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Fórm 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

	UI	Laiti	war year 2014 or lax year beginning		, and ending		
-	Nar	ne of	foundation			A Employer identification	number
	V	AI	L SNOW SPORTS FOUNDATIO	N		20-5261191	_
-	Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_			7 VAIL VALLEY DRIVE	,			-3080
	_		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
-			L, CO 81657 all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	e chack hara
Ì		HICCK	Final return	Amended return	inner public chanty		
			Address change	Name change		2. Foreign organizations me check here and attach or	eeting the 85% test, omputation
Ī	1 0	heck	type of organization X Section 501(c)(3) ex			 E If private foundation sta	
_] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
I	Fa	ir ma	rket value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a	60-month termination
				her (specify)		under section 507(b)(1	
Г		\$	30,466. (Part I, colu	mn (d) must be on cash b	pasis.)		
L	Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes
-				23,920.		N/A	(cash basis only)
		l	Contributions, gifts, grants, etc., received	23,920.		N/A	
		3	Check [if the foundation is not required to attach Sch B Interest on savings and temporary cash investments	2.	2.		STATEMENT 1
		4	Dividends and interest from securities				O T CT TITLE TO T
		`	Gross rents				
			Net rental incorne or (loss)				
	4	۱ ـ	Net gain or (loss) from sale of assets not on line 10		······································	**** **********************************	••••••••••••••••••••••••••••••••••••••
	Revenue	b	Gross sales price for all assets on line 6a				
	eve	7	Capital gain net income (from Part IV, line 2)		0.	**************************************	1111 1111 1 1111 1 1111 1 1 1 1 1 1 1
	~	8	Net short-term capital gain				
		9	Income modifications .				
		10a	Gross sales less returns and allowances		H1		
		b	Less Cost of goods sold				
		ĺ	Gross profit or (loss)				<u> </u>
		l	Other income	22 022			***************************************
-	_	12	Total. Add lines 1 through 11 .	23,922.	2.		0.
		13	Compensation of officers, directors, trustees, etc	0.	<u> </u>		0.
		14 15	Other employee salaries and wages Pension plans, employee benefits				
	ses		Legal fees				
	ens		Accounting fees		1 3-1 4-		
	Expens		Other professional fees			NO ED E	
2013	Ve	į	Interest				
\mathbb{Z}	rati	18	Taxes		MAY 2	1 2015	
Ď.	nist	19	Depreciation and depletion			9	
	Ē	20	Occupancy		J!		
Ī	Ă	21	Travel, conferences, and meetings				
Š	ă	22	Printing and publications			· · · · · · · · · · · · · · · · · · ·	
Ì	ting	23	Other expenses	-	···		
	Operating and Administrative	24	Total operating and administrative	0.	0.		
3	ô	25	expenses. Add lines 13 through 23	50,500.	<u> </u>		50,500.
		l .	Contributions, gifts, grants paid Total expenses and disbursements.	30,300.		<u> </u>	30,300.
)			Add lines 24 and 25	50,500.	0.		50,500.
-		27	Subtract line 26 from line 12:				30,300.
		ł	Excess of revenue over expenses and disbursements .	<26,578.	>		
		ſ	Net investment income (if negative, enter -0-)		2.	***************************************	•
_		C	Adjusted net income (if negative, enter -0-)			N/A	
	225	~-					

11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

423511 11-24-14

Add lines 1, 2, and 3

30,466.

Other increases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Decreases not included in line 2 (itemize)

Part IV Capital Gains	and Loss	es for Tax on In	vestment	Income				· -	
		s) of property sold (e g common stock, 200 shs			(b) H	low acquired Purchase Donation		Date acquired o., day, yr.)	(d) Date sold (mo , day, yr.)
1a									
b NO	NE	<u> </u>			<u> </u>				
<u>c</u>					-		ļ		
<u>d</u>				 	1		 		
<u>e</u>	/5 Dan	registron allowed	(a) Coo	t or other basis	1			h) Cain or /loon	<u> </u>
(e) Gross sales price		reciation allowed ir allowable)		xpense of sale				h) Gain or (loss plus (f) minus	
<u>a</u>	_								
b	 								
<u>C</u>									
<u>d</u>								-	
Complete only for assets shown	na asin in coli	lmp (h) and owned by t	he foundation	on 12/31/69			/I) Gain	ıs (Col. (h) gain	minue
	1	diusted basis		cess of col (i)	\dashv	(còl. (k), l	but not less tha	n -0-) or
(i) F M.V as of 12/31/69		of 12/31/69		col (j), if any			Los	ses (from col ((h))
a									
b									
С			-					•	
<u>d</u>									
<u>e</u>									
		∫ If gain, also enter)				
2 Capital gain net income or (net ca	apıtal loss)	f (loss), enter -0-	ın Part I, line	7	<i>J</i>	2			
3 Net short-term capital gain or (lo		ın sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8,					•				
If (loss), enter -0- in Part I, line 8 Part V Qualification U		tion 4940(e) for	Reduced	Tay on Net	Inve	3 estment li	acom.		
							100111	<u> </u>	
(For optional use by domestic private	e iodiidations	Subject to the Section 4	1340(a) tax on	net mastinent m	icullio.	• 1			
If section 4940(d)(2) applies, leave t	his part blank.	•							
Was the foundation liable for the sec	tion 4942 tax	on the distributable am	ount of any ve	ar in the base per	riod?				Yes X No
If "Yes," the foundation does not qua				·					
1 Enter the appropriate amount in					ntries.				
(a)		(b)			(c)			Distrit	(d) oution ratio
Base period years Calendar year (or tax year beginni	ing in)	Adjusted qualifying dist		Net value of no	nchan			(col. (b) div	rided by col (c))
2013		2	7,250.			49,25			.553299
2012		4	3,111.			29,55	0.		1.458917
2011									
2010									
2009									
9. Total of line 1. column (d)									2.012216
2 Total of line 1, column (d)3 Average distribution ratio for the			n line 2 by E	or by the gumber	of von		H	2	2.012210
the foundation has been in existe	•		ni ilile z by 5,	or by the mainber	UI yea	115		3	1.006108
the foundation has been in existe	ilice il less tita	ii 5 years .					-	<u> </u>	1.000100
4 Enter the net value of noncharital	ble-use assets	for 2014 from Part X. I	ine 5					4	31,869.
						• •			
5 Multiply line 4 by line 3								5	32,064.
, ,						•			· · · · · · · · · · · · · · · · · · ·
6 Enter 1% of net investment incor	ne (1% of Par	t I, line 27b)						6	0.
7 Add lines 5 and 6			ē					7	32,064.
8 Enter qualifying distributions from	-	·	•				L	8	50,500.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check	the box in Part VI, line	1b, and comp	lete that part usin	ng a 19 	6 tax rate.			

Ερπ	n 990-PF (2014) VAIL SNOW SPORTS FOUNDATION 20-526	1191		Page 4
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1		-	,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%			0.
	of Part I, line 27b		***************************************	
0	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	2014 estimated tax payments and 2013 overpayment credited to 2014			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11			
Pê	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		:	
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ► \$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	Х
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
_				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CO			
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
_	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
y	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			v
40	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. STMT 3	9	V	X
ıU	Did any persons become substantial contributors during the tax year? If 'yes' attach a schedule listing their names and addresses STMT 3	: 1N '	(A	I

3 N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	14,441.
b Average of monthly cash balances	1b	14,441. 17,913.
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	1d	32,354
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	32,354.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	485
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	31,869.
6 Minimum investment return. Enter 5% of line 5	6	1,593.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	ons and certain	
1 Minimum investment return from Part X, line 6	1	1,593.
2a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	. 2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,593.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,593.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,593.
Part XII Qualifying Distributions (see instructions)	F	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		E0 E00
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	50,500
b Program-related investments - total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	 -
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	50,500
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	30,300
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0 .
Income Enter 1% of Part I, line 27b	6	50,500
6 Adjusted qualifying distributions. Subtract line 5 from line 4	·	
HOUSE. THE AFFICIAL OF RIFE O WIN DE USED IN PAIL V, COLUMN (D), IN SUDSEQUENT YEARS WHEN CAICUIALING WHETHER THE TOUNG	auvii quaiilles lot the	26011011

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				<u> </u>
line 7			**** ***********	1,593.
2 Undistributed Income, if any, as of the end of 2014			•	
a Enter amount for 2013 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014:		0.	· ······ · · · · · · · · · · · · · · · 	
a From 2009				
b From 2010				
¢ From 2011				
d From 2012 41,633.				
e From 2013 24,788.				
f Total of lines 3a through e	66,421.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ► \$ 50,500.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior	***************************************			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			*******	
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount			**************************************	1,593.
e Remaining amount distributed out of corpus	48,907.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.	····		0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	115,328.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				······································
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed		U•	***************************************	······
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2013. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014 Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of			· · · · · · · · · · · · · · · · · · ·	······································
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009		******************************	·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.		••••••		·····
Subtract lines 7 and 8 from line 6a	115,328.			
10 Analysis of line 9			*	
a Excess from 2010				
b Excess from 2011				
c Excess from 2012. 41,633.				
d Excess from 2013 24,788.				
e Excess from 2014 48,907.				
423581 11-24-14				Form 990-PF (2014)

Part AV Supplementary information	·			
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
a Paid during the year				
SKI & SNOWBOARD CLUB VAIL	NONE	PC	TO SUPPORT ALPINE SKI	
598 VAIL VALLEY DRIVE		İ	RACING ATHLETES	
VAIL, CO 81657			INCLUDING COACHING,	
			TRAINING, EQUIPMENT,	
			AND TRAVEL TO NATIONAL	50,500.
	 			
			1	
			İ	
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	50,500.
b Approved for future payment				
NONE				
NONE				
			1	
Total			▶ 3b	
				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	Aillouit	code	Amount	
a				•	
b	ļ-				
<u> </u>					
d	·		+		
6			+		
1					
g Fees and contracts from government agencies			+		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1 1	2	
investments			14	2.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		-			
B Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			_		
1 Other revenue					
a					
b			_		
C			_		
d					·
e					
2 Subtotal Add columns (b), (d), and (e)	<u> </u>	C		2.	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)				13	

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	N/A
 	
 	

423621 11-24-14

T AT C	*****	Exempt Organ		siers 10 a	and Transactions a	and Relationships with Nonc	naritable		
1 D	d the or			of the followin	o with any other organization	on described in section 501(c) of		Yes	No
					27, relating to political organ	• •			
		from the reporting founda							ĺ
) Cash				•		1a(1)	Ì	Х
•) Other	assets					1a(2)		X
-	-	sactions		•					
		of assets to a noncharital	ble exempt organizat	ion			16(1)	1	Х
-	-	ases of assets from a no					1b(2)		X
		l of facilities, equipment,		- g			1b(3)		X
-	-	bursement arrangements					1b(4)		X
		or loan guarantees					1b(5)		X
	-	rmance of services or me					1b(6)		X
		facilities, equipment, ma		-			10		X
	-		-		· ·	ways show the fair market value of the good			
						ue in any transaction or sharing arrangemen		,	
) the value of the goods,			ou tood than han market valu	and the state of t	11, 311011 111		
(a) ∟ne		(b) Amount involved			e exempt organization	(d) Description of transfers, transactions,	and shanno arra	ngeme	nts
<u>` '</u>		\- /	(-,	N/A					
				-					
					· ·· ·				
		·							
					-	-			
	+								
	+-								
	+								
					 				
20 10	the four	udation disactly as indisact	the affiliated with or r	oloted to one	ar mara tay ayamat araani	Totions described			
			-		or more tax-exempt organi	zations described		V] No
		501(c) of the Code (other		(3)) or in sect	ION 52/7.		Yes		J 140
	Yes, co	mplete the following sche (a) Name of org			(h) Type of organization	(a) Department of relati			
		N/A	allization		(b) Type of organization	(c) Description of relation	лізпір		
		N/A							
	Under	penalties of penins 41 december	that I have evernined the	natum includio	a secompanying schodules and	statements, and to the best of my knowledge			
Sia-	l and he					nation of which preparer has any knowledge	May the IRS dis	scuss t	his
Sign Here		NI/Hal	all		1	5-12-15	shown below (s		tr)?
11010		floor of officer or imples	· ·				X Yes	L	J No ∣
	Joiyii	ature of officer or trustee		Drope rode -	Date	Title Chack W. if DT	INI		
		Print/Type preparer's na	.iiie	Preparer's si	gnature 🗸	Date Check X if PT	IIV		
Paid		VDTCMTN M	E VOIAT	11.	MU	5/7/15 self- employed	.010056		
		KRISTIN M.		Whoh	T C		012859		
Prep Use		Firm's name > SHE	RMAN & HO	WARD L	•п•С•	Firm's EIN ► 84-	·04203]	L 4	
USU	Utily	Firm's address 5 CO	2 17mm cm	שממת	CIITME 2000				
		Firm's address ► 63			SUITE 3000	1		~~	00
		l DE.	NVER, CO	80202		Phone no. (303			
							Form 990 -	-PF ((2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization

Employer identification number

V	AIL SNOW SPORTS FOUNDATION	20-5261191
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	• • •
Special Rules		
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000. If this box s, charitable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •

Name of organization

Employer identification number

VAIL SNOW SPORTS FOUNDATION

20-5261191

<u> </u>	BNOW BIONIE I CONDITION		3201131
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	POWDR CORPORATION P.O. BOX 4646, 1790 BONANZA DRIVE, SUITE W-201 PARK CITY, UT 84060	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480	\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

VAIL SNOW SPORTS FOUNDATION

20-5261191

(b) Description of noncash property given	(c)	
	FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	e	
		Description of page ship property given

Name of organization **Employer Identification number** VAIL_SNOW SPORTS FOUNDATION 20-5261191 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AN	D TEMPORARY	CASH INVESTMENTS	STATEMENT 1	
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
BANK INTEREST	2.	2.		
TOTAL TO PART I, LINE 3	2.	2.		
FORM 990-PF OTHE	R INVESTMENT	rs	STATEMENT 2	
DESCRIPTION	VALUATION METHOD	N BOOK VALUE	FAIR MARKET VALUE	
OTHER INVESTMENTS	COST	9,025.	,025. 9,025.	
TOTAL TO FORM 990-PF, PART II, LINE	13	9,025.	9,025.	
FORM 990-PF LIST OF SUBST PART VI	ANTIAL CONTE		STATEMENT 3	
NAME OF CONTRIBUTOR	ADDRESS			
DANIEL H. LEEVER	350 INDIAN ROAD PALM BEACH, FL 33480			

	RM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
DANIEL H. LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480	CHAIRMAN, DIREG	CTOR 0.	0.	0.
HAROLD LEEVER II 1397 VAIL VALLEY DRIVE VAIL, CO 81657	SECRETARY, DIR	ECTOR 0.	0.	0.
KRISTOFER OCHS 1397 VAIL VALLEY DRIVE VAIL, CO 81657	TREASURER, DIR	ECTOR 0.	0.	0.
ALEXANDER C. LEEVER 1397 VAIL VALLEY DRIVE VAIL, CO 81657	BOARD MEMBER 0.50	0.	0.	0.
JULIE D. LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-	PF, PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DANIEL LEEVER C/O VAIL SNOW SPORTS FOUNDATION 1397 VAIL VALLEY DRIVE VAIL, CO 81657

FORM AND CONTENT OF APPLICATIONS

SUBMIT IN WRITING WITH DETAILED INFORMATION ON SKI RACING QUALIFICATIONS AND FINANCIAL NEEDS.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A