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EXTENDED TO SEPTEMBER 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning **NOV 1, 2018**, and ending **OCT 31, 2019****2018**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A ☐ Check box if address changed

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions)**VAIL CLINIC, INC.****% VHH ACCOUNTING DEPARTMENT**

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 40000

City or town, state or province, country, and ZIP or foreign postal code

VAIL, CO 81658

D Employer identification number (Employees' trust, see instructions)

84-0563230

E Unrelated business activity code (See instructions)

446110

C Book value of all assets at end of year

792,072,169.

F Group exemption number (See instructions)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Enter the number of the organization's unrelated trades or businesses. **2** Describe the only (or first) unrelated trade or business here **RETAIL PHARMACY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-VI During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporationJ The books are in care of **VHH ACCOUNTING DEPARTMENT** Telephone number **970-476-2451****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 4,463,233.			
b Less returns and allowances			
c Balance	1c 4,463,233.		
2 Cost of goods sold (Schedule A, line 7)	2 3,327,300.		
3 Gross profit. Subtract line 2 from line 1c	3 1,135,933.		1,135,933.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 1,135,933.		1,135,933.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	936,949.
16 Repairs and maintenance	16	73,381.
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	53,896.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	193,714.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	1,128,376.
29 Total deductions. Add lines 14 through 28	29	2,386,316.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,250,383.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-1,250,383.

SEE STATEMENT 2

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

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2018.06020 VAIL CLINIC, INC. % VHH A 135713_1

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1,045,387.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	1,045,387.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations' Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

CHIEF FINANCIAL
OFFICER

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name
LAWRENCE H. MOHR,
CPAPreparer's signature
LAWRENCE H. MOHR,
CPADate
09/11/20Check ☐ if self-employed

PTIN

P00447603

Firm's name ▶ BAKER TILLY US, LLP

Firm's EIN ▶ 39-0859910

Firm's address ▶ 225 S 6TH ST #2300
MINNEAPOLIS, MN 55402

Phone no. 612.876.4500

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **► FIRST IN FIRST OUT**

1 Inventory at beginning of year	1	316,943.	6 Inventory at end of year	6	328,221.
2 Purchases	2	3,338,578.	7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	3,327,300.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5	3,655,521.			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions
Enter here and on page 1, Part I, line 6, column (B)**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

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VAIL CLINIC, INC.

Form 990-T (2018) **VH ACCOUNTING DEPARTMENT**

84-0563230

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization		2 Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

7 Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3. Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE NET OPERATING LOSS CARRYFORWARD ON FORM 990-T HAS BEEN INCREASED TO ACCOUNT FOR THE REPEAL OF IRC SECTION 512(A)(7). THE REMOVAL OF \$773,985 OF DISALLOWED FRINGE BENEFITS REPORTED ON THE PRIOR YEAR RETURN RESULTS IN A NET OPERATING LOSS OF \$555,648, AS CALCULATED BELOW. THE NET OPERATING LOSS CARRYFORWARD SCHEDULE (STATEMENT 3) OF THIS RETURN HAS BEEN UPDATED ACCORDINGLY, IN LIEU OF FILING AN AMENDED RETURN, AS NO TAXES WERE PAID.

NET OPERATING LOSS APPLIED ON FYE 10/31/2018 RETURN:
TRANSPORTATION FRINGE BENFITS REMOVED:

218,337.
773,985.

NET OPERATING LOSS CARRIED FORWARD INTO FYE 10/31/19 RETURN:

555,648.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

SECURITY	6,401.
DATA PROCESSING	291,802.
HOUSEKEEPING	19,668.
ACCOUNTING	126,604.
LEGAL	3,078.
RISK MANAGEMENT	14,577.
HUMAN RESOURCES	24,612.
ADMINISTRATION	376,279.
PARKING/SNOW REMOVAL	15,070.
PURCHASING	37,885.
MARKETING	41,433.
DEVELOPMENT	28,317.
SUPPLIES	102,713.
PURCHASED SERVICES	29,959.
OTHER EXPENSES	9,978.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

1,128,376.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/05	371,978.	371,978.	0.	0.
10/31/06	761,658.	610,207.	151,451.	151,451.
10/31/07	287,578.	0.	287,578.	287,578.
10/31/09	741,744.	0.	741,744.	741,744.
10/31/10	319,853.	0.	319,853.	319,853.
10/31/11	438,996.	0.	438,996.	438,996.
10/31/12	392,849.	0.	392,849.	392,849.
10/31/13	614,910.	0.	614,910.	614,910.
10/31/14	729,109.	0.	729,109.	729,109.
10/31/15	1,111,565.	0.	1,111,565.	1,111,565.
10/31/17	467,938.	0.	467,938.	467,938.
10/31/18	555,648.	0.	555,648.	555,648.
NOL CARRYOVER AVAILABLE THIS YEAR			5,811,641.	5,811,641.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning NOV 1, 2018, and ending OCT 31, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization **VAIL CLINIC, INC.
% VHH ACCOUNTING DEPARTMENT**

Employer identification number
84-0563230

Unrelated business activity code (see instructions) ▶ 621500

Describe the unrelated trade or business ▶ LAB

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	<u>2,367,833.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>2,367,833.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3 <u>2,367,833.</u>		<u>2,367,833.</u>
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>2,367,833.</u>		<u>2,367,833.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	<u>270,209.</u>
16 Repairs and maintenance	16	<u>8,742.</u>
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	<u>116,154.</u>
21 Depreciation (attach Form 4562)	21	<u>17,112.</u>
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	<u>17,112.</u>
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	<u>63,656.</u>
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28	<u>846,573.</u>
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	<u>1,322,446.</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	<u>1,045,387.</u>
32 Unrelated business taxable income Subtract line 31 from line 30	31	
	32	<u>1,045,387.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) VAIL CLINIC, INC.

% VHH ACCOUNTING DEPARTMENT

84-0563230

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
STEADMAN PHILIPPON RESEARCH FOUNDATION	N/A	4,299,996.
VAIL VALLEY PARTNERSHIP	N/A	7,500.
VAIL BREAST CANCER AWARENESS	N/A	8,000.
STARTING HEARTS	N/A	39,500.
STARTING HEARTS	N/A	10,500.
EDUCATION FOUNDATION OF EAGLE COUNTY	N/A	25,000.
MOUNTAIN FAMILY HEALTH CENTERS	N/A	288,146.
UNITED STATES SKI TEAM	N/A	40,000.
VVMC DIVERSIFIED SERVICES	N/A	5,000,000.
WALKING MOUNTAIN SCIENCE CENTER	N/A	5,000.
VAIL VALLEY FOUNDATION	N/A	6,000.
VAIL VALLEY FOUNDATION	N/A	16,000.
VAIL VALLEY FOUNDATION	N/A	5,000.
VAIL VALLEY FOUNDATION	N/A	5,000.
DENVER HEALTH FOUNDATION	N/A	5,000.
EAGLE COUNTY SCHOOL DISTRICT	N/A	45,000.
EAGLE COUNTY FAIR AND RODEO	N/A	5,000.
ROUND UP RIVER RANCH	N/A	5,000.
COLORADO MOUNTAIN MEDICAL	N/A	79,200.
OUR COMMUNITY FOUNDATION	N/A	10,000.
OUR COMMUNITY FOUNDATION	N/A	5,000.
ROCKY MOUNTAIN CHILDREN'S HEALTH FOUNDATION	N/A	5,000.
SPEAK UP REACH OUT	N/A	5,000.
ICJR	N/A	5,000.
TOTAL TO SCHEDULE M, PART II, LINE 20		9,924,842.

FORM 990-T (M)	CONTRIBUTION LIMITATIONS		STATEMENT 5
	CONTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS
TOTAL CONTRIBUTIONS	9,924,842.	0.	9,924,842.
10% TAXABLE INCOME	116,154.		
CURRENT YEAR AMOUNT	116,154.		116,154.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	AMOUNT
SECURITY	831.
DATA PROCESSING	154,807.
HOUSEKEEPING	2,553.
ACCOUNTING	67,166.
LEGAL	1,633.
RISK MANAGEMENT	7,733.
HUMAN RESOURCES	7,680.
ADMINISTRATION	199,623.
PARKING/SNOW REMOVAL	1,956.
PURCHASING	20,099.
MARKETING	21,981.
DEVELOPMENT	15,023.
SUPPLIES	152,086.
PURCHASED SERVICES	185,745.
OTHER EXPENSES	7,657.
TOTAL TO SCHEDULE M, PART II, LINE 28	846,573.