2022		•												
9	4*	ďO	n			n of Org								No 1545-0047
0	Form (Rev	January	U (2020)	Under		• • •				•		ivate foundati		<u> </u>
JAN	Departr	ment of the	e Treasury			not enter soci o to www.irs.						71711		to Public
_				lar year		ar beginning	JUL					30, 2020		
显	B Che	eck if plicable	C Name of	f organi	zation						D En	nployer identif	ication numb	per
SCANNED		Address change Name change	VAIL MOUNTAIN SCHOOL Doing business as								84-0533775			
လွ		Initial return Final return/				box if mail is no		o street add	iress)	Room/su		lephone numbe (970)476		
3	[]	termin- ated Amended	City or to			nce, country, a	ind ZIP or	foreign po	stal code		<u> </u>	ss receipts \$		71,470.
T		return Applica- tion pending		ınd addr	ess of princ	cipal officer J	OSH L	AUTEN	BERG		f	or subordinate	s?Y	es X No
1	I Ta	x-exemr	ot status			501(c) () 	sert no.)	4947(a)(1	5 () 5	` `	ve all subordinates f "No," attach a		'es ∟ No
	J We	ebsite:	► WWW .	VMS.	EDU	3 33 337 (7			1	·	Group exemption	•	•
	K For	rm of org	anization: 🚨	X Corp		Trust	Associate	on (Other ►	L Ye		ition, 1962		
	Par		ummary							1				
	9	1 Brie	efly describe	e the or	ganization'	s mission or m	ost signifi	cant activi	ties PREI	A COL	TUDE	NTS INTE	LLECTU	ALLY,
	Activities & Governance											ATE SETT		
	Ver					e governing bo			lions or disp	osed of file	ore man z	3	55615	18
	ğ			•		nembers of the			rt VI, line 1b)	t		4		17
	Se Se			•	_	oyed in calend	•				RES	5		150
	ķ	6 Tota	al number o	of volun	teers (estin	nate if necessa	ıry)	RE	, line 2a) CEIVED	IN CO	3	6		532
	ct	7 a Tota	al unrelated	d busine	ess revenue	e from Part VIII	, column (C), line 12	IRS - C)SC - 16	5	7a		0.
	\dashv	b Net	unrelated t	busines	s taxable in	ncome from Fo	rm 990·T,	line 39	9 8 8 7	03 29°	21	[7b		. 0.
									MAI	الم ح	Pri	or Year	Currer	
	e i		ntributions a	-				,			3,3	511,221.		13,151. 33,738.
	δ l		gram servic		•	ii, iine 2g) umn (A), lines 3	1 4 and 7	۵۱	OGDE	N, UIP	<u> </u>	171,189. 777,382.		L4,646.
						(A), lines 5, 6d,		•	۵۱	H		<37,398.		9,291.
				•		gh 11 (must eq			•	r		122,394.		00,826.
						(Part IX, colum			V V/1 2			367,331.		37,261.
	1				•	Part IX, colum						0.		0.
	ဖွ 1	15 Sala	aries, other	compe	nsation, em	ployee benefi	s (Part IX,	column (A	A), lines 5-10)	Γ	7,6	570,349.	8,17	73,779.
<u>ر</u>	euses	16a Prof	fessional fui	undraisin	ng fees (Pai	rt IX, column (/	A), line 11e	:)				0.		0.
7	Expe	b Tota	al fundraisin	ng expe	nses (Part	IX, column (D),	line 25)		358,6	94.				
	'		•	•	· ·	(A), lines 11a-1	-	•		L		143,103.		1,457.
5	1		•		,	must equal Pa	•	mn (A), line	25)	<u> </u>		180,783.		2,497.
		19 Rev	enue less e	expense	s Subtract	t line 18 from l	пе 12					941,611.		88,329.
\mathbf{S}	500											of Current Year	End of	
V			al assets (Pa							-		952,641. 147,387.		3,045.
>	ㅎ리		al liabilities (•		tract line 21 fr	om kao 20			<u> </u>		05,254.		37,645.
22 U 22 I JUL O	Part	LIII S	ignature	Block	(tract line 21 ir	on line 20				20,5	,05,254.	20,70	77,043.
つり						amined this retu	rn, includin	g accompa	nying scheduk	es and state	ments, and	to the best of m	y knowledge an	id belief, it is
	true, co	orrect, an	d complete. [Declarati	o r et prepar	er (other than of	ficer) is bas	ed on all in	formation of w	hich prepar	rer has any	knowledge.	-	•
4				2 م		7						1		
>	Sign		Signature									Date	2/2/	
	Here					RG, BOAF	D CHA	IR				010	201	
			Type or pri				1				I Data	·	ואולם זו	
			nt/Type prepa			1D3	Prepare	er's signatu i		٠.	Date 02/23/	21 Check	PTIN	, r.c.o.r.
	Paid		UL J.				OCTA	12 C (P.A.	L	self employ		
	Prepari					AND ASS	OCIAI	ES, L	L.C.		-	Firm's EIN	04-1509	209
	Use On	iiy Firm	n's address	▶ 2.0	ייי מר	81620						Dhose as / O	70) 945	
	14	100 4	an an Abril				haug 2 /s :			<u>. </u>		Phone no (9		
		16 IHS 0 01-20-20				parer shown a uction Act No				ions.				990 (2019)
	J2001	- 1-20-EU	_,,,,,,,,,,	ape	IICU		, 300	sopai					1 01111	(2013)



Forn	n 990 (2019) VAIL MOUNTAIN SCHOOL 84-0533775 Page 2
	rt/III] Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1,	Briefly describe the organization's mission
	THE SCHOOL'S MISSION IS TO DEVELOP CHARACTER, SEEK KNOWLEDGE AND BUILD
	COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 11,812,441. including grants of \$ 1,487,261.) (Revenue \$ 12,912,759.)
	VAIL MOUNTAIN SCHOOL PROVIDES A SOUND ACADEMIC EDUCATION IN A DYNAMIC
	EDUCATIONAL ENVIRONMENT TO 400+ STUDENTS IN GRADES KINDERGARTEN THROUGH
	TWELVE. THE SCHOOL ALSO PROVIDES OPPORTUNITIES FOR PERSONAL EXPLORATION
	AND INTERPERSONAL GROWTH THROUGH ITS MANY CO-CURRICULAR PROGRAMS
4b	(Code) (Expenses \$ 34,322 · including grants of \$) (Revenue \$ 6,000 ·)
	SUMMERQUEST IS A SUMMER ACADEMIC PROGRAM FOR PUBLIC SCHOOL STUDENTS IN
	EAGLE COUNTY WITH GREAT POTENTIAL, BUT WHO ARE IN NEED OF ADDITIONAL
	SUPPORT AND POSITIVE ROLE MODELS. NOT ONLY IS IT A WAY FOR VMS TO GIVE
	BACK TO THE LOCAL COMMUNITY, THE PROGRAM ALSO SERVES TO MENTOR COLLEGE
	AND HIGH SCHOOL STUDENTS WHO ARE ASPIRING EDUCATORS. EACH JULY, MIDDLE
	SCHOOL STUDENTS STUDY MATH, READING, SPELLING, WRITING, AND PUBLIC
	SPEAKING, WHILE ALSO PLAYING GAMES, ATTENDING CULTURAL EVENTS, AND
	BONDING. STUDENTS ARE NOMINATED BY TEACHERS IN THE PUBLIC SCHOOLS AND
	TYPICALLY ENTER THE PROGRAM IN SIXTH GRADE AND STAY THROUGH THE END OF
	THE SESSION FOLLOWING THEIR EIGHTH GRADE YEAR. THE GOAL IS TO INSPIRE A
	POSITIVE OUTLOOK FOR THE STUDENTS AND EQUIP THEM WITH THE ACADEMIC
	SKILLS AND CONFIDENCE TO SUCCEED IN HIGH SCHOOL AND COLLEGE.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 11,846,763.
70	Form 900 (2010)

Part IV: Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?]		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	<u> </u>
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	-	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	3.5		25.50
	as applicable	2 - 12 (1) 12 (1) (1) 12 (1) (1)		\$
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
В	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
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 and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	i	Ì	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_	ľ	У
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{x}{x}$
	· · · · · · · · · · · · · · · · · · ·	20a 20b	-+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\dashv	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) VAIL MOUNTAIN SCHO Part IV Checklist of Required Schedules (continued)

VAIL MOUNTAIN SCHOOL

			Yes] No
22 '	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	X	+-
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23	Х	}
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]	
_	Schedule K If "No," go to line 25a	24a	X	ļ.,.
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	X
С	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)	1.	-	_ ;
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	*Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		<u> </u>
٠	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.5
^ -	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	\dashv	
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49	'		
	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable 1b 0		- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		$\bar{\mathbf{x}}$	
32004	(gambling) winnings to prize winners? 01-20-20	1c Form		2010)
JEUU4	A	Onn	J J G	2019)

b 3a b 4a b 5a b c 6a b 7 a b c d e f g h 8 : 10 a b : 12a b : 14a b 15 e f f f f f f f f f f f f f f f f f f	Statements regarding Other mo rinings and rax compliance (communication)								
b 3a b 4a b 5a b c 6a b 7 a b c d e f g h 8 : 10 a b : 12a b : 14a b 15 e f f f f f f f f f f f f f f f f f f	Substitution of amplement and an Sum W.O. Transmitted of Warrant Transmitted and Transmitted a	F	8:3 2 3	Yes	No				
3 a b 4 a b 5 a b c 6 a b 7 a b c d e f g h 8 9 a b 10 a b 11 a b 6 8 13 a 1 8 6 8 14 a b 15 6 8 15 6 15	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	150							
3 a b 4 a b 5 a b c 6 a b 7 a b c d e f g h 8 9 a b 10 a b 11 a b 6 8 13 a 1 8 6 8 14 a b 15 6 8 15 6 15	filed for the calendar year ending with or within the year covered by this return 2a			X					
b 4a b 5a b c 6a b 7 a b c d e f g h 8 : : : : : : : : : : : : : : : : : :	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>	2b		\$559 42 50				
b 4a b 5a b c 6a b 7 a b c d e f g h 8 : : : : : : : : : : : : : : : : : :	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ž			X				
4a b 5a b c 6a b 7 a b c d e f g h 8 5 5 6 110 a b 6 12 a 1 1 1 2 b 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	3a		_				
b 5a b c 6a b 7 a b c d e f g h 8 9 a b 110 a b 12a 113 a 1 a b 6 a 14a b 1 a 15 a 15 a 16 a 16 a 16 a 16 a 16 a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u></u>	3b		_				
5 a b c d e f g h 8 9 a b 110 a b 12a 113 a 1 a b 6 a 14a b 1 a 15 a 15 a 16 a 16 a 16 a 16 a 16 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorities account in a foreign country (such as a bank account, securities account, or other financial account.	•	4.		x				
5 a b c d e f g h 8 9 a b 110 a b 12a 113 a 1 a b 6 a 14a b 1 a 15 a 15 a 16 a 16 a 16 a 16 a 16 a	financial account in a foreign country (such as a bank account, securities account, or other financial account if "Yes," enter the name of the foreign country	•	4a	2577	30000				
5 a b c 6 a b 7 a b c d e f g h 8 : 10 a b : 12 a s 1 13 a l l 4 a b i 15 a i 15 a i 16 a c 1	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	C (FRAR)							
b c 6a b 7 a b c d e f g h 8 : 10 a b : 12a : 13a i i 6 c i 6 i 6 i 6 i 6 i 6 i 6 i 6 i 6									
C 6a b 7 a b C d e f g h 8 : 10 a b : 12a ! 13 a ! 14a b ! 15 e i	 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 								
6a b 7 a b c d e f g h 8 : : 112 a ! 12 a ! 14 a ! 15 e ! 15 e ! 15 e ! 15 e ! 16 e !	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		X				
b 7 a b c d e f g h 8 : 10 a l l a l l a l l a l l l a l l l a l l l a l l l a l l l a l l l a l l l a l l l l a l	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization fo	nization solicit			\vdash				
b 7 a b c d e f g h 8 : 110 a l l l l l l l l l l l l l l l l l l	any contributions that were not tax deductible as charitable contributions?		6a		х				
7 a b c d e f g h 8 : 10 : 110 : 111 a c c 6 : 112 a c c 6 : 114 a c c f g h 8 : 115	If "Yes," did the organization include with every solicitation an express statement that such contributions or	aifts	-	-					
7 a b c d e f g h 8 : : 110 a b 6 : 12a s 111 a c c 6 : 14a b c 6 : 14a b c 6 : 15 : 6 : 15 : 6 : 15	were not tax deductible?	90	6ь						
a b c d e f g h 8 : 110 : 111 a c 6 : 112 a : 112 a : 112 a : 114 a : 115 : 11	Organizations that may receive deductible contributions under section 170(c).	GAS:							
b c d e f g h 8 : 5 : 6 : 6 : 6 : 6 : 6 : 6 : 6 : 6 : 6	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		7a	X	Branks.				
d e f g h 8 : 110 : 111 : 122 : 1122 : 1124 : 115 : 11	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · -	7b	Х					
d e f g h 8 : 110 : 111 : 111 : 112 : 112 : 112 : 112 : 115	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ured		-					
e f g h 8 8 9 1110 11 11 11 11 11 11 11 11 11 11 11 1	to file Form 8282?	ľ	7c		Х				
f g h 8 : 5 : 5 : 6 : 6 : 6 : 6 : 6 : 6 : 6 : 6	If "Yes," indicate the number of Forms 8282 filed during the year 7d	The state of the s							
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	.?	7e						
h 8	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. [7f						
8 : 9 : b 110 : c 12a : s 12a	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	39 as required?	7g						
9 :	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h						
9 : b b c c c c c c c c	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2							
a b c c c c c c c c c	sponsoring organization have excess business holdings at any time during the year?	. [8		·				
b	Sponsoring organizations maintaining donor advised funds.	2							
110 : 111 :	Did the sponsoring organization make any taxable distributions under section 4966?	<u> </u>	9a						
a b c c c c c c c c c	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	Ļ	9b	napose	SHEE AF				
b (111	Section 501(c)(7) organizations. Enter								
a () () () () () () () () () (Initiation fees and capital contributions included on Part VIII, line 12								
a (b (12a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
b (a a b 112a s a 112a s a 113a s a 115a s a	Section 501(c)(12) organizations. Enter								
12a 3 b 1 13 3 a 1 b 6 c 6 14a 6 b 1 15 1	Gross income from members or shareholders 11a								
12a \$	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	· · · · · · · · · · · · · · · · · · ·							
b 13	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		120						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a	233					
a b 6 c 6 14a 6 b 5	Section 501(c)(29) qualified nonprofit health insurance issuers.								
b 6 c 6 l4a 6 b 1 l5 l	Is the organization licensed to issue qualified health plans in more than one state?		13a	9 61:3782	HINE-WEST				
b 6 c 6 l4a 6 b l l5 l	Note: See the instructions for additional information the organization must report on Schedule O.	<u></u>			727				
c E 4a E b 5 6	Enter the amount of reserves the organization is required to maintain by the states in which the								
c E 4a E b 5 6	organization is licensed to issue qualified health plans								
4a 6 b 5 6	Enter the amount of reserves on hand								
b li 15 li 6	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
15 I 6 11	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
ė	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of	—	\neg						
i	excess parachute payment(s) during the year?		15		X				
	if "Yes," see instructions and file Form 4720, Schedule N								
0 1	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	1	16		X				
ŀ	If "Yes," complete Form 4720, Schedule O	E	警		63.63 63.63				
		-	Form 9	99 <mark>0</mark> (2019)				

VAIL MOUNTAIN SCHOOL 84-0533775 Form 990 (2019) Page 6 Part VI, Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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	1a	[18			- "				
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			,	-].				
ь	Enter the number of voting members included on line 1a, above, who are independent	1b		17			ľ				
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		χ̈́				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X				
5											
6	Did the organization have members or stockholders?				6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	ı							
	persons other than the governing body?				7ь		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:	1							
а	The governing body?			İ	8a	X	_				
b	Each committee with authority to act on behalf of the governing body?			Ī	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		_X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)								
				-		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			1	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,	ĺ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form	n?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					= -	_				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Ļ	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," de	escribe		l						
	ın Schedule O how this was done			-	12c	X					
13	Did the organization have a written whistleblower policy?			-	13	X					
14	Did the organization have a written document retention and destruction policy?				14	Х	_				
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent	[}	ľ					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-	٠	-, -					
	The organization's CEO, Executive Director, or top management official		•	}	15a	X					
b	Other officers or key employees of the organization			F	15b	<u> </u>					
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		.41	l	ĺ	['					
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ıın a	ŀ			X				
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	to .	articipation	F	16a	- ,					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			ŀ	i				
	exempt status with respect to such arrangements?	izatioi	13		16b	-					
Sect	tion C. Disclosure				100 1						
	List the states with which a copy of this Form 990 is required to be filed ▶CO										
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501	(c)(3)s	oniv)	availa	ble				
. •	for public inspection. Indicate how you made these available. Check all that apply		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-,,-,-		WIIG					
	Own website Another's website X Upon request Other (explain of	n Sch	nedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		· ·	v, and	fınan	cial					
	statements available to the public during the tax year.			, ,							
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records								
-	THE ORGANIZATION - (970)476-3850			·····							

932006 01-20-20

Form 990 (2019)

81657

3000 BOOTH FALLS ROAD, VAIL, CO

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organiz	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
rume and the	hours per	box	not c	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	-	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	director director	l			1		the	organizations	compensation
	hours for related	i ii	8	ļ		sated	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	Individual trustee or	ndividual frustee o Institutional trustee		8	iadu.		(W-2/1099-MISC)		organization and related
	below	gal	utrona	_	Key employee	st co				organizations
	line)	ig ig	Instit	Officer	Key	Highest compensated employee	Former			J
(1) JOSH LAUTENBERG	10.00									
CHAIR PERSON		Х		X				0.	0.	0.
(2) DAVID SALVIN	10.00									
DIRECTOR		X						0.	0.	0.
(3) MELISSA PROVENCHER	10.00									
DIRECTOR		X						0.	0.	0.
(4) DAVID BENTLEY	10.00									
DIRECTOR		Х						0.	0.	0.
(5) CHARLENE CHEN	10.00							_	_	
DIRECTOR		X	ļ					0.	0.	0.
(6) MICHELE EVANS	10.00							_	_	
DIRECTOR		Х						0.	0.	0.
(7) RICK GEISMAN	10.00			i				_		
DIRECTOR		Х						0.	0.	0.
(8) AMY BECHER GISH	10.00									
DIRECTOR	40.00	X	\Box	_				0.	0.	0.
(9) MANDY JAFFE	10.00		ľ							
DIRECTOR	10.00	X		_	_			0.	0.	0.
(10) SALLY JOHNSTON	10.00								_	•
DIRECTOR	10.00	Х		_	_		_	0.	0.	0.
(11) SUSANNE JOHNSTON	10.00	,,		- 1	- 1	' 			0	•
DIRECTOR	10.00	Х	_	\dashv	_	_		0.	0.	0.
(12) JOSH LAUTENBERG	10.00	Ţ,						0	_	0
DIRECTOR	10.00	Х		-	\dashv	_	\dashv	0.	0.	0.
(13) ELIZABETH SIPES	10.00	x		- {				0.	0	0
DIRECTOR	10.00	^	\dashv	\dashv	-	\dashv		0.	0.	0.
(14) CHRIS ROZZELL	10.00	x				- 1		0.	0.	^
DIRECTOR (15) BETH RICHEY	10.00	4	-	\dashv	-			<u> </u>	0.	0.
DIRECTOR	10.00	x		Ī	i	Ì	- 1	0.	0.	0
	10.00	4	\dashv	\dashv	⊣	\dashv	\dashv	U •		0.
(16) KRISTIN TANG	10.00	x					ł	0.	0.	^
DIRECTOR (17) LIZA ALRICK	10.00	^	\dashv	\dashv	\dashv	\dashv	\dashv	<u> </u>		0.
DIRECTOR	10.00	\mathbf{x}						0.	0.	0.
022007 04 00 20		Λ	l	_1				Ų • J		Form 990 (2010)

932007 01-20-20

Form 990 (2019)

Section A. Omicers, Directors, Trus	stees, Key Em	pio	/ees	, an	a H	igne	STC	compensated Employe	es (continuea)	
(A)	(B) Average				C) sitior	1		(D)	(E)	(F)
Name and title	hours per			heck	more	than is bo		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any hours for	rector	Ì	ļ				the	organizations	compensation
	related	e or d	ᇐ	Ì		sated]	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trust	al fus		e e	mper	1	(11 2, 1000 111100)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	JE J			organizations
(18) MICHAEL IMPERI	40.00	Ē	Ë	5	ş	₹5	æ			
HEAD OF SCHOOL	2000	1	l	x	l		ļ	319,469.	0	26,194.
(19) KELLY YOUNG	40.00		ļ				 			
CFO		<u> </u>		Х			<u> </u>	142,277.	0	4,234.
(20) COLLEEN DAVIS	40.00						ļ		-	
DIRECTOR OF ADVANCEMENT	40.00	_			┞	X	_	101,182.	0	3,335.
(21) MARY PAVLIK DIRECTOR OF UPPER SCHOOL	40.00	1			ĺ	x	Ì	114,440.	0	3 450
(22) DEAN CHAMBERS	40.00	-			-	1	┝	114,440.		3,450.
DIRECTOR OF IT	1000	ł		•	l	x		105,951.	0 .	5,503.
(23) KENNETH ERKENBRACK	40.00					Ť	\vdash			7,5000
DIRECTOR OF MIDDLE SCHOOL (FORMER)							x	104,085.	0	5,750.
					_					ļ <u>.</u>
						Ì				1
	· · · · · · · · · · · · · · · · · · ·			\vdash		\vdash				
1b Subtotal							>	887,404.	0 .	48,466.
c Total from continuation sheets to Part V	I, Section A						▶	0.	0.	
d Total (add lines 1b and 1c)								887,404.	0.	48,466.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100	,000 of reportable	6
compensation from the organization	-									Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hıgi	hest compensated emp	loyee on	1 1 7
line 1a? If "Yes," complete Schedule J for s	uch individual		-	·			·	, ,	•	3 X
4 For any individual listed on line 1a, is the su			•					•	he organization	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elate	ed organization or individ	dual for services	5 X
Section B. Independent Contractors	piete Scriedule	; J 10	JI SU	CH	Jers	UH				5 X
Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than S	\$100.000 of compen	sation from
the organization Report compensation for										
(A)								(B)		(C)
Name and business	address	NC	NE	:			+	Description of se	ervices	Compensation
	· · · · · · · · · · · · · · · · · · ·						\dashv	·		
								,		
							\perp			
									[
							+			
2 Total number of independent contractors (in	ncludina but na	ot lin	nited	l to t	thos	e lis	ted :	above) who received mo	ore than	~ · · · · · · · · · · · · · · · · · · ·
\$100,000 of compensation from the organiz	•				_0					
										Form 990 (2019)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns 1a 1b b Membership dues 624,625 Gifts, ilar An c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim Government grants (contributions) 1e f All other contributions, gifts, grants, and 918,526 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 1,543,151 Total. Add lines 1a-1f Business Code 11,992,557 TUITION AND RELATED INCOME 611600 11,992,557 Program Service Revenue ACTIVTY PEES 611600 747,521 747,521 OTHER INCOME 611600 93,660. 93,660. All other program service revenue 12,833,738. Total. Add lines 2a-2f Investment income (including dividends, interest, and 717,647 717,647. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 133,590. 6 a Gross rents 6a 48,569 b Less rental expenses 6b 85,021 6c Rental income or (loss) 85,021 85,021 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 496,999 assets other than inventory b Less cost or other basis Other Revenue and sales expenses 7b 496,999. 7c c Gain or (loss) 496,999 496,999. d Net gain or (loss) 8 a Gross income from fundraising events (not 624,625. of including \$ contributions reported on line 1c) See 46,345 Part IV, line 18 122,075 b Less: direct expenses 8b <75,730. <75,730.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9ь b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10Ы b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** All other revenue Total. Add lines 11a-11d

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Total revenue. See instructions

15,600,826.

12,918,759.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (C) Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,487,261. individuals See Part IV, line 22 1,487,261 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 968,704. 371,442. 397,540. 199,722. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,734,085. 3,683,042. 1,051,043. Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,470,990. 1,715,721. 667,743. 87,526. 9 Other employee benefits Payroll taxes 10 Fees for services (nonemployees). 11 a Management 11,732. 11,732. b Legal 33,581. 33,581. Accounting Lobbying Professional fundraising services See Part IV, line 17 91,231. Investment management fees 91,231. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,336. 69,935. 71,271. Advertising and promotion 12 69,498. 38,418. 31,080. 13 Office expenses 77,723. 105,031. Information technology 27,308. 14 15 Rovalties 519,885. 499,090. 15,596. 5,199. 16 Occupancy 21,422. 21,422. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,634. 6,389. 2,245. 19 Conferences, conventions, and meetings 951,315. 913,263. 28,539. 9,513. 20 Interest Payments to affiliates 21 1,112,754. 1,068,245. 33,382. 11,127. 22 Depreciation, depletion, and amortization 129,286. 124,114. 3,879. 1.293. 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24s. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) STUDENT SUPPORT SERVICE 1,675,127. 1,675,127. b c 250,690. 164,170. 42,206. All other expenses 44,314. Total functional expenses. Add lines 1 through 24e 14,712,497. 11,846,763. 2,507,040. 358,694. 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

Pa	rt X	Balançe Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	2,218,208.	1	401,576.
	2	Savings and temporary cash investments	2,992,735.	2	4,968,122.
	3	Pledges and grants receivable, net	379,859.	3	664,819.
	4	Accounts receivable, net	1,050,806.	4	494,780.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	160,010.	9	152,699.
	10a	Land, buildings, and equipment, cost or other		多 種	
		basis Complete Part VI of Schedule D 10a 32,734,016.			
	b	Less accumulated depreciation 10b 12,391,016.		10c	20,343,000.
	11	Investments - publicly traded securities .	19,202,165.	11	21,248,297.
	12	Investments - other securities See Part IV, line 11	642,972.	12	442,582.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	70,188.	15	84,815.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	47,952,641.	16	48,800,690.
	17	Accounts payable and accrued expenses	1,065,102.	17	1,031,425.
	18	Grants payable	C 222 F02	18	F 000 40F
	19	Deferred revenue	6,232,502. 19,207,595.	19	5,868,465. 18,936,540.
	20	Tax-exempt bond liabilities	19,207,595.	20	10,930,340.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons	872,000.	22	2,091,800.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	072,000.	23 24	2,051,000.
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	70,188.	25	84,815.
	26	Total liabilities. Add lines 17 through 25	27,447,387.	26	28,013,045.
		Organizations that follow FASB ASC 958, check here			
Sec		1 1 1 1 2 07 00 00 2 100			
auc	27	Net assets without donor restrictions	15,088,221.	27	14,873,630.
Bal	28	Net assets with donor restrictions	5,417,033.	28	5,914,015.
Pu		Organizations that do not follow FASB ASC 958, check here		\$33	
Fu		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balance	30	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · · · · · · · · · · · · · · · ·
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
ğ	32	Total net assets or fund balances	20,505,254.	32	20,787,645.
	33	Total liabilities and net assets/fund balances	47,952,641.	33	48,800,690.
					Form 990 (2019)

Forn	n 990 (2019) VAIL MOUNTAIN SCHOOL	84-0	0533775	Page 12
Pa	nt:XII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		 .	
		1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,600	
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,712	
3	Revenue less expenses. Subtract line 2 from line 1	3		,329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,505	
5	Net unrealized gains (losses) on investments	5	<605	<u>,938.</u> :
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	20,787	<u>,645.</u>
Ra	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		······································	
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	فَيُسْفِئًا فِي	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	35 . F (2)	
	separate basis, consolidated basis, or both		1 7 3 5	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		تُعَمَّا لِمُعَالِّهُمَا الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِمُ الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِمُ الْمُعَلِّمُ الْمُعَلِمُ الْمُعَلِمُ الْمُعَلِمُ الْمُعِلِمُ الْمُعِمِ الْمُعِلِمُ الْمِعِلَمُ الْمُعِلِمُ الْمُعِلِمُ الْمُعِلِمُ الْمُعِلِمُ الْمُعِلِمُ الْمِعِلِمُ الْمِعِلِمُ الْمِعِلِمُ الْمِعِلِمُ الْمِعِلِمِ الْمِعِلَمِ الْمِعِلِمُ الْمِعِلَمِ الْمِعِلِمِ الْمِعِلِمُ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلِمِ الْمِلْمِ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلَمِ الْمِعِلَمِي	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		.
	review, or compilation of its financial statements and selection of an independent accountant?		2c 2	X In the second
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		المنا أنستاها	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıl	1 1	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	1 1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9 9	90 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

e organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Employer identification number 84-0533775

Name of the organization

VAIL MOUNTAIN SCHOOL

Pa	irt;ļ;	Reason for Public	Charity Status	(All organizations must o	omplete ti	his part) S	See instructions	
Πhe	organ	ization is not a private foun	dation because it is.	(For lines 1 through 12,	check onl	y one box)	
1		A church, convention of cl	hurches, or associati	on of churches describe	ed in secti	on 170(b)((1)(A)(i).	. —
2	X	A school described in sec						ムレ
3	一	A hospital or a cooperative		•			:::\	$\bigcup^{\mathcal{L}}$
4	Ħ	· · · · · · · · · · · · · · · · · · ·					•	v the heartelle serve
4	ш	A medical research organi	zation operated in co	injunction with a nospita	ai describe	o in secu	on 170(b)(1)(A)(iii). Ente	r the nospital's name,
		city, and state						
5	LI	An organization operated	for the benefit of a co	ollege or university owner	ed or opera	ated by a q	governmental unit descri	bed in
		section 170(b)(1)(A)(iv). (Complete Part II)					
6	\square	A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A)(v).	
7		An organization that norma	ally receives a substa	antial part of its support	from a go	vernmenta	I unit or from the genera	Il public described in
		section 170(b)(1)(A)(vi). (0	Complete Part II)					
8		A community trust describ	ed in section 170(b)	(1)(A)(vi), (Complete Pa	rt II.)			
9		An agricultural research or				ed in coni	unction with a land-gran	t college
•		or university or a non-land-	•			•	*	-
			grant conege or agric	saltare (see instructions)	Line are	riame, ch	y, and state of the cone	ge or
10		university	ally recovery (1) more	then 22 1/20/ of its our				and gross research from
10		An organization that norma					•	
		activities related to its exer		·			• •	•
		income and unrelated busi		e (less section 511 tax) fi	rom busine	esses acq	uired by the organization	n after June 30, 1975
		See section 509(a)(2). (Co	omplete Part III)					
11	닐	An organization organized	and operated exclus	sively to test for public s	afety See	section 5	09(a)(4).	
12	\Box	An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functi	ons of, or to carry out th	e purposes of one or
		more publicly supported or	rganizations describi	ed in section 509(a)(1) o	or section	509(a)(2)	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	on and cor	nplete line	s 12e, 12f, and 12g	
а		Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
		organization You must		*				., •
b		Type II. A supporting org	•		tion with i	ts support	ed organization(s), by ha	avina
		control or management of	•				• •	•
		organization(s) You mus	.,		, a, i i i i i i i i i i i i i i i i i i	01.10 11.101 0	ontrol or manage the ear	pportog
_		1 = 7 ''	·		in concoc	tion with	and functionally integrat	od with
٠	_	Type III functionally inte						eu wiii,
		its supported organization		•				
a	L	Type III non-functionall						
		that is not functionally in						tiveness
		requirement (see instruct						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is	a Type I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation		
f	Enter	the number of supported of	organizations					
g		de the following information	n about the supporte	d organization(s)				
	(1)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1 10	in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
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otal	ı		1					I

	nedule A (Form 990 or 990 EZ) 2019 \artilli Support Schedule for	VAIL MOUNT	TAIN SCHOO	L Sections 170	0(b)(1)(A)(iv) ar	84-053 nd 170(b)(1)(A)(33775 Page 2
13-073	(Complete only if you checke	-					· ·
	, fails to qualify under the test	s listed below, ple	ase complete Part	III)			/
Se	ction A. Public Support	·					
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						i
3	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge	1				4	
4	Total. Add lines 1 through 3						†
5	The portion of total contributions						
	by each person (other than a				7.5		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1/2000		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	CONTROL SYNTHESIS CONTROL	Tare Santage (Inches		T ENGINEE WAY TO THE SHORE OF	a errome contraction of the contraction	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		•				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Gross income from interest,			1			
	dividends, payments received on		/			}	}
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		/		<u> </u>	<u> </u>	
	or loss from the sale of capital	/	,			ł	
	assets (Explain in Part VI.)						
11						27.7	
	Gross receipts from related activities,	"	ons)			12	<u> </u>
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ax year as a section		
	organization, check this box and stop				•		▶□
Sec	tion C. Computation of Publ	ic _∕ Support Pe	rcentage				
	Public support percentage for 2019 (olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 20/18. If the o	rganization did no	t check a box on I	ne 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2019. If the orga	anization did not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check th	ns box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and circ						▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s
					Sche	edule A (Form 990	or 990-EZ) 2019
	/						
	/ '						

-	* * * *
(Complete only if you checked the box on lii	ne 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below inlease	complete Part II \

Se	ction A. Public Support	below, please con	ipiete Fait II j				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2010	(6) 2017	(u) 2010	(6) 2019	In Total
•	membership fees received (Do not					· ·	
	include any "unusual grants ")	}			1	/	4
2	Gross receipts from admissions.		 	 	-		+
_	merchandise sold or services per-			1	1		1
	formed, or facilities furnished in	ì	}		Ì		
	any activity that is related to the						
_	organization's tax-exempt purpose	<u> </u>	ļ				
3	Gross receipts from activities that	ĺ	t	1	ĺ.		
	are not an unrelated trade or bus-						1
	iness under section 513			ļ	 		
4	Tax revenues levied for the organ-			1			ŀ
	ization's benefit and either paid to					ļ	}
_	or expended on its behalf		1		- /		
5	The value of services or facilities						
	furnished by a governmental unit to				/		
	the organization without charge					·	<u> </u>
	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					 	
D	Amounts included on lines 2 and 3 received from other than disqualified persons that	İ	l	/			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			<u> </u>	<u> </u>		
	Add lines 7a and 7b	Section of the section of the	50. 50. 2025 1. 300 W. 407 July	THE CONTRACT OF THE CONTRACT O	of Lorent Name and Withholder		
8	Public support. (Subtract line 7c from line 6.)	THE STATE S	STEEL STATE	Section Control of the			<u></u>
	ction B. Total Support			, -		 	
	ndar year (or fiscal year beginning ın) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		/		_		
10a	Gross income from interest, dividends, payments received on	1		i]
	securities loans, rents, royalties,				1		
	and income from similar sources						
þ	Unrelated business taxable income	/ !					
	(less section 511 taxes) from businesses				1	1	
	acquired after June 30, 1975				-		
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b.						i
	whether or not the business is	/				1	
	regularly carried on						
	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)				 		
	Total support. (Add lines 9, 10c, 11 and 12)	<u> </u>			.1.	<u> </u>	<u> </u>
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop/here	in Cunnant D	roomto			·	<u> </u>
	tion C. Computation of Publ					1821	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves			40 1 (0)		TT	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2		•	and the second second	. 4F	18	%
	33 1/3% support tests - 2019. If the						/ is not
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che		-			-	P -
	Private foundation. If the organization	n did not check a b	oox on line 14, 19	a, or 19b, check th			
932023	3 09-25-19			15	Sch	edule A (Form 990	or 990-EZ) 2019
/				I J			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 4c 5a 5b 5c 7 7 8 8 9a 9b 9c 10a			
3a			
3b 3c 3c 4a 4b 4b 4c 5a 5b 5c 6 7 7 8 8 9a 9b	3a		
3b 3c 3c 3d 4a 4b 4b 4c 4c 5a 5b 5c 5c 5c 5c 5c 5c 5c			
4a 4b 4c 4c 5a 5b 5c 7 8 8 9a 9b 9c	3b	l	
4b	4a		
4c 4c 5a 5b 5c 7 7 8 8 9a 9b 9c			
5a 5b 5c 7 8 8 9a 9b			
5a	1 4c 1		
5a			
5c 6 7 8 8 9a 9b 9c 10a	5a		
6 7 8 8 9a 9b			
9a 9b	50		
9a 9b 9c	161		
9a 9b 9c	8		
9b 9c 10a			
9c 10a	9b	- 1	
10a	9c		
	10a		
10b 2019			2010

	Irtuval. Supporting Organizations (continued)			
		European esta	Yes	No s michia
	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-	┼
	A family member of a person described in (a) above?	11b	ļ	├ ─
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	ـــــــ
Sec	ction B. Type I Supporting Organizations			Т
	Baltha dissabase Assabase assessment as the second as the	6282 VSD0-6	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	SUPPRIOR	27772750
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			
		MODEL STATE OF THE	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			100
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	CHESTA	HOT MAN THAN
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	SHEETER	PENEW.
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).		
a	The organization satisfied the Activities Test Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions, r		
2	Activities Test. Answer (a) and (b) below.	Teresional	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities .	2a	PT C - C - C - C - C - C - C - C - C - C	at the same
. р	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pe	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orç	ganizations	·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	on Nov. 20, 1970 (explain in F	Part VI) See instructions.
_	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		· · · · · · · · · · · · · · · · · · ·
3	Other gross income (see instructions)	3		<u> </u>
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		ļ	
	maintenance of property held for production of income (see instructions)	6	ì	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a	STATE TOWN TOWN STATE ST	
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	 	
	Discount claimed for blockage or other			
•	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	A CLUDA MONTH TO CHARLES THE CONTRACTOR OF THE C	THE REAL COMPANY TO SECURE STREET, SEC. 18.
3	Subtract line 2 from line 1d	3	†	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	+-		
	see instructions)	4	1	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	·_···
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		·
4	Enter greater of line 2 or line 3.	4		"
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integr	ated Type III supporting organ	nization (see
	instructions)		3 3	,

Schedule A (Form 990 or 990-EZ) 2019

Part Va Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	<u> </u>				
Section D - Distributions			Current Year				
1 · Amounts paid to supported organizations to accomplish ex	1 · Amounts paid to supported organizations to accomplish exempt purposes						
2 Amounts paid to perform activity that directly furthers exer							
organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organization	าร					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI) See instructions.							
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations to which	the organization is responsive	e					
(provide details in Part VI) See instructions							
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by line 9 amount							
Section E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reason-							
able cause required explain in Part VI) See instructions.							
3 Excess distributions carryover, If any, to 2019							
a From 2014							
b From 2015							
6 From 2016			THE PLANT OF THE PARTY OF THE				
d From 2017							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years		·					
h Applied to 2019 distributable amount							
i Carryover from 2014 not applied (see instructions)							
J Remainder Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D,							
line 7 \$							
a Applied to underdistributions of prior years							
b Applied to 2019 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.	PROPERTY AND STREET, S						
5 Remaining underdistributions for years prior to 2019, if		}					
any. Subtract lines 3g and 4a from line 2 For result greater							
than zero, explain in Part VI. See instructions		NOW THE STREET OF STREET OF STREET OF STREET					
6 Remaining underdistributions for 2019 Subtract lines 3h							
and 4b from line 1 For result greater than zero, explain in							
Part VI. See instructions.			ACCEPTABLE OF STREET OF STREET				
7 Excess distributions carryover to 2020. Add lines 3j and 4c							
8 Breakdown of line 7		the state of the s	THE STATE OF THE S				
a Excess from 2015							
b Excess from 2016							
c Excess from 2017							
d Excess from 2018							
e Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

019

Open to Public

OMB No 1545-0047

Name of the organization VATE MOUNTAIN SCHOOL Employer identification number

П	VAIL MOUNTAIN SCHO		\	84-0533775
Ŗ	rt 📳 Organizations Maintaining Donor Advise		ACCO	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	rrina	
	impermissible private benefit?		J	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea		oncally	important land area
	Protection of natural habitat	Preservation of a cert	-	·
	Preservation of open space	Treservation of a cert	ilied III	stone structure
2	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form of a co		ation accoment on the last
~	day of the tax year	ned conservation contribution in the form of a co	$\overline{}$	Held at the End of the Tax Year
_	•			Held at the End of the Tax Year
_	Total number of conservation easements		2a	<u> </u>
b	Total acreage restricted by conservation easements		2b	
C		· ·	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orgai	nizatioi	n during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on eas	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation ea	seme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(E	3)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense stater	nent a	nd
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements th	at des	cribes the
	organization's accounting for conservation easements			
Pai	till! Organizations Maintaining Collections or	f Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance s	heet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar	· ·		P 3 3 3 3 3 3 3 3 3 3
h	If the organization elected, as permitted under FASB ASC 95		e chee	t works of
	art, historical treasures, or other similar assets held for public			
	•	exhibition, education, or research in future and	e oi pu	blic service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			P
_	(ii) Assets included in Form 990, Part X		> \	<u> </u>
2	If the organization received or held works of art, historical treation for the fall of the control of the fall of the control of the fall of the control of the fall of the control of the fall of the control of the fall of the control of the contr	_ :	provid	e
	the following amounts required to be reported under FASB A	SC 958 relating to these items		
	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets included in Form 990, Part X		<u> </u>	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	;	Schedule D (Form 990) 2019

932051 10-02-19

Sch		UNTAIN SCH				84-05	<u> </u>	Page 2
Pa	rt IIII Organizations Maintaining (Collections of A	rt, Historical Tr	easures, or Otl	ner Simil	ar Asse	e ts (contini	ued)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	following that make	significant	use of its		
	· collection items (check all that apply)							
а	Public exhibition	C	i Loan or exc	change program				
b	Scholarly research	•	e L Other					
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	in how they further t	he organization's ex	empt purp	ose in Pai	rt XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	isures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be m						Yes	□ No
Рã	rt IV. Escrow and Custodial Arrar	igements. Compl	ete if the organizatio	on answered "Yes" o	n Form 990), Part IV,	line 9, or	_
	reported an amount on Form 990, Pa	art X, line 21						
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ns or other assets no	ot included		-	_
	on Form 990, Part X?					L	_ Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.					
							Amount	
С	Beginning balance	•			1c			
d	Additions during the year		•		1d			
е	Distributions during the year				1e			
f	Ending balance				. 1f			
	Did the organization include an amount on F					L	」Yes	Щ №
	If "Yes," explain the arrangement in Part XIII							Ш
Ра	rt.V. Endowment Funds. Complete			r				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			ears back
1a	Beginning of year balance	16,146,338.	13,593,280.	13,297,303.	13,2	51,444.		087,226.
þ	Contributions .	554,880.	2,642,997.	245,760.				200,000.
C	Net investment earnings, gains, and losses	371,084.	232,638.	50,217.		45,859.	<u> </u>	<35,782.>
	Grants or scholarships						ļ	
е	Other expenditures for facilities	600 707	300 500					
	and programs	602,787.	322,577.				↓	
f	Administrative expenses	16 460 515	16 146 330	12 502 000	12.0	00 202	 	
g	End of year balance	16,469,515.	16,146,338.	13,593,280.	13,2	97,303.	13,4	251,444.
2	Provide the estimated percentage of the cur	rent year end balanc		i)) held as				
a	Board designated or quasi-endowment ► Permanent endowment ► 23.15		_%					
	1	%						
С	· ——							
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4 4h4 h1d		4b	_4'		
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that are nelo al	na administered for	the organiz	ation	T.	/ N-
	by:							res No
	(i) Unrelated organizations						3a(i)	
.	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	and an Cabadula DO			٠	3a(II)	<u> </u>
4	Describe in Part XIII the intended uses of the	•					3b	
	t.VI & Land, Buildings, and Equipm		wittent latias					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
	Description of property	(a) Cost or of	·		ccumulate	a l	(d) Book	value
	Description of property	basis (investm	1 ' '	1 ''	preciation	٦	(u) BOOK (value
	Land		<u> </u>			AST 2	2,580	.641.
	Buildings				283,73		$\frac{2,333}{6,741}$	
	Leasehold improvements				681,51			,880.
	Equipment				110,85			,620.
	Other				314,92			,142.
	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part 2					0,343	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION PLAN	84,815.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 84,815.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 13,464,965. 1 . Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. <605,938.b a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c <1,487,261. d Other (Describe in Part XIII) 2d <2,093,199.> e Add lines 2a through 2d 2e 15,558,164. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 91,231 a Investment expenses not included on Form 990, Part VIII, line 7b <48,569. b Other (Describe in Part XIII) 4ь c Add lines 4a and 4b 42,662. 4c 600,826. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 15, Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 13,182,574. Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 48,569. d Other (Describe in Part XIII) 2d 48,569. e Add lines 2a through 2d 2e 13,134,005. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 91,231. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,487,261. b Other (Describe in Part XIII.) 4b 1,578,492. c Add lines 4a and 4b 14,712,497. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2:

THE SCHOOL IS INCORPORATED AND DEFINED AS A PUBLICLY SUPPORTED

NOT-FOR-PROFIT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3),

QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION

170(B)(1)(A)(II) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A

PRIVATE FOUNDATION UNDER CODE SECTION 509(A)(1). THE SCHOOL IS ONLY

REQUIRED TO PAY INCOME TAXES ON ITS UNRELATED BUSINESS INCOME. UNRELATED

BUSINESS INCOME IS INCOME DERIVED FROM A TRADE OR BUSINESS BY THE SCHOOL

THAT IS NOT SUBSTANTIALLY RELATED TO THE PERFORMANCE OF THE SCHOOL'S

EXEMPT PURPOSE OR FUNCTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

932054 10-02-19

932055 10-02-19

TAX (FORM 990) WITH THE IRS. FURTHER, THE SCHOOL IS SUBJECT TO INCOME TAX

ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED

UNRELATED BUSINESS INCOME TAX. THE SCHOOL HAS FILED AN EXEMPT ORGANIZATION

TO ITS EXEMPT PURPOSE. THE SCHOOL HAS DETERMINED IT IS NOT SUBJECT TO

Schedule D (Form	n 990) 2019 pplementa	Infor	mation (cont	JUNTA LI tinued)	N SCHOO	<u> </u>				8	4-05.	33//5 Page 5
BUSINESS					990-т)	WITH	THE	IRS	ONLY	FOR	THE	REFUND
OF THE OV				·								
Or THE O	ERFAIM	DIAT.										
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SCHEDULE E

(Form 990.or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

VAIL MOUNTAIN SCHOOL

Employer identification number 84-0533775

Pe	art i j			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		l	
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3	X	
]		i
				1
4	Does the organization maintain the following?	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
] !		
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a	-	Х
ь		5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
f		5f		X
	Athletic programs?	5g	-	X
-	Other extracumcular activities?	5h		$\overline{\mathbf{x}}$
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	<u> </u>		
	in you anothered The to any of the above, please explain. If you need more space, also that in		İ	
]	ļ	
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		$\frac{x}{x}$
D	If you answered "Yes" on either line 6a or line 6b, explain on Part II	- 55		
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of	Į i		
,	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
	nev Fig. 15-50, 1915-2 0 b 567, covering racial nondiscrimination (ii) No, explain on Fair ii		41	

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

Schedule E (Form 990 or 990-EZ) 2019

Schedule E (Form 990 or 990-EZ) 2019 VAIL MOUNTAIN SCHOOL	84-0533775 _P	aqe 2
Partill . Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6	b, and 7, as applicable	
Also provide any other additional information		
SCHEDULE E, PART I, LINE 3		
THE ASSOCIATION OF COLORADO INDEPENDENT SCHOOLS PUBLISH	HES THE RACIALLY	
NONDISCRIMINATORY POLICY ANNUALLY IN THE DENVER POST ON	N VAIL MOUNTAIN	
SCHOOL'S BEHALF PURSUANT TO THE GUIDELINES SET FORTH BY	THE NATIONAL	
ASSOCIATION OF INDEPENDENT SCHOOLS		_
		•
		·
	·	
	TV	
		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

nore than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public: 4

OMB No 1545-0047

Name of the organization							ntification number		
	OUNTAIN SCHOOL					84-0533			
Partili Fundraising Activities required to complete this pa	Complete if the organization answert	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990 E2	I filers are not		
Indicate whether the organization rai Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations	e Solicita f Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants riment grants events		_			
2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	Part VII) or entity in connection with postures or entities (fundraisers) pursu	orofess	ional (fundraising services?	?	☐ Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
- Control of the Cont									
Total			▶						
3 List all states in which the organization or licensing	n is registered or licensed to solicit o	contrib	utions	or has been notified	l it is i	exempt from re	gistration		
							·····		
		-							

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

Schedule G (Form 990 or 990-EZ) 2019

8 Net gaming income summary Subtract line 7 from line 1, column (d	<u>) </u>
9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of thes b if "No," explain.	se states? Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or b If "Yes," explain	terminated during the tax year? Yes No
932082 09-11-19	Schedule G (Form 990 or 990-EZ) 2019

7 Direct expense summary Add lines 2 through 5 in column (d)

Schedule G (Form 990 or 990-EZ) 2019 VALL MOUNTAIN SCHOOL	84-0533//5 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	y formed
· to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books	s and records.
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	venue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ ar	nd the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ►	
Address ▶	
16 Gaming manager information.	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└ Yes
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	· · · · · · · · · · · · · · · · · · ·
932083 09-11-19	Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) VAIL MOUNTAIN SCHOOL Part V Supplemental Information (continued)	84-0533775 Page 4
Supplemental Information (continued)	·····
<u> </u>	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

VAIL MOUNTAIN SCHOOL

OMB No 1545-0047

Popen to Public

Employer identification number

84-0533775

å [(h) Purpose of grant or assistance X Yes 是其机场 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **発売代談 General Information on Grants and Assistance** (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government

Schedule I (Form 990) (2019)

84-0533775 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. VAIL MOUNTAIN SCHOOL Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) िहर्ने हैं। Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. . (d) Amount of non-cash assistance 0 (c) Amount of cash grant 46 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS AND TUITION ASSISTANCE 932102 10-26-19

SCHEDULE J - '(Form 990) - -

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and rightest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

Name of the organization

Department of the Treasury

Internal Revenue Service

VAIL MOUNTAIN SCHOOL Part Questions Regarding Compensation

Employer identification number 84-0533775

			1,4	T
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	an 🔯	Yes	No
-	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	,		
	First-class or charter travel X Housing allowance or residence for personal	Luco		
	Travel for companions Payments for business use of personal residence for personal residen	1 A		
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees	erice		
	IX Discretionary spending account Personal services (such as maid, chauffeur, of			
	Discretionary spending account Personal services (such as maid, chauneur, of	Silei)		
_	If any of the have an ine to one shooted did the average transfer fallows with a selection of the second			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41	X	
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		C 1000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		X	100
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	A.	9589v&
•	Indicate which if any of the following the appropriate would be table to the appropriate of the control of the			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Independent compensation consultant X Written employment contract Compensation survey or study			100
	Form 990 of other organizations X Approval by the board or compensation com	mittee		
_	Division the uses and any severe hated as Ferry COO. Best VIII. Contract A. Israelia with severe 4.4. He files			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization	40	253	V
a	Receive a severance payment or change-of-control payment?	4a	X	X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	^	х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	55.55	A 250
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 2006 2004 200 504(2)(4) and 504(2)(00) and 504(2)(00)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of			X
	The organization?	5a 5b		X
D	Any related organization?	20 25728	82° 14.05	A CONTRACTOR
6	If "Yes" on line 5a or 5b, describe in Part III			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			X
	The organization?	6a 6b		X
D	Any related organization?	557	\$20.53	
-,	If "Yes" on line 6a or 6b, describe in Part III			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		Ziáne.	X
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	[X
	Initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	200525252		NEWS P
1114	Regulations section 53.4958-6(c)?	Sebestule I/Ferr	- 000)	0045
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2019

VAIL MOUNTAIN SCHOOL Schedule J (Form 990) 2019

मिन्द्राङ्गि Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(i) Base (ii) Borus (iii) Other compensation (iv) tentender and (iv) Borus (iii) Other compensation (iv) AES (iv) Other compensation (iv) AES (iv) Other compensation (iv) Oth			(a) amobiliona (a)	1000 to 1000					
(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)		•	(b) breakdown of v	v-z and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(ii) 319,469, 0, 0, 26,194, 0, 345, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sueneo	(a)-(i)(a)	in column (B) reported as deferred on pnor Form 390
(ii)	MPERI	Ξ	4	0	0	26,194.	0		0
(i) 104,085. 0. 0. 5,750. 0. 109. (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii		⊕	0	0	0	0	0	0	0
		Ξ	104,085.	0	0	5,750.	0	109,835	0
		(ii)	0	0	0	0	0		
		(i)							
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(i)		Ξ							
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		Ξ							

•	49	332113 10-21-19
Schedule J (Form 990) 2019		
	YEAR 2019.	\$12,194 DURING THE CALENDAR
	IN A 457(B) PLAN. THE SCHOOL CONTRIBUTED	MICHAEL IMPERI PARTICIPATES
		PART I, LINE 4B:
o complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.	Provide the information, explanation, or descriptions
		rarcinity supplemental information

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Part.l.

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Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional Information in Part VI.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection 2019

OMB No 1545-0047

Schedule K (Form 990) 2019 Yes No (i) Pooled financing × Employer identification number Ŷ 84-0533775 (g) Defeased (h) On behalf ŝ × ۵ of Issuer Yes Yes ŝ × Yes ŝ 688,322. OUTSTANDING REVEN (f) Description of purpose ပ Yes REFUND THE ŝ 8 Yes (F) CONTINUATIONS (e) Issue price 23 , 309 23,399,013 × 2016 ŝ 289 23,688 (d) Date issued 11/01/16 Yes × × SEE PART VI FOR COLUMN 84-0896727 19645 DBZ4 (c) CUSIP # Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of taxable bonds (or, if VAIL MOUNTAIN SCHOOL (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II. Proceeds A CECFA

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Schedule K (Form 990) 2019 Page 3 ŝ ŝ Yes Yes ş ŝ O Yes Yes 84-0533775 ŝ ŝ 2010 ø Yes Yes PartiVIT Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions 2010 ISSUED MARCH ŝ 윈× × × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary THE OUTSTANDING REVENUE BONDS SERIES Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? VAIL MOUNTAIN SCHOOL 4a Has the organization or the governmental issuer entered into a qualified BOND ISSUES Part V , Procedures To Undertake Corrective Action (F) DESCRIPTION OF PURPOSE: hedge with respect to the bond issue? (A) ISSUER NAME: CECFA PART I, d Was the hedge superintegrated? e Was the hedge terminated? Part IV Arbitrage (continued) Schedule K (Form 990) 2019 b Name of provider b Name of provider SCHEDULE K, c Term of hedge regulations? section 148? c Term of GIC 932123 10-18-19 REFUND

Schedule K (Form 990) 2019	VAIL	VAIL MOUNTAIN	SCHOOL	00L		84-0	84-0533775		,	Page 2
Part III, Private Business Use										,
					A	В		S	۵	

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- 1		•					 - -	
	SE	2	Yes	Š	Yes	2	Yes	2
		×						
Z Are there any lease arrangements that may result in private business use of								
bond-financed property?		×						
3a Are there any management or service contracts that may result in private		-						
business use of bond-financed property?		×						
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government. ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
jo		%	ļ	%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections							_	
1 141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under		;						
Regulations sections 1 141-12 and 1.145-22	İ	×		-				
irarıvç Arburage	1	ŀ						
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No No	Yes	No No	Yes	N _o
Penaity in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						

SCHEDULE O ' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

VAIL MOUNTAIN SCHOOL

Employer identification number 84-0533775

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

FORM 990, PART VI, SECTION B, LINE 11B:

A REDACTED VERSION OF THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE, A SUBSET OF THE BOARD OF TRUSTEES. A REDACTED COPY OF THE 990 IS SENT ELECTRONICALLY TO THE ENTIRE GOVERNING BODY FOR REVIEW. THE BOARD RECEIVES A COPY OF THE FORM 990 WITHOUT SCHEDULE B DONOR NAMES AND ADDRESS IN ORDER TO PROTECT THE PRIVACY OF DONORS. THE AUDIT COMMITTEE PRESENTS THE REDACTED 990 AT THE BOARD MEETING OR THROUGH E-MAIL COMMUNICATION AND FORMAL APPROVAL IS RECEIVED BEFORE THE FORM 990 IS FILED

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF TRUSTEES SIGN A CONFLICT OF INTEREST STATEMENT

ANNUALLY. THE BOARD LIAISON AND HEAD OF SCHOOL MONITOR COMPLIANCE WITH THE

POLICY THROUGHOUT THE YEAR. IF CONFLICTS ARE DETERMINED, THE PERSON WITH

THE CONFLICT IS EXCLUDED FROM THE MEETING/DECISION AND WILL REFRAIN FROM

VOTING ON THE MATTER

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE HEAD OF SCHOOL IS REVIEWED ANNUALLY BY THE COMMITTEE
ON TRUSTEES, A SUB-COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION
COMMITTEE MEETS ANNUALLY TO REVIEW THE SALARY BENEFITS. THE COMMITTEE USES
COMPENSATION INFORMATION FROM NAIS, EAGLE & SUMMIT COUNTY SCHOOLS, PEER
SCHOOLS, AND ARTICLES COVERING INDEPENDENT SCHOOLS IS USED TO DETERMINE

SCHOOLS, AND ARTICLES COVERING INDEPENDENT SCHOOLS IS USED TO DETERMINE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization VAIL MOUNTAIN SCHOOL	Employer identification number 84-0533775
COMPENSATION AMOUNTS.	
FORM 000 PART WE GROWTON O LEVE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
SCHEDULE D, PART V	
THE BALANCE OF BOARD DESIGNATED ENDOWMENTS WERE PREVIOUSL	Y NOT INCLUDED
IN THE SCHEDULE D, PART V ENDOWMENT BALANCES. THE BEGINNI	NG BALANCES
WERE CORRECTED TO INCLUDE THIS BALANCE.	