DE SUMER SHOW, TRAVEL TRADE/S PROGRAM DESIGNED TO REII ISIBLE ACTIVITIES AND JOB GRO) (Revenue \$ GOVERNMENT RELATIONS, MARKETING ALL LEGISLATIVE AND REGULATORY ACT I LEADERS AND OTHER BUSINESS COALI ITE ARE PROPERTY TAX REFORM, WATE I DESIGNED TO PROMOTE VERMONT AS ID BY INDIVIDUAL VSAA MEMBER RESOR I OVERALL VERMONT IMAGE, AND TO EX EPARTMENT OF TOURISM & MARKETING ISALES MISSIONS, SPECIAL EVENTS AND INFORCE THE SKI INDUSTRY'S POSITION OWTH SOME OF THE KEY AREAS OF FORM MUNITY OUTREACH	TIVITIES WHICH HAVE A TIONS IN DEVELOPING R USE FEES, AND A WINTER TOURISM TS PROGRAMS ARE TEND THE MARKETING , SOME OF THE PRIMARY RESEARCH PUBLIC WITHIN THE STATE OF
4b	(Code	e)	(Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code	е)	(Expenses \$	ıncludıng grants of \$) (Revenue \$)
<u> </u>			December 2 C. L. L. L. C. S.			
4d		er program services (ienses \$	Describe in Schedule O) including grants	of \$) (Revenue \$)
4e	•	ıl program service exp		· · ·	/ (πονοπαο ψ	,
70	iota	n program service exp	C113C3F p			

Part IV Checklist of Required Schedules	Part IV	Checklist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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	Yes	
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? <i>If</i> "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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV</i> .	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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	Yes	
22	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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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 Schedule L, Part I	25b		
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	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? <i>If</i> " <i>Yes</i> ," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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," complete Schedule R, Part V, line 2	35b		No
36	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		
37	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		N o
38	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	38	Yes	
		F	orm 990	(2011)

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the compatible of the	2b	Yes	
	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	Yes	
L	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
		30	1 6 5	
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 or securities			
	account)?	4a		Νo
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
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		Νo
h	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	72 1 1 1 1 1 1 1 1 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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?	7h		
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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
17~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	174		
U	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
Ь	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		14.0

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	103	Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		110
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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 taxable entity during the year?	16a		Νo
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website.			
	1 O MIL MEDSITE 1 MILIOTHELS MEDSITE 1. O HOLL LEGUEST			

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > VT SKI AREAS ASSOCIATION 26 STATE STREET

MONTPELIER, VT 05602

(802) 223-2439

Part VII 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, and current key employees 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, or 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 organiz	•	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ar	e bo is bo nda	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) KELLY PAWLAK VICE CHAIR	1 00	х		х				0	0	0
(2) TIM MUELLER SECRETARY	1 00	х		х				0	0	0
(3) BOB MULCAHY TREASURER	1 00	х		х				0	0	0
(4) SKY FOULKES CHAIR	1 00	х		х				0	0	0
(5) PETER MACKEY DIRECTOR	1 00	х						0	0	0
(6) CHRIS NYBERG DIRECTOR	1 00	х						0	0	0
(7) PETER OLIVER DIRECTOR	1 00	х						0	0	0
(8) WIN SMITH DIRECTOR	1 00	х						0	0	0
(9) BILL STENGER DIRECTOR	1 00	х						0	0	0
(10) ROBERT MCELENEY DIRECTOR	1 00	х						0	0	0
(11) PARKER RIEHLE PRESIDENT	40 00			х				119,500	0	20,760

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week	unles	on (d e tha	n one	e bo ıs b	x, oth		(D) Reportab compensat from the	ortable Reportable ensation compensation om the from relate zation (W- organization			on amount of othe d compensation ns from the		
		(describe hours for		ector			<u>. </u>		2/1099-MI		(W- 2/1099- MISC)		organızatı relat organıza	e d	
		related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former							
1b	Sub-Total				•		•	<u> </u>	•						
С	Total from continuation sheets	to Part VII, Sec	tion A					•							
d	Total (add lines 1b and 1c) .							•	119	9,500		0		20,760	
2	Total number of individuals (incl \$100,000 of reportable compen	-				ted	above) who	o received mo	re tha	n				
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci								or highest com	npensa	ated employee	3	Yes	No No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								N o						
5								No							
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio ear									ng with				
	Nan	(A) ne and business add	dress							Descr	(B) ption of services		(C Comper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$2	1a	Federated campaigns 1a	1				
ころま	ь	Membership dues 1b					
ಕ್ಟ	c	Fundraising events 1c					
કે. ±	_	-					
<u>ਰੂਵ</u>	d	Related organizations 1d					
ž.E	e	Government grants (contributions) 1e					
⊋ੂੰ	f	All other contributions, gifts, grants, and similar amounts not included above					
<u>₹</u>	g	Noncash contributions included in					
들음	-	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶				
			Business Code				
E E	2a	MEMBERSHIP DUES	900099	724,316	724,316		
je K					,		
22	Ь	PROMO/MARKETING ASSESS	900099	371,474	371,474		
<u> </u>	C	SKI SHOWS	900099	64,239	64,239		
<u>*</u>	d	MAGAZINE ADVERTISING	541800	47,450		47,450	
۶ 3	e	ANNUAL MEETING	900099	23,515	23,515		
gray	f	All other program service revenue					
Program Service Revenue	_	Takal Add bass 2s 20		4 200 25 1			
_	g 3	Total. Add lines 2a-2f		1,230,994			
	3	Investment income (including dividen	. F	1,173			1,173
	١.	and other similar amounts) Income from investment of tax-exempt bond	· · ·	1,173			1,1,3
	4		· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
	6a	(I) Real Gross rents 6,350	(II) Personal				
	ь	Less rental 6,301					
	"	expenses					
	С	Rental income 49 or (loss)					
	d	Net rental income or (loss)		49			49
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other					
	Ь	than inventory Less cost or					
	"	other basis and					
	_c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
	8a	Gross income from fundraising	' · · · · · · · · · · · · · · · · · · ·				
Φ	-	events (not including					
둢		\$					
Ψ 2-		of contributions reported on line 1c) See Part IV, line 18					
č		a a					
Other Revenue	ь	Less direct expenses b					
₹	, c	Net income or (loss) from fundraising					
_	9a	Gross income from gaming activities					
		See Part IV, line 19					
		а					
	ь	Less direct expenses ${f b}$					
	c	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	<u>.</u>		8,593				
	b c	Less cost of goods sold b Net income or (loss) from sales of inv	11,486	-2,893			-2,893
	H	Miscellaneous Revenue	Business Code	_,			
	11a		900099	4,750	4,750		
		MISCELLANEOUS		.,.50	.,, . 50		
	Ь						
	C	·					
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,750			
		T-1-1	·				
	12	Total revenue. See Instructions .	• • •	1,234,073	1,188,294	47,450	-1,671

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 23,830 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 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 134,760 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 181,713 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 6,277 15,182 Other employee benefits 23,687 10 Fees for services (non-employees) 11 Management 2,451 Legal 12,713 Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 1,700 40 g Advertising and promotion . . . 468,761 12 Office expenses 26,103 13 56,648 14 Information technology 15 Royalties . . 16 12,646 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 40,135 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,004 23 6,242 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) FEDERAL INCOME TAX 5,497 180,000 REBATE DUES/SUBS/MEMBERSHIPS 2,610 COMMUNITY SUPPORT 2,550 d e f All other expenses 4,669 25 Total functional expenses. Add lines 1 through 24f 1,211,238 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Form 990 (2011) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 123,661 201,095 1 313.684 2 301.403 2 Savings and temporary cash investments 3 3 4 14.640 58,164 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . 7 Inventories for sale or use 9 100,190 38.788 9 Prepaid expenses and deferred charges 214,074 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b 181,053 Less accumulated depreciation 36,991 33,021 b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 15 n 589,181 16 16 632,471 Total assets. Add lines 1 through 15 (must equal line 34) . . . 33,977 52,786 17 17 Accounts payable and accrued expenses 18 18 19 28,464 19 30,125 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 25 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 15 25 O D 26 62,456 26 82,911 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 526,725 27 27 Unrestricted net assets 549,560 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 526.725 549.560 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 589.181 632.471

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.2	234,07
2	Total expenses (must equal Part IX, column (A), line 25)	2			211,23
3	Revenue less expenses Subtract line 2 from line 1	3			22,83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	526,72
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5	549,56
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	N 1-
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b		o N
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7083793

Name: VERMONT SKI AREAS ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493341002002

Political Campaign and Lobbying Activities OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE C

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

f the organization answered "Yes," to Form 990, Part IV, Line	3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities)	j,
then		

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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 that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of	the	orgar	nızatı	on
VERMONT	SKI	AREAS	ASSO	CIATION

Employer identification number

23-7083793

|--|

- in opposition to candidates for public office in Part IV Political expenditures 18,189 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV
- Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).
- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

┌ Yes

☐ Yes

□ No

- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV
- (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

242,008

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	a)	(b)
		Yes	No	A mount
1	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			
а	Volunteers?			
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? If "Yes," describe in Part IV			
j	Total lines 1c through 1:			
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
_		E04/-		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νο

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	18,189
ь	Carryover from last year	2b	
c	Total	2c	18,189
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	30,735
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-12,546

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		PARKER RIEHLE, PRESIDENT OF VERMONT SKI AREAS ASSOCIATION, LOBBIES ON BEHALF OF THE ASSOCIATION WITH LEGISLATORS AND GOVERNMENTAL OFFICIALS IN ORDER TO PROMOTE LEGISLATION THAT POSITIVELY BENEFITS THE SKI INDUSTRY AND TO DEFEAT LEGISLATION THAT WOULD NEGATIVELY IMPACT THE INDUSTRY ON A WIDE RANGE OF ISSUES, INCLUDING TOURISM FUNDING, ENVIRONMENTAL LEGISLATION, TAX POLICY, AND INSURANCE

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493341002002

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization VERMONT SKI AREAS ASSOCIATION

Employer identification number

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			or Accounts. Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Totalı	number at end of year			
2	Aggre	gate contributions to (during year)			
3	Aggre	gate grants from (during year)			
4	Aggre	gate value at end of year			
5		e organization inform all donors and donor advi- are the organization's property, subject to the o		or advı	sed Yes No
6	used	e organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit	5 5		
Pai	rt II	Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Forn	n 990, Part IV, line 7.
2	☐ P ☐ P ☐ P ☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreati rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a quali nent on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	cally importantly land area d historic structure onservation
		,,,,,			Held at the End of the Year
а	Total	number of conservation easements		2a	
ь	Total	acreage restricted by conservation easements		2b	
с	Numb	er of conservation easements on a certified his	toric structure included in (a)	2c	
d	Numb	er of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3		er of conservation easements modified, transfe	· · · · · · · · · · · · · · · · · · ·		o organization during
,		xable year 🛌	rred, released, extiliguished, or terminate	u by tii	e organization during
	the ta	xable year F			
4	Numb	er of states where property subject to conserva	ation easement is located 🟲		
5		the organization have a written policy regarding ement of the conservation easements it holds?		dling of	violations, and Yes No
6	Staffa	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🗠
7	A mou ► \$	nt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during	the year
8	Does	each conservation easement reported on line 2 i)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	baland	t XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easem	he footnote to the organization's financial	•	•
Par	t III	Organizations Maintaining Collectio Complete if the organization answered "		or Otl	ner Similar Assets.
1a	art, hı	organization elected, as permitted under SFAS storical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu	
b	hıstor	organization elected, as permitted under SFAS ical treasures, or other similar assets held for p le the following amounts relating to these items	oublic exhibition, education, or research i		·
	(i) Re	venues included in Form 990, Part VIII, line 1			► \$
	(ii) A	ssets included in Form 990, Part X			► \$
2	Ifthe	organization received or held works of art, historing amounts required to be reported under SFAS		or finan	
а	Rever	ues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or Oth	<u>ner</u>	<u>Similar As</u>	sets	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing t	hat are	a sıgnıfıcant	tuse	of its collec	ion	
а	Public exhibition		d	Γ	Loan	orexch	ange prograr	ns			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y furthe	r the or	ganızatıon's	exer	mpt purpose	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							imila		┌ Yes	s
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Yes	s" to Form ⁹	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontrıbu	tions oi	r other asset	s no		┌ Yes	s
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able				An	nount	
c	Beginning balance						10	c			
d	Additions during the year						10				
e	Distributions during the year						16				
f	Ending balance							-			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?							┌ Yes	. Г No
	If "Yes," explain the arrangement in Part XIV									,	,
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to F	orm 990. P	art	IV. line 10.		
	Enactment and complete	(a)Current Year		Prior \					ree Years Back	(e) Fοι	ır Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	hat a	are held	and ad	lmınıstered f	or th	е	Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(11), are the related organizatio	•							3	o	
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa				<u> </u>	1			
	Description of property				i) Cost of sis (inves		(b)Cost or oth basis (other)		(c) Accumulate depreciation	ed (d) Book value
							I				
1a l	_and		•					_			
	Land										
b i		· · · · · · · · · · · · · · · · · · ·	•								
b 6	Buildings	· · · · · · · · · · · · · · · · · · ·	· ·								
b i c i d i e (Buildings	· · · · · · · · · · · · · · · · · · ·					214,0	074	181,	053	33,021

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
П	Reconciliation of Revenue per Audited Financial Statements With Revenue p		urn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
l	Net unrealized gains on investments		
	Donated services and use of facilities		
:	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
!	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)]	
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
	Donated services and use of facilities		
	Prior year adjustments	1	
	Other losses	1	
	Other (Describe in Part XIV)	-	
	Add lines 2a through 2d	- 2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:	3	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
)	Other (Describe in Part XIV)	┨ . │	
	Add lines 4a and 4b	4c	
		5	

Identifier Return Reference

additional information

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2011

DLN: 93493341002002

Open to Public Inspection

Internal Revenue Service Name of the organization
VERMONT SKI AREAS ASSOCIATION

Employer identification number

						23-7083793	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the organization 	d to award the grants or rganization's procedur	or assistance? es for monitoring the us	e of grant funds in the	United States			
Form 990, Part I	V, line 21 for any r	Governments and ecipient that received by if additional space	d more than \$5,000	. Check this box if i	no one recipient rece	eived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VERMONT SKI MUSEUM 1 MAIN STREET STOWE,VT 05672	22-3073841	501(C)3	15,000		CASH		CASH CONTRIBUTION TO SUPPORT MUSEUM
(2) VERMONT COMMUNITY FOUNDATION3 COURT STREET MIDDLEBURY,VT 05753	22-2712160	501(C)3	8,830		CASH		CASH CONTRIBUTION TO SUPPORT LOCAL FARMS
2 Enter total number of sec	tion 501(c)(3) and gov	vernment organizations	listed in the line 1 tabl	e			,

Enter total number of other organizations listed in the line 1 table

Use Schedule I-1 (Form 990) if additional space is needed.					
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493341002002

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

EZ)

SCHEDULE 0

(Form 990 or 990-

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.

Name of the organization VERMONT SKI AREAS ASSOCIATION **Employer identification number**

23-7083793

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS CAN ELECT ONE OR MORE MEMBERS OF THE GOVERNMENT BODY
	FORM 990, PART VI, SECTION A, LINE 8B	ORGANIZATION DOES NOT HAVE COMMITTEES
	FORM 990, PART VI, SECTION B, LINE 11	COPY OF THE FORM 990 IS PROVIDED TO THE TREASURER FOR REVIEW PRIOR TO ISSUANCE
	FORM 990, PART VI, SECTION B, LINE 15A	REVIEW AND APPROVAL BY THE CHAIR OF THE BOARD OF DIRECTORS IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE COMPRISED OF THE VICE CHAIR, SECRETARY AND TREASURER
	FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST