

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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71-82-01 ISE

SCANNED JAN 1 2 2015

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code
[arospt black lung benefit trust or private foundation]

P Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 612(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150 Open to Public Inspection

			and certain controlling organizations as define All other organizations with gross receipts	ed in section 612(b)(13) mu a less than \$200,000 and t	ra entizat Sessilisto	ets less than \$5	60'40'10'18 00',000	'	Open to Public
Intern	rtmont of lai Fleven	the Treasury U6 Service	at the end of ► The organization may have to use a co	the year may use this form opy of this return to satisfy:		porting requirem	ents.		Inspection
			ar year, or tax year beginning		2010,	and ending	-		, 20
	hack If ap		C Name of organization	F 1	~		O Empi		lentification number
=	adress cl lame cha	•	The Mountain Endowment Fund, Inc.		119	U319 Room/aulte			6-3190219
_	uithei retur	_	Number and street (or P.O. box, if mall is not delived to P.O. Box 1299	wred to street address)		NOONWELFE	E Telet		
<u> </u>	erminated	1	City or town, state or country, and ZiP + 4	<u></u>		İ	E 6		28-526-4594 emption
==	mended :		Highlands, NC 28741-1299					apexa Deri	
		n pending		<u> </u>		Tu.			if the organization is no
	ccount /ebs it		Cash Accrual Other (specify)			ⁿ			ir the organization is no tach Schedule B
) 4 (Insert no.) 1 4947(a)(1) or	<u> </u>	•		0-EZ, or 990-PF).
			e organization is not a section 509(a)(3) suppo	·		****			
			π 990 return is not required though Form 990						
		•	re to file a complete return.						
			b, to line 9 to determine gross receipts. If gross						
line :	25, col		/) ere \$500,000 or more, file Form 990 instead of					≻ ફ	· ·
Pa	irt l	Revenu Check if	ie, Expenses, and Changes in Net the organization used Schedule O to	Assets or Fund 6 respond to any que	alanc stion i	:es (see the in this Part !	instru	ations	s for Part I.)
	1	Contributio	ons, gifts, grante, and similar amounts re	cerved	. S.i	ATUTEL	NI.	1	
- 1	2	Program s	ervice revenue including government fee	es and contracts .	\mathcal{R}	ECEIN	ED	2	
	3	Membersh	nip dues and assessments					3	
1	4		t income			WAN O. K.	治治	4	
	5a		ount from sale of assets other than inven		5a				
ļ	b	Less: cost	or other basis and sales expenses		5b_	PREAR	CH-		
ł	C	Gain or (lo	es) from sale of assets other than invented fundraising events	ory (Subtract line 5b	from 1	Ine Sal	<u>.</u>	5c	
ŀ	6					121 241 4121	•	D	COMME
	a		come from gaming (attach Schedule		المما	1		1/	CKIETVE
Revenue					6a	f contribution			//
- ₹	Ð		ome from fundraising events (not includir raising events reported on line 1) (attact		^U	i Goria ibaaoi	113		N'Fil 10 2011
Œ			ch gross income and contributions exce		i 6b	1			1. 0. 10 2014
}	c		ct expenses from gaming and fundralsin		6c			1	FAST
	d	Net incom	ne or (loss) from gaming and fundralsin	g events (add lines	6a and	d 6b and su	btract	RS	QGDEN, U
]	-	line 6c)						6d	OCIV, O
- 1	7 a	Gross sale	es of inventory, less returns and allowand	006 ,	7 a				
	ь	Less: cost	t of goods sold		7b			l	ĺ
	0	Gross prof	fit or (loss) from sales of inventory (Subtr	ract line 7b from line	7a) .			7c	
	B	Other reve	enue (describe in Schedule O)					8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and				. 🕨	9	959.99
- 1	10		d similar amounts paid (list in Schedule (D)	٠,٠	•	•	10	350,89
	11	Benefits p	aid to or for members	Roralle	9 0		•	11	
1	12	Salaries, c	other compensation, and employee bene	mis \UUUU!!	·· .			12	
Expenses	13	Protession	hal tees and other payments to independ		2.9.	2014	• •	14	
윩	14		cy, rent, utilities, and maintenance	· · · · • 0CT ·	7.D.		• •	15	
	15 16		oublications, postage, and shipping enses (describe in Schedule O)			n Uta	h	16	
	17		enses, Add lines 10 through 16	IRS Od	gei	11, Ula	. ▶	17	350,89
	18		(deficit) for the year (Subtract line 17 fro	m line 9)	- : :			18	-350,89
şş	19	Net asset	s or fund balances at beginning of year	r (from line 27, colur	ηп (А)) (must agre	e with		
Assets	!	end-of-ye	ar figure reported on prior year's return)					19	351,19
Not Assets Expense	20	Other cha	nges in net assets or fund balances (exp	olain in Schedule O) .				20	
カス	21		s or fund balances at end of year. Comb				_, ▶	21	29
) <u></u> 1			tion Act Notice, see the separate instruction			. No. 108425			Form 990-EZ (201

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Grants S If this amount includes foreign grants, check here 298	orm 9	90-EŽ (2	010)					Page 2
22 Cash, savings, and investments	Par	t II			tion in this Part II	:		
22 Cash, sawings, and investments 23 1.132 2 296 23 Land and buildings 2 296 24 Other assess (describe in Schedule O) 297 25 Total assests or fund betanose (line 27 of column (B) must agree with line 21) 31192 297 26 Total assests or fund betanose (line 27 of column (B) must agree with line 21) 351192 279 27 Not assests or fund betanose (line 27 of column (B) must agree with line 21) 351192 279 27 Not assests or fund betanose (line 27 of column (B) must agree with line 21) 351192 279 27 Not assests or fund betanose (line 27 of column (B) must agree with line 21) 351192 279 28 Chock if the organization used Schedule O to respond to any question in this Part if Chock if the organization of promary exemply purposes. In a clear and condon nameric, describe wheth was achieved in carrying out the organization's examply purposes. In a clear and condon nameric, describe a services provided, the number of persons behalfied, and other relevant information for seach program title. 28 Suntains the supported or granization from effects of recession. 29 Caristis \$ 360,896 If this amount includes foreign grants, check here 29e 350,856 29 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, check here 29e 350,856 Caristis \$ If this amount includes foreign grants, ch			Check if the organization used Schedule	O to respond to any ques	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO		r`	
Land and buildings Side					two sec	<u> </u>		<u> </u>
24 Abre assets (describe in Schedule O) 28 351,192 25 29 29 29 20 20 20 20 20			. •		• • • • • • • • • • • • • • • • • • • •	351,192		296
Total assets 351,982 25 399 Total Rebilities (doscribe in Schedule C) 351,192 25 296 That Idebilities (doscribe in Schedule C) 351,192 27 296 That Idebilities (doscribe in Schedule C) 351,192 27 296 Total Rebilities (doscribe in Schedule C) 270 column (E) must agree with line 21) 351,192 27 296 That is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 37 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 39 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 39 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 39 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 39 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 39 297 What is the organization's primary exempt purpose? Supporting Organization for a 501(cl) 30 297 Such as the supported organization from effects of recession. Grants \$ 360,865 if this amount includes foreign grants, check here \$ 280 350,895 (Grants \$) if this amount includes foreign grants, check here \$ 316 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
28 Total liabilities (describe in Schedule O) Net assets or fund between (ine 27 of column (B) must agree with line 21) Statement of Program Service Accomplethments (see the Instructions for Part III.) Check if the organization used Schedule O to respond to any question in this Part III. Check if the organization used Schedule O to respond to any question in this Part III. Program Service Accomplethments (see the Instructions for Part III.) Program Services Accomplethments (see the Instructions for Part III.) Program Services (searched, the number of persons benefited, so when the services produced, the number of persons benefited, and other relevant information for sech program tile. Solution Services (Grants S 350.896) If this amount includes foreign grants, check here 28e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If this amount includes foreign grants, check here 909e 350.896 (Grants S) If					• • •	AF4 402		200
27 Net assets or fund belences (line 27 of column (B) must agree with line 21) 311.92 27 296					• • •	351,192		290
Statement of Program Service Accomplehments (see the Instructions for Part III.) Check if the organization used Schedule 0 to respond to any question in this Part III Z Statement or several programs are received what was achieved in carrying out the organization's exempt purposes. In a clear and concluse manner, describe valid was achieved in carrying out the organization for each program this. Statement or several program this. Z Statement or several program this. Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or several program services (seconds in Schedule C) Statement or sever					∵	351 102		206
Check if the organization used Schedule O to respond to any question in this Part III .		_					21	
Until is the organization's primary exempt purpose? Supporting Organization for a STRICKS) specified which was achieved in carrying out the organization's exampl purposes. In a clear and concise manner, describe to exempt a services provided, the number of persons benefited, and other relevant information for each program titls. Grants \$ 360,860 If this amount includes foreign grants, check here	-	333					fRa	
secrible what was achieved in carrying out the organization is exempt purposes. In a clear and condex manner, describe persons benefities, and other relevant information for each program title. 28 Sinitan the supported organization from effects of recession. (Grants \$ 350.896) If this amount includes foreign grants, check here	L/L	la ela -	-				501	(c)(3) and 501(c)(4)
## services provided, the number of persons benefited, and other relevant information for each program title. ## (Grants \$ 350.886) If this amount includes foreign grants, check here	JOSELY	ihe wh	organization s primary exempt purpose? It was achieved in carrying out the organization?	s exempt purposes. In a clear	and coucise mann	er, describe		
Suntain the supported organization from effects of recession. (Grants \$ 350,896) if this amount includes foreign grants, check here	he se	rvices (provided, the number of persons benefited, and o	ther relevant information for e	ach program title.			
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Grants \$ If this amount includes foreign grants, check here > 298		(Grent	s \$ 350,896) If this amount	includes foreign grants, che	ck here	. ▶ □	28	350,896
Grants \$ If this amount includes foreign grants, check here	29	(4,4,1						1
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Grants \$ If this amount includes foreign grants, check here		(Grant	s S) If this amount	includes foreign grants, che	ock here	. ▶ 🗓	29	n l
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30							
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	Ť	+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	f & 6 d d oo				ł
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here				-1				}
Corants S If this amount includes foreign grants, check here 31a 0		(Grant	s \$) If this amount	includes foreign grants, ch	ck here	. ▶ 🗆	30	a
Corants S If this amount includes foreign grants, check here 31a 0	31	Other	program services (describe in Schedule O)					1
List of Officers, Directors, Trustees, and Key Employees, List each one even if not compensated, (see the instructions for Part IV. Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and address (b) Title and sweeps (b) Compensation (f) not path, (enter 0.) (b) Compensation (f) not path, (enter 0.) (c) Compensation (f) not path, (enter 0.) (c) Compensation (f) not path, (enter 0.) (expectation this Part IV. (expectation to this Part IV. (expectation this Part I				includes foreign grants, che	eck here	. ▶ 🛮	31	0
Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and address (b) Title and average (c) Compensation (d) Compensa	32	Total	program service expenses (add lines 28a t	hrough 31a)		, , >		
(a) Name and address (b) Titls and average frozen treating for path, enter 0-1, and properly and process of the path, enter 0-1, and process of the path, enter 0-1, and process of the path, enter 0-1, and process of the path deformed comparation of the allowances. Robert Hargrove President and Treasurer 4 0 0 0 0 0 Drane Baum Secretary, 2 0 0 0 0 0 Lem Arnold Trustee, 1 0 0 0 0 Harry Donovan Trustee, 1 0 0 0 0 Called Parry Trustee, 1 0 0 0 0 Harry Raichle Trustee, 1 0 0 0 0 0 Harrk Raichle Trustee, 1 0 0 0 0 0	Patr	IV	List of Officers, Directors, Trustees, and Key	Employees, List each one er	en if not compense	ited. (see the i	instn	uctions for Part IV.)
tall Name and address founds to prevent devoted to position of the applying brands plants a doctoral and other allowances. The prevent of the applying the part of the applying			Check if the organization used Schedule				•	
Robert Hargrove President and Treasurer 4 0 0 0 0 Diane Baum Secretary, 2 0 0 0 0 Lem Atnold Trustee, 1 0 0 0 0 Harry Donovan Trustee, 1 0 0 0 0 Laird Parry Trustee, 1 0 0 0 0 Harrk Raichle Trustee, 1 0 0 0 0			(a) Name and address	hours per week	fir not paid.	employee benefit	plens	& account and
Drame Baum Secretary, 2 0 0 0 0 0 1 1 1 1 1 1 1 0 0 0 0 0 1 1 1 1 1 1 1 1 0 0 0 0 0 0 1					enter -0)	deferred compe	BACIO	n other allowances
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Lem Arnold Trustee, 1 0 0 0 0 Harry Donovan Trustee, 1 0 0 0 0 Laird Parry Trustee, 1 0 0 0 0 Harrk Raichle Trustee, 1 0 0 0 0	Oran	e Baun	} ••••/*•=	Secretary, 2	_			
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			Ø
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a 35b		/
36 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	38		\
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [378]			
b 38≇	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		1
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Year" complete Schedule I. Part II and enter the total amount involved	36a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
B	Initiation fees and capital contributions included on line 9			
þ	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			l
J	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		•	
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	400	<u> </u>	1
41	List the states with which a copy of this return is filed. The organization's books are in care of Robert E. Smith, Treasurer Telephone no.	82852	6.459	<u></u>
42a	Located at > 3872 Dillard Rd P. O. Box 1299 Highlands, NC ZIP + 4	28741		i
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes " enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
7.	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448		1
b	min I was a supply and the supply of the sup	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
þ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	1
		m 99	D-F7	12010

Form 890	7-EZ (2010)					Pag	• 4
						02 J	lo.
45	Is any related organization a controlled entity	y of the organization within the	meaning of section	n 512(b)(13)?	45	_	<u>√</u>
a	Did the organization receive any payment fro	om or engage in any transaction	n with a controlled	entity within the		1	
	meaning of section 512(b)(13)? If "Yes," Form 990-EZ (see instructions)	ят 990 ала эспесию и тау	need to be comb	io pseismi perei	45-		
	Did the organization engage, directly or indi	noeth us political ensopries se	tiutae on babalf of	i ar in annachtan	45a		—
	to candidates for public office? If "Yes," co		LIVIUOS ON DENAN O	or in opposition	48	-	
Part V				la truete only A	L. • - I		<u> </u>
	501(c)(3) organizations and section and 52, and complete the tables for	4947(a)(1) nonexempt char r lines 50 and 51.	itable trusts mus	t answer questic	ns 47-	49b	
	Check if the organization used Sche	dule O to respond to any que	stion in this Part \	<u>// </u>	· · ·	· ·	口
					-	85 1	No.
	Did the organization engage in lobbying actu				47		*
	Is the organization a school as described in a Did the organization make any transfers to a			E	49a		ゾー
	If "Yes," was the related organization a sect		au organization .		49b	+	<u>Y</u>
	Complete this table for the organization's five		ovees (other than o	officers, directors,		and	kev
••	employees) who each received more than \$	100,000 of compensation from	the organization.	f there is none, en	ter "Nor	16."	
		(b) Title and average	(c) Compensation	6dl Contributions to	(e) E	фепае	
	(a) Name and address of each employee paid more then \$100,000	hours per week devoted to position	•	employee bonefit plans & deferred compensation	other al	int and lowanc	
None							
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		2400.000	<u> </u>		·		
	Total number of other employees paid over Complete this table for the organization's		enendent contract	om who each rec	alved m	ore t	han
51	\$100,000 of compensation from the organi	zation. If there is none, enter "!	Noné."	018 MIIO 02011 100	GIVEG III) (1201.)
	(a) Name and address of each independent cont			pe of service	(c) Comp	erastk	on
	L			}			
			<u> </u>				—
*********			******				
	Total number of other independent contract	tore each receiving over \$100 (000			•	_
	Did the organization complete Schedule A?			(7(a)(5)		-	
52	nonexempt charitable trusts must attach a	completed Schedule A			Yes	□ No	>
Linder n	AND A SECURE OF THE PROPERTY O	um laskellan nanamaninin achackfar	and statements, and to	the best of my knowle	age and t	eller, it	ls
true, cor	ment, and complete. Declaration of preparer (other than o	fficer) is based on all information of whi	ich preparer has any kno	włedge,			
	11 36 -			. 71			
Sign	Foliak Smith			Octobe 74	701	/	
Here	Signature of officer			Date			
*****	Robert E. Smith, Treasurer						
	Type or print name and title	Dispersion algorithms	Carte		PTIN		
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Prep	1 au 1				•		—
Use		L 107 T W Y T W T		Firm's EIN ▶ Phone no.		~	—
May th	he IRS discuss this return with the preparer s	hown above? See instructions		· · · · ▶ □	Yes	□ No	
·····				Fr.	ym 990 -		_

SCHEDULE A (Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010
Open to Public

Open to Public Inspection

Employer Identification number

56-3190219

eart.) See instructions,
ne box.)

(0(b)(1)(A)(i).

The I	Mountain Endowine								56-319		
Par			rity Status (All orga						nstructio	ns,	
The c			tion because it is: (Fo								
1			hes, or association of			ed in sec	tion 170	D(A)(1)(d)).		
2			170(b)(1)(A)(H). (Attac								
			spital service organiza						. 		
4			on operated in conjun	ction with	a hospit	al descri	ped in eq	ction 170)(A)(1)(d)O	ili). Enter ti	ne
_	•	e, city, and state	**************								
5		n operated for a company of the comp	the benefit of a colle; plete Part II.)	ge or uni	versity o	when or	operated	by a go	vernment	au unit des	calped in
6			nment or government								
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governa	nental ur	nit or from	the gener	al public
8	☐ A community t	trust described i	n section 170(b)(1)(A)	HvI). (Cor	mplete Pa	ert II,)					
•	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct income and unrelated June 30, 1975. So	iona—sui lated but	bject to d siness ta	certain ex xable ind	ceptions come (les	s, and (2) as sectio	no more	than 331/s	% of its
10	An organizatio	n organized and	operated exclusively	to test fo	x public i	safety. Se	e sectio	n 509(a)(4).		
11	An organization	on organized ar one or more pub	nd operated exclusive likely supported organ describes the type of	ely for th sizations	ne benefi describe	t of, to p	certorm tion 509(a	the funct a)(1) or se	tions of, d action 509	(a)(2). See	
							•			n Tvpelii	Other
_	a ∐ Type		that the organization		xe III-Fun	-	-			,,	
•		ndation manage	wat the organization								
Ť		ation received a	s written determination	on from I	the IRS	that It Is	а Туре	I, Type I	li, or Typ	a III suppo	orting
g		17, 2006, has t	he organization accep	pted any	gift or c	ontributio	n from a	ny of the	, , ,		• []
	(ii) A person v	who directly or i	ndirectly controls, eit					describe	d in (ii) en	,	es No
			ody of the supported							11g()	
			on described in (i) abo							11000	
			a person described in							11000	
h		llowing informat	ion about the support	,				,			
•	Name of supported organization	(19) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (1) li	organization ated in your document?	the organ	ou notify vization in of your port?	organizat (7) organi	is the tion in col. ized in the 3,7	(vil) Arno Ruppi	
			(555 11-15-55-11)	Yes	No	Yee	No	Yes	No		
	he Mountain etreat and	58-1396972	170(b)(1)(A)(vi)	1		,		1			350,896
(B)											
(C)											
(D)											
(E)										····	
Tota	ı			,			:;				350,896

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Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2010

Page 2

Schedule A (Form 990 or 990-E2) 2010

Part II Support Schedule for Organization (Complete only if you checked to Part III. If the organization falls to	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n falled to qu			
Section A. Public Support	o quality drive	<u> </u>	oted Desett, P	10000 0011101				
Calendar year (or flacal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		_						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3 The value of services or facilities furnished by a governmental unit to the organization without charge								
4 Total Add fines 1 through 3			ļ					
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
			1	 	-			
5 Public support. Subtract line 5 from line 4. Section B. Total Support		<u> </u>	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·			
Calendar year (or flecal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(a) 2010	(f) Total		
7 Amounts from line 4								
8 Gross income from interest, 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								
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11 Total support. Add lines 7 through 10		· •	. , .					
12 Gross receipts from related activities, etc.	c. (see instructi	ons)			12			
13 First five years. If the Form 990 is for t	he organization	n's first, seco	nd, third, fourth	n, or fifth tax y	eer es a sectio	on 501(c)(3)		
organization, check this box and stop he			<u> </u>			· · · <u></u>		
Section C. Computation of Public Suppo			44 1 491		144	•		
14 Public support percentage for 2010 (line 15 Public support percentage from 2009 Sc	6, column (1) d	IVICED BY RINE	11, column (I))		15	%		
15 Public support percentage from 2009 Sc 16a 331/4% support test 2010. If the organ	medule A, Pari Izstion did not	check the bo	v on line 13. an	nd line 14 is 33				
box and stop here. The organization qu	alifies as a pub	liciv supporte	d organization			▶ [
b 33'x% support test—2009. If the organies check this box and stop here. The organies	nization did n	ot check a bo	ox on line 13 o	r 16a, and Iln	e 15 is 33¹a%	or more,		
10% or more, and if the organization meets the "	10%-facts-and-circumstances test—2010, if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
organization					 On 40h47-	, , ► [
b 10%-facts-and-circumstances test: 15 is 10% or more, and if the organization is Explain in Part IV how the organization in	ation meets the meets the "fact	e "facts-and- ts-and-circum	circumstances" etances" test.	' test, check t The organizatio	his box and of on qualifies as	top here. a publicly		
supported organization	a xberto ton bit	box on line 1	3, 16a, 16b, 17	a, or 17b, che	ck this box and	800		
			<u></u>		hedule A IForm W			

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (d) 2009 (a) 2006 (b) 2007 (c) 2008 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) Glita, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Q Add lines 7a and 7b Public support (Subtract line 7c from ·4: 1 (1 Section B. Total Support (d) 2009 (e) 2010 (a) 2008 (b) 2007 (a) 2008 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar cources ... b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . . . Net Income from unrelated business activities not included in line 10b, Whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets Total support. (Add lines 9, 10c, 11, First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 96 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 96 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f) . . . 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 96 19e 331/2% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line 17 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 331/3% support tests -- 2009. If the organization did not check a box on line 14 or line 19s, and line 16 is more than 331/3%, and

line 18 is not more than 331/x%, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright \Box Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions \blacktriangleright \Box

Schadule A (Form 990 or 990-EZ) 2010

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	Instructions).	
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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.

2010
Open to Public Inspection

56-3190219

Department of the Treasury Internal Revenue Service Name of the prostrization

The Mountain Endowment Fund, Inc.

Part 1, Line 10 and Part III, Line 28: The Mountain Endowment Fund, Inc. had held its assets in equities since its inception until the supported organization needed funds to make-up for a shortfall in revenues. These equities were liquidated over time, and the funds were loaned for the purpose of continuing the capacity for operating revenue producing activities, such as programs and program staff. By 2010 it was evident that the effects of an adverse economic situation could not be overcome, and the loan interest could not be paid. The loans were forgiven and taken off the books. Part V, Line 42A This 2010 return has been prepared by the current treasurer on October 29, 2014, in response to a compliance check request dated September 15, 2014. The original response due date of October 15, 2014 was extended. The phone number provided is the home phone number of the treasurer. The address provided is that of the supported organization. The treasurer lives in the same community, but no one at the supported organization can respond to questions regarding this organization's financial records and tax filings.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-5Z.

Cet. No. 51058K

Schedule O (Form 990 or 999-E2) (2010)