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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 201

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.

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

FU	Cale	itual year 2010 of tax year beginning		, and ending		
Na	me o	foundation			A Employer identification	n number
_		L SNOW SPORTS FOUNDATIO			20-5261191	_
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		7 VAIL VALLEY DRIVE			(720) 479-	-3080
		own, state or province, country, and ZIP or foreign ${f L}$, ${f CO}$ 81657	ostal code		C If exemption application is p	pending, check here
_		call that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organization:	s check here
_		Final return	Amended return	ormor public unarity	1. Toroigh organization.	s, check liefe
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H	Check	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	
] Se		Other taxable private founda	ation	under section 507(b)(1	
I Fa	air ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	., ,,
(f	rom I		ther (specify)		under section 507(b)(1	
	-\$	1,006,955. (Part I, colu	mn (d) must be on cash	basis)		
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	458,129.		N/A	
	2	Check If the foundation is not required to attach Sch B	0.7	0.17	<u> </u>	
	3	cash investments	87.	87.		STATEMENT 1
	4	Dividends and interest from securities	2,944.	2,944.		STATEMENT 2
	Ι.	Gross rents				
	l _	Net rental income or (loss)		. <u> </u>		
ĕ	l o	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.	 	
æ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross salas less returns I				
	Ь	Less Cost of goods sold				
	C	Gross profit or (loss)		-	-	
	11	Other income				
	12	Total. Add lines 1 through 11	461,160.	3,031.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
s		Pension plans, employee benefits				
nse		Legal fees				
Expenses	3	Accounting fees			DECE	
		Other professional fees			KECEI	VEU
Ĭ	17 18	Interest Taxes			8 444 1	S
stra	19	Depreciation and depletion		-,-	MAY 17	2017 약
Ē	20	Occupancy			<u> [2] </u>	- 12 - T
Adr	21	Travel, conferences, and meetings			DODEN	11-
5	22	Printing and publications				
g		Other expenses STMT 3	151.	150.		0.
atır		Total operating and administrative				
Operating and Administrative		expenses Add lines 13 through 23	151.	150.		0.
0	25	Contributions, gifts, grants paid	334,000.			334,000.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	334,151.	150.		334,000.
	27	Subtract line 26 from line 12;	40- 55-			
		Excess of revenue over expenses and disbursements	127,009.			
		Net investment income (if negative, enter -0-)		2,881.	37/5	<u> </u>
	C	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		_	
	2	Savings and temporary cash investments	47,753.		
	3	Accounts receivable ►			· · · · · · · · · · · · · · · · · · ·
		Less: allowance for doubtful accounts ▶	1 1		
	4	Pledges receivable			
		Less: allowance for doubtful accounts	1		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons	1		
	7	Other notes and loans receivable			
	'	Less; allowance for doubtful accounts	1		
rA.	8	Inventories for sale or use			
Assets	9				
Ass	1 -	Prepaid expenses and deferred charges			
-		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	819,700.	948,493.	1,006,955.
	14	Land, buildings, and equipment; basis			····
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	-		
_		instructions. Also, see page 1, item I)	867,453.	948,493.	1,006,955.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
ڐ		Other liabilities (describe)	-		
					!
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	ᆣ	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	•			
ğ	ł	Unrestricted			
ala		Temporarily restricted			
g B	26	Permanently restricted			
or Fund Balances	l	Foundations that do not follow SFAS 117, check here			
ž		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	867,453.	948,493.	
Š	30	Total net assets or fund balances	867,453.	948,493.	,
	31	Total liabilities and net assets/fund balances	867,453.	948,493.	
Б	art	III Analysis of Changes in Net Assets or Fund B	alances		
드	art	Analysis of changes in Net Assets of Fund B			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	867,453.
2	Enter	amount from Part I, line 27a		2	127,009.
3	Other	r increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	994,462.
		eases not included in line 2 (itemize)	SEE STAT	EMENT 4 5	45,969.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	948,493.
				<u></u>	

(a) List and describ	e the kind(s) of property sold (e.g house; or common stock, 200 shs	., real estate,	t income	(b) How P - Pu D - Do	acquired rchase nation	(c) Date acquire (mo., day, yr.)	
1a							
b NON	E						
С							
<u>d</u>							
е				<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or ((e) plus (f) mi	
a							
b							
<u>c</u>		<u> </u>					
d				_ _			· · · · · · · · · · · · · · · · · · ·
Complete only for assets showing	gain in column (h) and owned by	the foundation	n on 12/21/60			0 (0-1 (5)	
Complete only for assets showing						Gains (Col. (h) (k), but not less	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)			Losses (from (col. (h))
a		ļ					
b							
C		 					
d							
е				_	Т		
2 Capital gain net income or (net capi	tal loss) $ \begin{cases} & \text{if gain, also enter} \\ & \text{if (loss), enter -0}. \end{cases} $			} 2			
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		id (6):		}			
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Doduces	Tay on No.	3			
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify Tenter the appropriate amount in ear	n 4942 tax on the distributable am under section 4940(e). Do not co	mplete this pa	rt				Yes X No
		isii uctions be	lore making any c			η	(d)
(a) Base period years Calendar year (or tax year beginning			Net value of no			(col. (b	stributión ratio) divided by col. (c))
2015		3,189.			63,303		.502014
2014		0,500. 7,250.			31,869 49,250	•	1.584612
2013		$\frac{7,250.}{3,111.}$			29,550		1.45891
2012 2011		3,111.			29,330	'	1.43031
2 Total of line 1, column (d)						2	4.098842
3 Average distribution ratio for the 5-y the foundation has been in existence	•	on line 2 by 5,	or by the number	of years		3	1.02471
4 Enter the net value of noncharitable	•	lina E					890,713
	use assets for 2016 from Part A, I	nne 5				4	
5 Multiply line 4 by line 3					5	912,723	
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	29
7 Add lines 5 and 6					7	912,752	
8 Enter qualifying distributions from P		1h and	slate that no-t	n a 10/ ±	, rato	8	334,000
If line 8 is equal to or greater than li See the Part VI instructions.		io, and comp	nete that part usin	y a 1% ta	. rate.		Form 990-PF (2016

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctio	ns)
1a 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)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%			58.
of Part I, line 27b			
c 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-)			<u>0.</u>
3 Add lines 1 and 2			58.
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-			58.
6 Credits/Payments:			1
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a)
b Exempt foreign organizations - tax withheld at source			;
c Tax paid with application for extension of time to file (Form 8868)			1
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 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			58.
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 2017 estimated tax ▶ Refunded ▶ 11			
Part 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	No
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			į
distributed by the foundation in connection with the activities	1 1		
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •			l '
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1 1		1
managers. ► \$ 0.	1 1		
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			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
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	1 1		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1 1		
remain in the governing instrument?	6	Х	·
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 If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1
of each state as required by General Instruction G? If "No," attach explanation	8b	Х	1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 6	10	Х	
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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					;
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y ₀	es X No		'
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			Ì	Ì,
any voter registration drive?			es X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Y(es X No		ŀ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		·	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	•	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	,			5b	X
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	[/A	es L No) '
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				- ,
a personal benefit contract?		Ye	es X No		;
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870		<u></u>		1	- 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	У		
1 List all officers, directors, trustees, foundation managers and their					
List all officers, directors, trustees, foundation managers and their	_	(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
	to position	`enter`-0-)	compensation	and	owances
			l	l	
SEE STATEMENT 7		0.	0.	ŀ	0.
					
	•])	Ì	
······································					
				 	
				ļ	
				ı	
				_	
					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances
N/A					
	0.00	0.	0.		0.
	Ti .			ŀ	
				ļ	
			ļ	<u> </u>	
<u></u>		ļ			
		1	ļ		
Total number of other employees paid over \$50,000	_ 	L		Ь	
Otal number of other employees paid over \$50,000				990-1	PF (2016)
			1 01111		(2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
		0.
		
		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
		0.
2		
3		
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 N/A		
		0
		0.
2		
All other program-related investments. See instructions.		
3 N/A		
*		
		_

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	17,908.
ь	Average of monthly cash balances	1b	886,369.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	904,277.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	904,277.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,564.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	890,713.
6	Minimum investment return. Enter 5% of line 5	6	44,536.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	44,536.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	58.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	44,478.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	44,478.
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	44,478.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		224 222
а		1a	334,000.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	, , , , ,	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	334,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	334,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	or the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				44,478.
2 Undistributed income, if any, as of the end of 2016		· -		
a Enter amount for 2015 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012 41,633.				
c From 2013 24,788.				
d From 2014 48,907.				
eFrom 2015 345,025.				
f Total of lines 3a through e	460,353.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 334,000.				
a Applied to 2015, 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 2016 distributable amount				44,478.
e Remaining amount distributed out of corpus	289,522.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	749,875.			
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 assessed		0.		
d Subtract line 6c from line 6b. Taxable			-	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				 -
4a from line 2a. Taxable amount - see instr.			0.	!
f Undistributed income for 2016. Subtract	- , ,	· · · · · · · · · · · · · · · · · · ·		
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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.			E
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				 _
Subtract lines 7 and 8 from line 6a	749,875.			
10 Analysis of line 9:				· · · · · · · · · · · · · · · · · · ·
a Excess from 2012 41,633.		İ		
b Excess from 2013 24,788.				
c Excess from 2014 48,907.				
d Excess from 2015 345,025.				
e Excess from 2016 289,522.				
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Part XIV Private Operating F	oundations (see in	structions and Part VII	l-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ ∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(6) 0015	Prior 3 years	1 (1) 0070	.
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for		1			
each year listed					
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed				ļ	
d Amounts included in line 2c not	No.				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
· •			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:				-	
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on	ļ				
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public				-	
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)	· · · · · · · · · · · · · · · · · · ·				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		A Al-!	(A) - (1 105 000	
Part XV Supplementary Info at any time during t			it the foundation	nad \$5,000 or mo	ore in assets
		uctions.,			
1 Information Regarding Foundation a List any managers of the foundation wh	o have contributed more	than 2% of the total contr	butions received by the	foundation before the clos	se of any tax
year (but only if they have contributed in DANIEL H. LEEVER	tore than \$5,000). (See S	ection 507(a)(2).)			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.	or an equally large per he	m or and owner only or a pr	
NONE					
2 Information Regarding Contribution Check here ☐ if the foundation o	nly makes contributions t	to preselected charitable o	organizations and does n		
the foundation makes gifts, grants, etc.	<u>`</u>				a
a The name, address, and telephone num	oer or e-mail address of t	ne person to wnom applic	cations should be addres	sea:	
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include;		
c Any submission deadlines:			-		
d Any restrictions or limitations on awards	s, such as by geographica	ıl areas, charıtable fields, l	kınds of institutions, or c	other factors:	
623601 11-23-16					Form 990-PF (2016)

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution **	Amount
a Paid during the year				
SKI & SNOWBOARD CLUB VAIL	NONE	PC	TO SUPPORT ALPINE SKI	
598 VAIL VALLEY DRIVE			RACING ATHLETES	
VAIL, CO 81657			INCLUDING COACHING,	
			TRAINING, EQUIPMENT,	
	7		AND TRAVEL TO NATIONAL	100,000
UNITED WAY OF GREATER WATERBURY	NONE	₽C	TO ADVANCE THE COMMON	
100 N. ELM STREET			GOOD BY FOCUSING ON	
WATERBURY, CT 06702			THE BUILDING BLOCKS	
			FOR A GOOD LIFE - A	
			QUALITY EDUCATION THAT	10,000
	,			
US SKI AND SNOWBOARD FOUNDATION	NONE	₽C	TO SUPPORT THE	
1 VICTORY LANE			2016-2017 ALPINE SKI	
PARK CITY, UT 84060			TEAM PROGRAM.	224,000
				-
		1		
		<u> </u>		
Total		1	▶ 3a	334,000
b Approved for future payment				
NONE				
NONE				
				·=
	1	1	1	

Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					<u></u>
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				ľ	
investments			14	87.	
4 Dividends and interest from securities			14	2,944.	
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					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue;					
a					
b					
С					
d					
e	_				
2 Subtotal. Add columns (b), (d), and (e)				3,031.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	3,031.
See worksheet in line 13 instructions to verify calculations.)	<u> </u>		_		
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exempt F	Purposes	
Part XVI-B Relationship of Activities			•	-	

- 1	AT / A	
	N/A	
		
		
-		
		
ľ		
-		
	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
- 1	<u></u>	
		

T dit XVI	Exempt Organ		31613 10	and mansactions	and netations	mps with Nonch	aritable		
1 Did the	organization directly or indi		of the following	on with any other organization	on described in sect	100 501(c) of		/es	No
	le (other than section 501(c					1011 00 1(0) 01	F	-	
	rs from the reporting found						1 1	1	,
(1) Cas	sh						1a(1)	j	X
(2) Oth	ner assets						1a(2)	\neg	$\overline{\mathbf{x}}$
b Other tr	ansactions;								
(1) Sal	es of assets to a noncharita	ble exempt organizat	tion				16(1)		X
(2) Pu	rchases of assets from a no	ncharitable exempt o	organization				1b(2)		X
(3) Re	ntal of facilities, equipment,	or other assets					1b(3)		X
(4) Re	mbursement arrangements	•					1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)		X
(6) Per	formance of services or me	mbership or fundrai	sing solicitatio	ons			1b(6)		X
_	of facilities, equipment, ma	- ·		• •			1c		X
	nswer to any of the above is			•				ts,	
	ces given by the reporting f				ue in any transaction	or sharing arrangement,	show in		
	(d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and	d sharing arrai	ngemen	ts
			N/A						
									
									
		<u> </u>							
									
									
									
					 -				
							<u>,</u>		
									
					 				
									—
					 				
2a is the fo	oundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
	on 501(c) of the Code (other	•	-	. •		[Yes	X	No
	complete the following sch		` ''						
	(a) Name of org			(b) Type of organization	T	(c) Description of relation:	ship		
	N/A								
1 254	der penalties of perjury, I declare belief, it is true, correct, and cor					. L	ay the IRS dis	cuss th	iis
Sign 👢	· /		eparer (orner ma	/ /		st	turn with the j nown below (s		
Here	KISORU			5/10/17	SECRE	'ARY	X Yes		No
Sı	gnature of officer or trustee		·	Date	Title	A Torus			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check X if PTIN			
Daid	GDEGGSSV T	DEMOTIVE	/rian	T 0 -	5/5/17	self- employed	112002	10	
Paid	GREGORY T.			1. 1V	-14117		12803		
Prepare Use Only	7 MIN 0 MAINS P 12	RMAN & HO	WARD L	т. п. С.		Firm's EIN ► 84-0	444031	. 4	
USE OIII	Firm's address ▶ 63	3 17mg cm	ਾ ਦੇ ਦੇ ਹੋ	SUITE 3000		 			
		NVER, CO		POTIE 2000		Phone no. (303)	297-	201	າດ
	1	LIVER, CO	<u> </u>				Form 990 -		
								- (/

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.lrs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	AIL SNOW SPORIS FOUNDATION	70-270TTAT
Organization type (check	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 . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions
General Rule		
	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 contribut	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, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and 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, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from its exclusively for religious, charitable, etc., purposes, but no such contributions totaled may be the total contributions that were received during the year for an exclusively religious simplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its File filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•

Employer identification number

VAIL	SNOW SPORTS FOUNDATION		20-5261191
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$15,5	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$23,8	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$14,5	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$24,5	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$19,8	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$64,5	(Complete Part II for noncash contributions)

Employer identification number

VATI. SNOW SPORTS FOINDATION

VAIL	SNOW SPORTS FOUNDATION	2(0-5261191
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$74,144.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$19,689.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$11,826.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$50,653.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

VAIL	SNOW SPORTS FOUNDATION		20-5261191
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$25,30	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
14	RUTH ANN AND HAROLD LEEVER TRUST 157 CHURCH STREET, 26TH FLOOR NEW HAVEN, CT 06510	\$39,86	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(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) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S 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)
623452 10-1	H_16	acneoule B	

Employer identification number

VAIL SNOW SPORTS FOUNDATION

20-5261191

art II	Noncash Property (See instructions) Use duplicate copies of F		-5201191
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	375 SHARES ABBOTT LABS		
		\$15,536.	09/16/16
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	375 SHARES ABBVIE INC		
		\$\$	09/16/16
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	250 SHARES APACHE CORP		
		\$\$	09/16/16
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	250 SHARES CHEVRON CORP		
		s24,542.	09/16/16
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	500 SHARES CONOCOPHILLIPS		
		\$\$	09/16/16
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	900 SHARES COLGATE PALMOLIVE		
-		\$ 64,557.	09/16/16 90, 990-EZ, or 990-PF) (

2016.03040 VAIL SNOW SPORTS FOUNDATION 05646011

Employer identification number

VAIL SNOW SPORTS FOUNDATION

20-5261191

	Noneach Property (Contractions) Has district account (Dat III		-5201191
Part II	Noncash Property (See instructions). Use duplicate copies of Part II	ii additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	625 SHARES JOHNSON AND JOHNSON COM	-	 -
		\$\$	09/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	250 SHARES PHILLIPS 66 SHS	-	
		\$\$	09/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	500 SHARES PROCTER & GAMBLE CO	-	
		\$ 43,853.	09/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	188 SHARES QUALCOMM INC	-	
10		\$11,826.	09/16/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	625 SHARES WALGREENS BOOTS ALLIANCE INC	-	
		\$ 50,653.	09/16/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	200 SHARES THERMO FISHER SCIENTIFIC INC	-	
		\$ 29,934.	09/16/16 990, 990-EZ, or 990-PF) (

Employer identification number

VAIL SNOW SPORTS FOUNDATION

20-5261191

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	250 SHARES UNITED TECHS CORP COM		
		\$\$	09/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
14	875 SHARES WELLS FARGO & CO NEW DEL		
- 		\$39,865.	09/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		. \$	
3453 10-18-	¹⁶		990, 990-EZ, or 990-PF) (2

2016.03040 VAIL SNOW SPORTS FOUNDATION 05646011

ime of orgai	nization		Employer identification number
AIL SI	NOW SPORTS FOUNDATION		20-5261191
art III	Exclusively religious, charitable, etc., contributor. Complete co	flumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,00
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$
) No.			
rom 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, an	H 71D + 4	Relationship of transferor to transferee
	Transieree's flame, address, and		relationship of transferor to transferee
[]			
-		 	
) No.	(h) D	/-> /->	(d) December of house side is held
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	 (
-			
<u> </u>			
Ì		(e) Transfer of gift	
Ì	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
Γ			
-	 		
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
-			
}-		(e) Transfer of gift	
		, ,	
\vdash	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
-			
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
{ -			
		(e) Transfer of gift	:
1	Transferee's name, address, an	d 7IP ± 4	Relationship of transferor to transferee
-	manariere s name, address, an	<u> </u>	recationship of transferor to transferee
-			
154 10-18-1	6		Schedule B (Form 990, 990-EZ, or 990-P

2016.03040 VAIL SNOW SPORTS FOUNDATION 05646011

	ST ON SAVIN	IGS AND	TEMPOR	ARY C	ASH IN	VESTMENTS	STATI	EMENT	1
SOURCE			(A) EVENUE R BOOK		NET IN	(B) VESTMENT COME	ADC	(C) JUSTED INCOM	Ξ
BANK INTEREST				87.		87.		<u> </u>	
TOTAL TO PART I, LI	NE 3			87.		87.			
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM	SECUR	ITIES	STATE	EMENT	2
SOURCE	GROSS AMOUNT	CAPI GAII DIVIDI	NS	REVI	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTI ET INCO	
DIVIDEND INCOME	2,944.		0.		2,944.	2,94	14.		
TO PART I, LINE 4	2,944.		0.		2,944.	2,94	14.		
FORM 990-PF		ОТНЕ	R EXPE	NSES			STATE	EMENT	3
FORM 990-PF DESCRIPTION		(A) EXPENSE: PER BOOK	s ne	(B)	EST~	(C) ADJUSTEI NET INCOM) CI	EMENT (D) HARITAI	BLE
		(A) EXPENSE: PER BOOK	s ne	(B)		ADJUSTEI) CI	(D) HARITA	BLE
DESCRIPTION BANK SERVICE CHARGE	_	(A) EXPENSE: PER BOOM	S NE'	(B)	150.	ADJUSTEI) CI	(D) HARITA	BLE ES 0.
DESCRIPTION BANK SERVICE CHARGE TAXES & LICENSES TO FORM 990-PF, PG	_	(A) EXPENSE: PER BOOK	S NE' KS ME 50. 1.	(B) I INVI NT INC	150. 0. 150.	ADJUSTEI NET INCOM) CI	(D) HARITA PURPOS	BLE ES 0.
DESCRIPTION BANK SERVICE CHARGE TAXES & LICENSES TO FORM 990-PF, PG	1, LN 23 =	(A) EXPENSE: PER BOOK	S NE' KS ME 50. 1.	(B) I INVI NT INC	150. 0. 150.	ADJUSTEI NET INCOM	O CF	(D) HARITA PURPOS	BLE O. O.
DESCRIPTION BANK SERVICE CHARGE TAXES & LICENSES TO FORM 990-PF, PG FORM 990-PF OTHE	1, LN 23 =	(A) EXPENSE: PER BOOM 1: IN NET	S NE' KS ME 50. 1. 51. ASSET	(B) I INVI NT INC	150. 0. 150.	ADJUSTEI NET INCOM	O CF	(D) HARITA PURPOS	0. 0. 0.

TODY 000 DD	IDD TARKEOMYCANO		GM3 M3	
FORM 990-PF OTH	HER INVESTMENTS		STATI	EMENT ————
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKET ALUE
OTHER INVESTMENTS	COST	948,49	93. 1	,006,955
TOTAL TO FORM 990-PF, PART II, LIN	NE 13	948,49	93. 1	,006,955
	STANTIAL CONTRI /II-A, LINE 10	BUTORS	STATI	EMENT
NAME OF CONTRIBUTOR	ADDRESS			
RUTH ANN AND HAROLD LEEVER TRUST	157 CHURCH S NEW HAVEN, C		OR	
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, FOUNDATION MAN		STATI	EMENT
	FOUNDATION MAN	AGERS COMPEN-	STATI EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TRUSTEES AND	TITLE AND	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE ACCOUNT
NAME AND ADDRESS DANIEL H. LEEVER 350 INDIAN ROAD	TITLE AND AVRG HRS/WK	COMPEN- SATION ECTOR	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS DANIEL H. LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480 HAROLD LEEVER II 157 CHURCH ST., 26TH FLOOR	TITLE AND AVRG HRS/WK CHAIRMAN, DIR 0.50 SECRETARY, DI	COMPEN- SATION ECTOR 0. RECTOR 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0
NAME AND ADDRESS DANIEL H. LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480 HAROLD LEEVER II 157 CHURCH ST., 26TH FLOOR NEW HAVEN, CT 06510 KRISTOFER OCHS 1397 VAIL VALLEY DRIVE	TITLE AND AVRG HRS/WK CHAIRMAN, DIR 0.50 SECRETARY, DI 0.50 TREASURER, DI	COMPEN- SATION ECTOR 0. RECTOR 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0
NAME AND ADDRESS DANIEL H. LEEVER 350 INDIAN ROAD PALM BEACH, FL 33480 HAROLD LEEVER II 157 CHURCH ST., 26TH FLOOR NEW HAVEN, CT 06510 KRISTOFER OCHS 1397 VAIL VALLEY DRIVE VAIL, CO 81657 ALEXANDER C. LEEVER 1397 VAIL VALLEY DRIVE	TITLE AND AVRG HRS/WK CHAIRMAN, DIR 0.50 SECRETARY, DI 0.50 TREASURER, DI 0.50 BOARD MEMBER	COMPEN- SATION ECTOR 0. RECTOR 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0

FORM 990-PF

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

STATEMENT

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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