

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUL 28 1999

SKY TAVERN JUNIOR SKI PROGRAM
PO BOX 1709
RENO, NV 89505-1709

Employer Identification Number:

88-0275590

DLN:

17053149736039

Contact Person:

TIMOTHY ZIMMER

ID# 31263

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

April, 1993

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

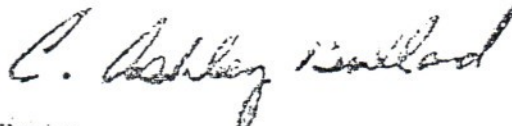
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



~~_____~~ District Director

Letter 1050 (DO/CG)



STEVE SISOLAK
Governor

JAMES DEVOLLD
Chair, Nevada Tax Commission

SHELLIE HUGHES
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada 897067937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 6881303

HENDERSON OFFICE
2550 Paseo Verde Parkway Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

April 29, 2022

Account Number: **RCE-003-081**

Exp date: **April 30, 2027**

SKY TAVERN JUNIOR SKI PROGRAM
21130 MT. ROSE HWY.
RENO NV 89511

Pursuant to NRS 372.3261 and related statutes, SKY TAVERN JUNIOR SKI PROGRAM has been granted sales/use tax exempt status as an educational organization. Direct purchases or sales of tangible personal property made by or to SKY TAVERN JUNIOR SKI PROGRAM are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to SKY TAVERN JUNIOR SKI PROGRAM are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

A handwritten signature in blue ink that reads "Charlene Bernardo".

Charlene Bernardo
Tax Program Supervisor II



090904



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

**Nonprofit Amendment
(After First Meeting)**
(PURSUANT TO NRS CHAPTERS 81 AND 82)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20140457188-30
	Filing Date and Time
	06/24/2014 5:51 AM
	Entity Number
	C7666-1991

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation
For Nonprofit Corporations**
(Pursuant to NRS Chapters 81 and 82 - After First Meeting of Directors)

1. Name of corporation:

Sky Tavern Junior Ski Program

2. The articles have been amended as follows: (provide article numbers, if available)

change name of Sky Tavern Junior Ski Program To Sky Tavern.

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles, have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: *

Vote of Directors: Vote of Members:

4. Effective date and time of filing: (optional)

Date: *6/24/14* Time: *3:00 PM*
(must not be later than 90 days after the certificate is filed)

5. Signature: (required)

X

Signature of Officer

Executive Director

Title

* A majority of a quorum of the voting power of the members, or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Amend Nonprofit -After
Revised: 2-12-14



ROSS MILLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
 www.nvsilverflume.gov



280101

Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140457189-41
	Filing Date and Time 06/24/2014 5:51 AM
	Entity Number C7666-1991

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Nonprofit Corporation: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of nonprofit entity as filed with the Secretary of State's office: <i>Sky Tavern Junior Ski Program</i>
	b) Exact name of nonprofit corporation as registered with the Internal Revenue Service, if different from that registered with the Secretary of State: <i>Same</i>
	c) Name or names under which nonprofit corporation may or intends to solicit charitable contributions: <i>Sky Tavern</i>
2. Web Address: (optional *)	<i>skytavern.com</i> *will be listed on public entity search
3. USA PATRIOT ACT certification: (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.
4. Places of Business: (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the nonprofit corporation: <i>21130 Mt. Rose Hwy</i> <i>Reno</i> <i>NV</i> <i>89511</i> <i>USA</i> Address City State Zip Code Country Telephone Number: <i>775 323 5125</i>
	b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <i>21130 Mt. Rose Hwy</i> <i>Reno</i> <i>NV</i> <i>89511</i> <i>USA</i> Address City State Zip Code Country Name of Custodian: <i>Jim Carnahan</i> Telephone Number: <i>775 323 5125</i>
5. Exempt Status and Federal Tax ID:	Federal tax exempt status: <i>501c3</i> EIN - Federal Tax ID: <i>88-0275590</i>
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	Name: <i>Bill Henderson</i> Title: <i>Executive Director</i> Address: <i>4015 Corvallis dr.</i> City: <i>Reno</i> State: <i>NV</i> Zip Code: <i>89511</i> Country: <i>USA</i>
7. Fiscal Year:	Day and month of end of fiscal year of the nonprofit corporation: Day: <i>30</i> Month: <i>June</i>
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year.
	Total Revenue (line 12, Form 990; line 9, Form 990EZ)..... <i>445,568</i>
	Total Expenses (line 18, Form 990; line 17, Form 990EZ)..... <i>521,924</i>
	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)..... <i>-76,356</i>
	Total Assets (line 20, Form 990; line 25, Form 990EZ)..... <i>146,566</i>
	Total Liabilities (line 21, Form 990; line 26, Form 990EZ)..... <i>13,226</i>
Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)..... <i>133,340</i>	
9. Signature: (must be signed by an officer of the nonprofit corporation)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. Officer Signature Title: <i>Executive Director</i> Date: <i>6/24/14</i>