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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

| | | nue Service | ▶ Information about Form 990 and its instructions is at www.irs.gov | v/form990 | | Inspect | ion | |
|-----------------------------|-------------|---------------|---|--------------|----------------------------------|---|---------------|--|
| A | For the | 2013 cale | ndar year, or tax year beginning , 2013, and ending | | , 20 | | | |
| В | Check if | applicable | C Name of organization Pico Ski Education Foundation | | D Employer identification number | | | |
| | | change | Doing Business As | | | 03-0265765 | | |
| \Box | Name cl | Ť | Number and street (or P O box if mail is not delivered to street address) Room/suite | | E Telephor | | | |
| \Box | Initial ref | , I | 94 Campbell Road | i. | 802-747-3079 | | | |
| \Box | Termina | | City or town, state or province, country, and ZIP or foreign postal code | | | 002-747-0070 | | |
| \exists | Amende | | Center Rutland, VT 05736 | | G Gross re | ecoints \$ | 194,709 | |
| \Box | | - | | | | subordinates? Yes | | |
| ш | Applicat | ١ ١ | · | _ | | sincluded? Tes | _ | |
| _ | | | | | | i list (see instructio | | |
| <u> </u> | | mpt status | ✓ 501(c)(3) | | | • | , | |
| <u></u> | Website | | | H(c) Group | | | | |
| | | | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation | 1977_ | M State | of legal domicile | VT | |
| | art I | Summa | | | | | | |
| 40 | 1 | - | scribe the organization's mission or most significant activities. The organi | | | | | |
| Governance | | | y awareness to encourage and enable young athletes to participate in the spor | rt of ski ra | cing and | support the alp | oine | |
| 'n | [| | program at Pico Mountain. | | | | | |
| ₹ | 2 | | s box $lacktriangle$ if the organization discontinued its operations or disposed of m | nore than | | its net assets | | |
| ගී | 3 | | f voting members of the governing body (Part VI, line 1a) | | 3 | | 17 | |
| •ಕ ഗ | 4 | Number of | f independent voting members of the governing body (Part VI, line 1b) | | 4 | | 17 | |
| Ë | 5 | Total num | ber of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 | | 0 | |
| Activities & | 6 | Total num | ber of volunteers (estimate if necessary) | | 6 | | 20 | |
| Ä | 7a | Total unre | elated business revenue from Part VIII, columnts lung 12- | | 7a | | 0 | |
| | Ь | Net unrela | ated business taxable income from Form 990-T, line 34 | <u>.</u> | 7b | | 0 | |
| | | | (g) | Prior Yes | ar | Current Ye | аг | |
| d) | 8 | Contribut | ons and grants (Part VIII, line 1h) . Service revenue (Part VIII, line 2g) | | 102,093 | | 101,319 | |
| Ž | 9 | | service revenue (Part VIII, line 2g) | | | | | |
| Revenue | 10 | | nt income (Part VIII, column (A), lines 3, 4, and 78 ENT 117 | | 4,607 | | 2,262 | |
| Œ | 11 | Other rev | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e . | | 21,603 | | 54,983 | |
| | 12 | Total reve | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 128,303 | | 158,564 | |
| | 13 | | d similar amounts paid (Part IX, column (A), lines 1-3) | | 24,271 | | 14997 | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | | | | |
| 'n | 15 | • | ther compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | | |
| Expenses | 16a | | nal fundraising fees (Part IX, column (A), line 11e) | | | | | |
| De l | b | | draising expenses (Part IX, column (D), line 25) ► 8,878 | * " | 7- 73 1 3 | E TO TAIS SHAT WAS A | 20% 20% 1d | |
| 찣 | 17 | | enses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2 * | 4.053 | 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | |
| | 18 | • | enses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 4,952 | | 12,998 | |
| | 19 | · · | • | | 29,223 | | 27,995 | |
| | | nevenue | less expenses. Subtract line 18 from line 12 | nning of Cui | 99,080 | End of Ye | _130,569 | |
| ts or | 200 | Total as- | | g or our | | LIM OF TE | | |
| Sse Bals | 20 | | ets (Part X, line 16) | | 431,785 | | 559,849 | |
| Net Assets (Fund Balanc | 21 | | lities (Part X, line 26) | | 0 | | 0 | |
| _ | | | s or fund balances Subtract line 21 from line 20 | | 431,785 | · · · · · · · · · · · · · · · · · · · | _559,849 | |
| | art II | | ure Block | | | | | |
| | | | y, I declare that I have examined this return, including accompanying schedules and statement | | | ny knowledge and | belief, it is | |
| | e, correc | a, and comple | te Declaration of prefarer (other than officer) is based on all information of which preparer has | ally knowle | - A | | | |
| | | I | 1 Chris | | ANG | IUST 12, | 2014 | |
| Sig | • | Signa | ture of efficer | Dat | e 🗸 | • | | |
| He | re | | Christophen Heard TREASURED | <u> </u> | | | | |
| | | Туре | or print name and title | | | | | |
| Pa | id | Print/Typ | e preparer's name Preparer's signature Date | | Check | - If PTIN | | |
| | epare | \r | | | self-emp | | _ | |
| | e On | | ime ► | Firm | 's EIN ▶ | - | | |
| US | e un | | idress ▶ | | ne no | | | |
| Ma | v the II | | this return with the preparer shown above? (see instructions) | | | . Tyes | No | |

SCANNED SEP 0 2 2014

For Paperwork Reduction Act Notice, see the separate instructions.

| Part | Ш | Statement of Program Service Accomplishments |
|------|-------|--|
| | | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | | offly describe the organization's mission: |
| | | organization's mission is to raise funds and community awareness to encourage and enable young athletes to participate in the |
| | spo | rt of ski racing and support the alpine ski racing program at Pico Mountain. |
| | | |
| 2 | Did | the organization undertake any significant program services during the year which were not listed on the |
| | | r Form 990 or 990-EZ? |
| | | /es," describe these new services on Schedule O. |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program |
| | | /ɪces? Yes ☑ No |
| | If "Y | 'es," describe these changes on Schedule O. |
| 4 | Des | cribe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | | enses. 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 | | de. (Expenses \$ 1,000 including grants of \$) (Revenue \$) |
| | | vided direct support to the Pico Ski Racing program in the form of equipment and supplies supporting youth racers between the |
| | age | s of six and eighteen years of age. Equipment and supplies facilitate a proper and safe training and racing venue. |
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| | | |
| 4b | (Co | de:) (Expenses \$13,997 including grants of \$) (Revenue \$) |
| | Prov | vided monetary scholarships to youth racers from the Pico Ski Racing program to be able to train for and compete in higher level |
| | ama | iteur events. |
| | | *************************************** |
| | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
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| | | *************************************** |
| | | |
| | | |
| 4c | (Co | de·) (Expenses \$ including grants of \$) (Revenue \$) |
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| | | |
| | | |
| 4d | | er program services (Describe in Schedule O.) |
| 40 | (EXI | penses \$ including grants of \$) (Revenue \$) |

| Part l | V 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 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ | |
| 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 | | 1 |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | 1 |
| 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 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | *** | , , , | ار اردر ا |
| 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 | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| 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 | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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 | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 | | 1 |
| 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 | | 1 |
| 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 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | V |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ✓ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | • | 1 |
| 20 a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | 1 |
| - | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | 1 |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|---|--|---|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 | | √ |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | 1 |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d 25a | | √ |
| 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 | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | √ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | √ |
| 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): | , ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | لا بر ر الاسرافي ومار الاسرافي ومار | , ° |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | · ✓ |
| 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? <i>If "Yes," complete Schedule R, Part I </i> | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ✓ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | √ |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2. Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | ✓ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |

| i on a | Ole Leading Control of the Control o | | | -age • |
|------------|--|---|----------------------|--|
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | • • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | 777 1 5 | # Too | , 110 |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | ., . | | , , , |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and |]] | | , ~ |
| · | reportable gaming (gambling) winnings to prize winners? | 1 | | *~* |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | V | ļ |
| | | 17.77 | , , , | |
| b | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a 36 36 36 36 36 36 36 36 36 36 36 36 36 | | | <u> </u> |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 2b | <u> </u> | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 32 | | <u> </u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a 3b | <u> </u> | / |
| 4a | | 30 | | - |
| 70 | 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 | | | |
| | account)? | 4- | | 1 |
| _ | | 4a | | \ <u> </u> |
| b | If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 1 | | ١. |
| <i>E</i> ~ | - · · · · · · · · · · · · · · · · · · · | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | V |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | - | 1 |
| C En | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | , |
| L | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | ے و ت | ✓ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1000 | * 4 | 4 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sorvess provided to the payor? | أغسينه | أخشت | <u> </u> |
| | and services provided to the payor? | 7a | | √ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | , |
| | required to file Form 8282? | 7c | 9 4 5 6 | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | ا المتناسطة |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | √ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 3 | 3.3 | 15,14 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | . 3- | 300 | , , , , , , , , , , , , , , , , , , , |
| | organization, have excess business holdings at any time during the year? | 8 | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | *************************************** | 44.2 | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | ✓ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | B 4 5 | √ |
| 10 | Section 501(c)(7) organizations. Enter: | * | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ي ُو ٠ اص د | 150 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 95 July 146 | 2 | · . |
| 11 | Section 501(c)(12) organizations. Enter | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4.4 | |
| a | Gross income from members or shareholders | 1. 3. 4 | | , , |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | 8 2 7 1 8 1 1 1 1 | |
| | against amounts due or received from them.) | - | · ','. | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 3 | ار من ار من | * . |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - 3- | <u> </u> | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 7 7 7 | 4 (7.7 | ************************************** |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | , | | , , , , , , , , , , , , , , , , , , , |
| | the organization is licensed to issue qualified health plans | A CONTRACTOR | 1975 | , ~ , s |
| С | Enter the amount of reserves on hand | » · | ٥, | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | ee ins | for a | |
|-------------------|---|--------------------|----------|---------------------------------------|
| Secti | on A. Governing Body and Management | | V | TNA |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . 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 in Schedule O. | | Yes | No |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 4 5 6 | | √ √ √ |
| b | one or more members of the governing body? | 7a 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | , | 2 | |
| a | The governing body? | 8a | √ | |
| 9 | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | 9 ue Co | ode.) | |
| | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | ✓ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | √ | |
| b 12a 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? <i>If "No," go to line 13 </i> | 12a 12b | | √ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | ✓ |
| 13 14 15 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 13 14 | , | ✓ |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | | ✓ ✓ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply. | 501(| c)(3)s | only) |
| 19 | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year. | erest _l | oolicy | , and |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: Chrisotpher Heald 94 Campbell Road Center Rutland, Vermont 05736 802-747-3079 | of the | | |

| Page | - 1 |
|------|-----|
| | |

Form 990 (2013)

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

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.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons

| Check this box if neither the organization | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | : 9. | | |)) | <u></u> | | , | 1 | · |
|--|--|------|-----------------------|---------|---------------|--|------------|--|---|--|
| (A) Name and Title | (B) Average hours per | box, | unles | s pe | more rson | than out the thick the thi | an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) John Canney - President | 1 | | | 1 | | | | 0 | 0 | |
| (2) Charles L. Wilton - Vice President | 11 | | - | 1 | | | | 0 | 0 | |
| (3) Thomas P. Aicher - Secretary | 11 | | | 1 | | - | | 0 | | |
| (4) Christopher B. Heald - Treasurer | 1 | | | 1 | | | | 0 | | |
| (5) Lynn Boynton - Director | 11 | 1 | | | | | | 0 | | |
| (6) Cristina Calcagni - Director | 11 | 1 | | | | | | 0 | | - |
| (7) Ben Clark - Director | 11 | 1 | | | | | | 0 | | |
| (8) Kristen Kenosh - Director | 111 | 1 | - | | | | | 0 | | |
| (9) Matthew Kinsman - Director | 1 | 1 | | | | | | 0 | | |
| (10) Gaye Martin - Director | 1 | 1 | | | | | | 0 | | |
| (11) Greg McClallen - Director | 1 | 1 | | | | | | 0 | | |
| (12) Gregory P. McClallen - Director | 11 | 1 | | | | | | 0 | | |
| (13) Andrew Meyers - Director | 11 | , | | | | | | 0 | | |
| (14) Marnie Roussel | 11 | , | | | | | | 0 | | |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | yees | | | lighe | st C | ompensated E | mployees (cont | inued) |
|--------------|--|--|----------|-----------------------|---------|--------------------------------|------------------------------|-----------------------------|--|---|--|
| | (B) Average hours per | box, | unles | Pos neck s pe | erson | e than o is both or/trus | an | (D) Reportable compensation | (E) Reportable compensation from | | |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (15) м. | argaret Shinn - Dırector | 11 | 1 | | | | | | 0 | (| |
| (16) Bı | rendan Burns - Director | 11 | 1 | | | | | | 0 | | |
| (17) M | ichelle Rogers - Director | 11 | , | | | | | | | | |
| (18) | | | V | | | | | | 0 | | 0 |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1b c d | Sub-total | | n A | • | • | • | • | > > > | 0 0 | | 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | list | ed | above | e) w | <u></u> | | <u> </u> |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete \$ | ficer, direc | | | | | | mp | oloyee, or high | est compensat | ed Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater that | an \$1 | 50,0 | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | | ual 🤼 💮 🔭 |
| Section | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | |
| | (A) Name and business addi | ress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Total pumbar of radiance desired | | 1 | | | | ، اد د | | Para Para I | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | _ | | | | |) th | ose listed abo | ove) who | |

| Part | VIII | Statement of Reve | | | | | | | |
|--|----------|--|---|---------------------------------------|---|--|---|--|--|
| | | Check if Schedule O | contains | a resp | | | | | |
| | - | الاجهواءُ بي مشرِّعُون من الله الله الله الله الله الله الله الل | ورستانی به در | . og atom. | The second se | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue |
| | | 1 | - 10 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | | a selection of the second | | exempt function | business revenue | excluded from tax under sections |
| L | <u> </u> | ه مه و د | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , | | | revenue | | 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | | 1a | | | الم المراجعة المراجعة المراجعة المراجعة ال | | |
| | b | Membership dues . | | 1b | | ۲. | | | |
| Am S | С | Fundraising events Related organizations Government grants (contributions) | | 1c | 2,760 | ' | | The second of th | |
| ar a | d | | | 1d | | • | 1 - C - 1 - C - 1 - C - 1 - C - C - C - | | |
| is, | е | | | 1e | | , | 11.7 | | |
| ibution ther Si | f | All other contributions, gi | | | | ~ , | | - (1) 4 7 7 | ٠, ', ' |
| | | and similar amounts not included above | | 1f | 98,559 | | , * | * 6 / , * . * | |
| do | g | Noncash contributions included in lines 1a-1f ⁻ \$ | | | 10,000 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and the second |
| a Co | h | Total. Add lines 1a-1 | f | | <u> •</u> | 101,319 | | 1 2 2 1 11 11 | |
| ue | | | | | Business Code | { | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , | |
| ven | 2a | | | | | | | | |
| æ | b | | | | | | | | |
| /ice | С | | | | | | | | |
|)en | d | | | | | | | | |
| Ē | е | | | | | | | | |
| Program Service Revenue | f | All other program sen | | ie. | | | | | |
| Pro | g | Total. Add lines 2a-2f | | ' | > | | " o 44" ' o " × | A TRUES | Section of some or |
| | 3 | Investment income | (including | divide | ends, interest, | | | | |
| | | and other similar amo | unts) . | | • | 2,262 | 2,262 | | |
| | 4 | Income from investment | t of tax-exer | npt bo | ond proceeds ► | | | | |
| | 5 | Royalties | | | <u>.</u> > | | | | |
| | | | (ı) Real | | (ii) Personal | | | The state of the s | |
| | 6a | Gross rents | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | b | Less: rental expenses | | | | Bara in the | | | |
| | С | Rental income or (loss) | | | | 4.3 | | No dela ministra | 1 4 2 |
| | d | Net rental income or (| loss) | | <u> ></u> | | | | |
| | 7a | Gross amount from sales of | (ı) Securit | ies | (11) Other | The state of the s | | | |
| | | assets other than inventory | 4 | 1,784 | | | | | W 11 |
| | b | Less cost or other basis | | | | F | | and regulation of the second | |
| | | and sales expenses | 1 | 9,992 | | | 255 45 7 | | |
| | С | Gain or (loss) | 2 | 1,792 | | <u></u> | e confit is many | **** | |
| | d | Net gain or (loss) | | | <u>.</u> > | 21,792 | 21,792 | 292 5 297 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| ø | _ | | | | | | | | The state of the s |
| 2 | 8a | Gross income from fu | _ | | | [· · · · · · · · ·] , | 7 | | |
| Š | | events (not including \$ | 2,7 | | | 4 | Bartar , Carana ya ji | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | La to the second |
| Other Rever | | of contributions reporte | ed on line 1 | C) | | | The state of | 4. B. 2. Tray . Take . by 18 3. 4 | 114 |
| Je. | | See Part IV, line 18 | | а | 49,344 | | | | A |
| ᅙ | b | Less: direct expenses | | . b | 16,153 | | | | |
| | C | Net income or (loss) f | | _ | events . > | 33,191 | 2 2 2 2 2 | 2 " 9 " L " W | 33,191 |
| | 9a | Gross income from ga | | | | 1. 1. 2 XX | , n | a contained, give | and sw " " |
| | 1 | | | | <u> </u> | | 1 | | La grand and a second |
| | b | Less: direct expenses | | | L | | 10 00 | 1 4 4 3 | |
| | С | Net income or (loss) f | | | vities ▶ | | 10.000 | 1. 2. 1. 4.4.1.4 |) |
| | 10a | Gross sales of in | | less | | | 1 | 17 15000000 | in the second |
| | | returns and allowance | | · a | | | | | |
| | b | Less: cost of goods s | | . b | L | | | | 12 12 12 12 |
| | С | Net income or (loss) f | _ | ot inv | | | 2 3 7 . *. | | (a, **** 78 |
| | <u> </u> | Miscellaneous F | evenue | | Business Code | | | · · · · · · · · · · · · · · · · · · · | 2' 1 |
| | 11a | | | | <u></u> | ļ | | | |
| | b | | Ü | | | | | | |
| | С | | | | | | | <u> </u> | |
| | d | All other revenue . | | | | | ļ | 2. | , i |
| | e | Total. Add lines 11a- | | | 🟲 | | , , , , , | | |
| | 12 | Total revenue. See II | nstructions | | <u> </u> | 158,564 | 24,054 | | 33,191 Form 990 (2013) |
| | | | | | | | | | FOILI 330 (2013) |

| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con | molete all columns | All other organization | ns must complete or | oluma (A) |
|----------------------------|--|--------------------|------------------------------|--|--------------------------|
| | Check if Schedule O contains a respon | | | | |
| | ot include amounts reported on lines 6b, 7b, p, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 1,000 | 1,000 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 13,997 | 13,997 | THE PROPERTY OF THE PARTY OF TH | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | The state of the s | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 11 a | Other employee benefits | | | | |
| c d | Legal | | Program and state of | | |
| e f g | Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 13 14 15 16 | Advertising and promotion | 8,878 903 | t | 903 | 8,878 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 21 22 23 | Conferences, conventions, and meetings Interest | 2,551 | | 2,551 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a b c d | Bank / Credit Card Fees | 666 | | 666 | |
| e 25 | All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 27,995 | 14,997 | 4,120 | 8,878 |
| 26 | 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) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this | Part X | | |
|-----------------------------|----------|--|--|--|--|
| | | ensemble to any mile in and | (A) Beginning of year | <u> </u> | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 355,417 | 2 | 142,674 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| s. | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L | nd it is a second | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Asi | 8 | Inventories for sale or use | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | . i' | |
| | | 102 300,0 | | 100 | |
| | 11 11 | Less accumulated depreciation | 0 18,551 | 1 | 388,047 |
| | 11 12 | Investments—publicly traded securities Investments—other securities. See Part IV, line 11 | 57,817 | | 29,128 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 12 | |
| | 14 | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | - | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 424 705 | - | |
| | 17 | Accounts payable and accrued expenses | 431,785 | 17 | 559,849 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D. | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors | | | Serget a de la lace de lace de lace de la lace de la lace de lace de lace de la lace de la lace de lac |
| Liabilities | | trustees, key employees, highest compensated employees, an disqualified persons. Complete Part II of Schedule L | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| _ | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related thin parties, and other liabilities not included on lines 17-24) Complete Part | | 24 | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ a complete lines 27 through 29, and lines 33 and 34. | ind | 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | |
| and | 27 | Unrestricted net assets | | 27 | |
| 3al | 28 | Temporarily restricted net assets | | 28 | |
| 핗 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ ar complete lines 30 through 34. | nd Company of the com | */ , ,) | |
| S | 30 | Capital stock or trust principal, or current funds | | 30 | <u> </u> |
| se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | * | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds. | 431,785 | | 559,849 |
| let | 33 | Total net assets or fund balances | 431,785 | | 559,849 |
| _ | 34 | Total liabilities and net assets/fund balances | 431,785 | | 559,849 |
| | | | ,,,,,,, | | 222/010 |

| Page | 12 | |
|-------|----|--|
| ı ayc | | |

| 0 | | | | | |
|------|--|-----------|----------|--------------|--|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | · · · | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 15 | 8,564 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2 | 27,99 <u>5</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 13 | <u>30,569</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 43 | <u> 1,785</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | (| 2,505) |
| 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 in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 55 | 5 <u>9,849</u> |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | ${\sqsubseteq}$ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other | | ٠, | } | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | | . ; | 1 1 |
| | Schedule O. | | -4 | | 44 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | -, - | <u>√</u> , , , |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled or | ا د | £ , ' | [' '] |
| | reviewed on a separate basis, consolidated basis, or both: | | 200 | 200 | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | <u></u> | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on a | | , |] |
| | separate basis, consolidated basis, or both: | | 5, 4 | | , , |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | <u> </u> | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of | versignt | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accounts the desired transfer of the audit, review, or compilation of its financial statements and selection of an independent accounts to the audit, review, or compilation of its financial statements and selection of an independent accounts to the audit, review, or compilation of its financial statements and selection of an independent accounts to the audit, review, or compilation of its financial statements and selection of an independent accounts to the audit, review, or compilation of its financial statements and selection of an independent accounts to the audit of the audi | | 2c | | -, 1 |
| | If the organization changed either its oversight process or selection process during the tax year, e. | xpiain in | 1 1 1 | 36 | 1. 18 18 |
| | Schedule O. | £ | <u> </u> | -, -c | \ |
| 3a | | iorth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | ergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | audits. | 3b | | <u>L </u> |
| | | | For | m 990 | (2013) |
| | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

| Name of the organization | | | | | | [· | Employer i | dentificatio | n number | |
|--|--|---|--|-------------------------|--------------------------------|--|--------------------------|--|--------------------------|-----------|
| Pico Ski Education Found | | | | | | | | | 265765 | |
| | | rity Status (All orga | | | | | | nstruction | ons. | |
| 2 A school describ | ention of churc oed in section | ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza | churches ch Sched | s describ ule E.) | ed in sec | tion 170 | (b)(1)(A)(i | i). | | |
| | rch organization | on operated in conjun- | | | | | | 0(b)(1)(A) |)(iii). Enter th | 1e |
| 5 An organization section 170(b)(| | the benefit of a colle- plete Part II.) | ge or uni | versity o | wned or | operated | by a go | vernmen | tal unit desc | cribed in |
| 7 An organization | that normally | nment or government receives a substantia (A)(vi). (Complete Par | al part of | scribed ii its suppo | n section ort from a | 170(b)(1 a governi | I)(A)(v). mental ur | nit or from | m the gener | al public |
| 8 A community tru | ust described i | n section 170(b)(1)(A |)(vi). (Cor | nplete Pa | art II.) | | | | | |
| receipts from a support from g | ctivities related ross investme | receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se | ions—sul lated bus | bject to o siness ta | certain ex xable ind | come (les | s, and (2) ss sectio | no mor | e than 331/3 | % of its |
| 10 An organization | organized and | operated exclusively | to test fo | r public s | safety. Se | e sectio | n 509(a)(| (4). | | |
| 11 An organization purposes of one | organized ar e or more pub | nd operated exclusive plicly supported organ describes the type of | ely for th | ie benefi describe | t of, to p d in sect | perform to 100 (a | the funct a)(1) or se | ions of, ection 50 | 9(a)(2). See | |
| a 🗌 Type I | b 🗌 Type | | | | | | | | tionally integ | arated |
| e By checking this other than found or section 509(a | dation manage | that the organization ers and other than one | | | | | | | | |
| f If the organization, ch | | written determination | on from t | the IRS | that it is | a Type | I, Type I | II, or Typ | oe III suppo | rting |
| g Since August 17 following person | | ne organization accep | oted any | gift or co | ontributio | n from a | ny of the | • | | |
| | | ndirectly controls, eithody of the supported of | | | her with | persons | describer | dın (iı) a | nd Y | es No |
| (ii) A family men | nber of a perso | on described in (i) abo | ve? | | | | | | 11g(iı) | |
| | | a person described in | | above?. | | | | | 11g(iii) | |
| h Provide the follo | wing informati | on about the supporte | ed organi | zation(s). | | | | | | |
| (i) Name of supported organization | (iı) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) is the o in col (i) lis governing o | sted in your | the organ | ou notify nization in of your port? | organizat | s the son in col zed in the S ? | (vii) Amount of suppo | |
| | | | Yes | No | Yes | No | Yes | No | | |
| A) | | | | | | | | | | |
| В) | | | | | | | | | | |
| C) | | | | | | | | | | |
| D) | | | | | | | | | | <u> </u> |
| E) | | | | | | | | | | |
| F** | ではなる 大きな はいしょ | さこ、後の神経性をからなったで | 17 min 19 19 | 5364 35 3 | 9-30 BANGA | والتحليق ويرابعه فيطال عا | The Sale of the Mary | Braing " | ` ` | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | on A. Public Support | | | | | 112212 | 44 = |
|----------|---|--|----------------------------------|--|---------------------------------------|--|---------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | 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 lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | - | . , . | * | | |
| 5 | each person (other than a | | • | | * | 5 . | |
| | governmental unit or publicly | | | | · '- [| | |
| | supported organization) included on | | and the first and all the second | 1 () () () () () () () () () (| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1. X. 181. " | |
| | line 1 that exceeds 2% of the amount | , , | 3 | | man & to 2 to 3 to 3 | " a" " " " " " " " " " " " " " " " " " | |
| | shown on line 11, column (f) | | | | | م تعیدی الله ۱۵۰۱ و کرداد ماهای مردودی ایران مهای | |
| 6 | Public support. Subtract line 5 from line 4 | ************************************** | 13 Jan 11 3 | 7.75 | | 73.22.3 | |
| | on B. Total Support | 1 66 . 24 . 3 | 1 55 | 1 - 1/2 - 1/2 - 1 | h., h(-1 | 1 | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | (4, 2000 | (0) 2010 | | , , | 1 | |
| 8 | Gross income from interest, dividends, | | | | | | |
| Ü | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| 0 | Net income from unrelated business | | | ,ww | | | |
| 9 | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | | |
| 10 | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | |
| 44 | | Sancton | 1.28 - 1 | Se allowaterine | 357587 AV. C. 3 | 6 m g & | |
| 11 12 | Gross receipts from related activities, etc | | | | h h was a serie of a | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | or fifth tay w | | n 501(c)(3) |
| 13 | organization, check this box and stop he | | | | | | ▶ □ |
| Socti | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2013 (line | | | 11 column (fl) | | 14 | % |
| 15 | Public support percentage from 2012 Sc | | | | | 15 | % |
| | 331/3% support test—2013. If the organ | zation did not | check the box | on line 13, an | d line 14 is 33¹ | | |
| iou | box and stop here . The organization qua | | | | | | > |
| b | 331/3% support test—2012. If the orga | | | | | | |
| | check this box and stop here . The organ | | | | | | . ▶ □ |
| 17a | 10%-facts-and-circumstances test—2 | • | | • • | - | sa or 16h and | line 14 is |
| IIa | 10% or more, and if the organization me | ets the "facts- | and-circumsta | or check a box | eck this box ar | nd stop here . F | Explain in |
| | Part IV how the organization meets the " | facts-and-circ | ımstances" te | st The organiz | ation qualifies | as a publicly si | upported |
| | organization | | | | | Lo a publicly of | . • □ |
| | · · | | | | | | and the |
| Ь | 10%-facts-and-circumstances test – 2 | | | | | | |
| | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part IV how the organization in | | | | = | | |
| 40 | supported organization | | | | | | ب |
| 18 | Private foundation. If the organization d | | | | | | s ee ▶ □ |
| | instructions | <u></u> | | <u> </u> | · · · · · | · · · · · · · · · · · · · · · · · · · | |

Part III 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.)

| 1 Gifts grants, contributions, and membership fees received (Do not mickled any "funusual grants") 2 Gross receipts from admissions, merchandses sold or services performed, or facilities furnished the grant of th | | If the organization fails to qualify | under the tes | is listed held | w, please co | inhiere Lair i | 1.) | |
|---|-------|--|-------------------|-----------------|-------------------|---|-----------------|---------------------------------|
| 1 Gifts grants, contributions, and membership fees received (Do not mickled any "unusual grants") 2 Gross receipts from admissions, mechandses sold or services performed, or facilities furnished the program admissions, mechandses sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 7 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 1, 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses activities not include grain or not the business is regularly carried on 12 Other income from unrelated business scitumes not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include grain or not seem from unrelated business staticties not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include grain or not seem from unrelated business scitumes not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include grain or not the business is regularly carried on 12 Other income. Do not include grain or not the business is regularly carried on 12 Other income. Do not include grain or not loss from the asle of capital assets (Exp | Secti | on A. Public Support | | | | | | |
| 2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's bark-weampt purpose 3 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 | Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 | | received (Do not include any "unusual grants") | 17,682 | 8,301 | 33,239 | 102,093 | 101,319 | 262,634 |
| unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 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 c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year for fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total support (subtract line 7c from line 6). 37,709 37,7 | | sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 20,027 | 21,114 | 20,256 | 21,424 | 33,191 | 116,012 |
| organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 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 c. Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support 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 sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support. (Add lines 9, 10c, 11, and 12.) 42,640 41,398 59,608 128,124 136,772 400 organization, check this box and stop here | 3 | unrelated trade or business under section 513 | | | | | | |
| furnished by a governmental unit to the organization without charge . 6 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 c Add lines 7a and 7b . 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 . 37,709 29,415 53,495 123,517 134,510 371 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 . 37,709 29,415 53,495 123,517 134,510 371 9 Amounts from line 6 . 37,709 29,415 53,495 123,517 134,510 371 9 Amounts from line 6 . 4,931 11,983 6,113 4,607 2,262 25 25 | | organization's benefit and either paid to or expended on its behalf | | | | - | | |
| Ta 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 c Add lines 7a and 7b . a Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 | 5 | furnished by a governmental unit to the | | | | | | |
| received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support (Subtract line 6.) 9 Amounts from line 6. 37,709 29,415 53,495 123,517 134,510 374 104 (f) 2012 (e) 2013 (f) Total Support (Subtract line 7c from line 7c | | Amounts included on lines 1, 2, and 3 | 37,709 | 29,415 | 53,495 | 123,517 | 134,510 | 378,646 |
| 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support (or fiscal year beginning in) (f) Total Support (or fiscal year as a section 501(c) (f) Or fiscal year support (or fiscal year as a section 501(c) (f) Or fiscal year support (or fiscal y | b | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 and Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 4,931 11,983 6,113 4,607 2,262 25 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 42,640 41,398 59,608 128,124 136,772 401 14 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 | С | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 | 8 | , | | 1 | | William To The Total | | |
| Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 | | <u> </u> | 20 AUG. 1 | L. L. L. | 3 | And the second | 2 2 2 2 | 378,646 |
| Amounts from line 6 | Secti | on B. Total Support | | | | | | |
| Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 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 | Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| payments received on securities loans, rents, royalties and income from similar sources 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 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 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 | 9 | Amounts from line 6 | 37,709 | 29,415 | 53,495 | 123,517 | 134,510 | 378,646 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b | 10a | payments received on securities loans, rents, | 4 931 | 11 983 | 6 113 | 4 607 | 2 262 | 29,896 |
| 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 (Explain in Part IV.) | b | section 511 taxes) from businesses | 1,001 | ,,,,, | S, C, C | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 29/883 |
| 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 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) | С | Add lines 10a and 10b | 4,931 | 11,983 | 6,113 | 4,607 | 2,262 | 29,896 |
| loss from the sale of capital assets (Explain in Part IV.) | 11 | activities not included in line 10b, whether | | | _ | | _ | |
| and 12.) | 12 | loss from the sale of capital assets | | | | | | |
| 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 | 13 | · · · · · · · · · · · · · · · · · · · | 42 640 | 41 398 | 59 608 | 128.124 | 136.772 | 408,542 |
| Social C. Computation of Bublic Compart Parameters | 14 | | ne organization | | d, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
| Section C. Computation of Public Support Percentage | Secti | on C. Computation of Public Support | rt Percentage | | | | | |
| | | | | | 3. column (f)) | | 15 | 92.68 % |
| | | • | • • | - | | | | 89.82 % |
| Section D. Computation of Investment Income Percentage | | | | | | · | | 0.02 |
| | | | | | v line 13. colur | nn (f)) | 17 | 7.32 % |
| | | • | | | | | | 10.18 % |
| 19a 331/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and lin | | | | | | | | |
| and the second s | • | | | | | | | |
| b 331/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and | b | 331/3% support tests-2012. If the organiz | zation did not ch | neck a box on | line 14 or line 1 | 9a, and line 16 | is more than 3 | 3 ¹ /3 %, and |
| | | | _ | _ | | | | |

| Schedule A (| Form 990 or 990-EZ) 2013 Pag | e 4 |
|--------------|---|------------|
| Part IV | Supplemental Information. 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). | E |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

| Name o | f the or | ganization | | Employ | er identification number |
|--------|-----------------|---|--|----------------------|---|
| Pico S | ki Educ | ation Foundation | | | 03-0265765 |
| Par | t I | Organizations Maintaining Dono Complete if the organization answ | r Advised Funds or Other Similar Fu ered "Yes" to Form 990, Part IV, line 6 | nds or . | Accounts. |
| | | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | | egate contributions to (during year) . | | | |
| 3 | | egate grants from (during year) | | | |
| 4 | Aggre | egate value at end of year | | | - |
| 5 | Did th | ne organization inform all donors and | donor advisors in writing that the assets it to the organization's exclusive legal cont | held in o | donor advised Yes . No |
| 6 | Did the | ne organization inform all grantees, dor or charitable purposes and not for the | nors, and donor advisors in writing that grabenefit of the donor or donor advisor, or | ant fund: for any | s can be used other purpose |
| Par | t II | Conservation Easements. | and "Vas" to Form 200 Port IV line 7 | | |
| | | | ered "Yes" to Form 990, Part IV, line 7 | • | |
| 1 | | | by the organization (check all that apply). | - . | As we all the property of the second of the |
| | □ Pr | rotection of natural habitat | recreation or education) | | ified historic structure |
| • | | reservation of open space | | | - form of a concentation |
| 2 | | - | tion held a qualified conservation contribut | ion in the | |
| | | nent on the last day of the tax year. | | | Held at the End of the Tax Year |
| a | | number of conservation easements . | • • • | | 2a |
| b | | acreage restricted by conservation eas | | | 2b |
| C | | | tified historic structure included in (a) | | 2c |
| d | | per of conservation easements including structure listed in the National Regist | ed in (c) acquired after 8/17/06, and noter | | 2d |
| 3 | Numb | per of conservation easements modified | d, transferred, released, extinguished, or te | rminated | by the organization during the |
| | tax ye | | | | |
| 4 | Numb | per of states where property subject to | conservation easement is located ► | | |
| 5 | Does | the organization have a written poli | icy regarding the periodic monitoring, in it is received in the casements it holds? | spection | n, handling of |
| 6 | | | ring, inspecting, and enforcing conservation | | |
| 7 | Amou | int of expenses incurred in monitoring | inspecting, and enforcing conservation eas | sements | during the year |
| • | ▶ \$ | int or expenses incurred in monitoring, | mapeeting, and emoreing conservation out | Somonio | damig mo year |
| 8 | | each conservation easement reported | on line 2(d) above satisfy the requirements | of secti | on 170(h)(4)(B) |
| | ., | (// // // / | | | · · · · □ Yes □ No |
| 9 | balan | ce sheet, and include, if applicable, the itzation's accounting for conservation e | | inancial | statements that describes the |
| Par | | | ctions of Art, Historical Treasures, of ered "Yes" to Form 990, Part IV, line 8 | | r Similar Assets. |
| 1a | If the | | der SFAS 116 (ASC 958), not to report in i | | ue statement and balance sheet |
| | | | similar assets held for public exhibition, of the footnote to its financial statements the | | |
| b | work: public | s of art, historical treasures, or other so service, provide the following amounts | | educatio | n, or research in furtherance of |
| | (i) Re | evenues included in Form 990, Part VIII, | line 1 | | > \$ |
| | (ii) As | sets included in Form 990, Part X | | | > \$ |
| 2 | If the | organization received or held works | of art, historical treasures, or other simil nder SFAS 116 (ASC 958) relating to these | ar asset: | s for financial gain, provide the |
| а | | nues included in Form 990, Part VIII, lin | | | • \$ |
| b | | | <u> </u> | | |

| Par | | | | | | | | | | |
|--------|--|----------------------|-------------|--------------|-------------------------|----------------|--|------------|----------|-----|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | her recor | ds, chec | k any of th | e follov | ving that are a sig | gnificant | use of | ıts |
| а | ☐ Public exhibition | | d [| Loan | or exchang | je prog | rams | | | |
| b | ☐ Scholarly research | | е [| Othe | r | | | | | |
| С | ☐ Preservation for future generations | 3 | | | | | | | | |
| 4 | Provide a description of the organiza XIII. | | and expla | in how t | hey further | the org | ganization's exem | pt purpo: | se in Pa | art |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | s 🗌 N | lo |
| Par | t IV Escrow and Custodial Arra | angements. | | | | | 3 | | | _ |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | -orm | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | other assets not | : Ye: | s 🗌 N | lo |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the fo | llowing to | able: | | An | nount | | _ |
| C | Beginning balance | | | | | 10 | ; | | | |
| d | Additions during the year | | | | | 10 | | | | |
| е | Distributions during the year | | | | | 16 | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount | nt on Form 990, Pa | art X, line | 21? . | | | | ☐ Ye | s 🔲 N | 10 |
| b | If "Yes," explain the arrangement in P | art XIII. Check here | e if the ex | planatio | n has been | provide | ed in Part XIII . | <u></u> . | | |
| Par | t V Endowment Funds. | | | | | | | | | |
| | Complete if the organization | answered "Yes" | ' to Forn | n 990, F | art IV, line | 10. | | | | |
| | | (a) Current year | (b) Pric | r year | (c) Two year | s back | (d) Three years back | (e) Four y | ears bac | k |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of t | he current year en | d balance | a (line 1c | L column (a |)) held | ae. | L | | _ |
| a | Board designated or quasi-endowmer | | % | e (iii e i g | j, coluitiii (a | ,,, rieiu | a5. | | | |
| ь | Permanent endowment | % | 70 | | | | | | | |
| c | Temporarily restricted endowment | /0 | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2 | | no/ | | | | | | | |
| За | Are there endowment funds not in the | | | ration the | at are held | and ad | ministered for the | | | |
| Ju | organization by: | c possession or th | ie organiz | ation the | at are neid | and ad | ministered for the | | es N | _ |
| | (i) unrelated organizations | | | | | | | | es N | _ |
| | • | | | | | • | | 3a(i) | | |
| _ | (ii) related organizations | | | | | • • | | 3a(ii) | | |
| 4 | If "Yes" to 3a(II), are the related organ Describe in Part XIII the intended uses | | | | | • • | | 3b | | |
| | | | in s endo | wittent it | unus. | | | | | |
| Par | | | , | - 000 F |) | 44- (| O | | 10 | |
| | Complete if the organization | | | | | | | | | — |
| | Description of property | (a) Cost or oth | | | or other basis ther) | d | Accumulated epreciation | (d) Book | value | |
| 1a | Land | | | | | ", <u>%</u> ", | 2 40 1 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | | |
| b | Buildings | | | | 388,047 | | | | 388,04 | 47 |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| е | Other | | | | | | | | | _ |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 99 | 90, Part X | , column | (B), line 10 |)(c).) | • | | 388,04 | 47 |

| Part VII | Investments - Other Securities. | | | | |
|-------------------------|---|--------------------|-------------------------|--|--|
| | Complete if the organization answ | ered "Yes" to Form | n 990, Part IV, line | e 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | | (b) Book value | | thod of valuation I-of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-h | neld equity interests | | | | |
| | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | <u> </u> |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | | 2 2 46 | 8 8 |
| Part VIII | Investments – Program Related. | | | | |
| | Complete if the organization answ | | n 990, Part IV, line | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | | thod of valuation |
| • | | | | Cost or end | l-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | ******** | | · |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) Tabal (Calumna (| h) | | | C A S 30 | J. 577 (5) |
| Part IX | b) must equal Form 990, Part X, col (B) line 13.) Other Assets. | | | The state of the s | the safe with a serie that the series |
| Partix | Complete if the organization answ | ored "Vee" to Form | 000 Port IV line | 11d Soc Form | 000 Port V line 15 |
| | | Description | 1 330, 1 att 1V, iii le | ria. See roiii | (b) Book value |
| (1) | V | | | | (4) 2 2 2 1 1 1 1 1 1 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | mn (b) must equal Form 990, Part X, col | . (B) line 15.) | | <u></u> ▶ | |
| Part X | Other Liabilities. | | | | _ |
| | Complete if the organization answ line 25. | ered "Yes" to Form | 1 990, Part IV, line | e 11e or 11f. See | Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | | to man south only to dearly as on it has been a house |
| (1) Federal ır | ncome taxes | | | | an mariju Mariju ka |
| (2) | | | | المراجع | ر ما موجود من الموجود الموجود الموجود الموجود الموجو |
| (3) | | | - '- 4' '5' '* | age that the figure of | |
| (4) | | | | | |
| (5) | | | | W | The state of the s |
| (6) | | | | | |
| (7) (8) | | | | | |
| (9) | | | 574-54 302.00 | The state of the s | The last of the same |
| | b) must equal Form 990, Part X, col (B) line 25) | | | | W. C. |
| rotan politinin (i | oj musi oquai i omi soo, i ali A, coi (D) iiilo 20) 🚩 📗 | | 1 | the Back of the Back of the | الوادم كرية في المعالي وي المان |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part | | | Return. |
|-------------------------------|--|---|---|
| | Complete if the organization answered "Yes" to Form 990, Pa | | |
| 1 | Total revenue, gains, and other support per audited financial statements . | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | star |
| а | | 2a | - Ja |
| b | Definition of viole and des of facilities | 2b | 48 |
| C | The second of pine your grants to the term of the term | 2c | , 1 |
| d | | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 4. |
| а | | 4a | 3.7 |
| b | | 4b | |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | 5 |
| Part | | | r Keturn. |
| | Complete if the organization answered "Yes" to Form 990, Pa | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | _ 1 | 100 / 19 |
| а | | 2a | hard hard |
| b | - | 2b | () |
| C | | 2c | |
| d | | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 40 | 9" 4 1 4 11 4 2 3 6 1 |
| a | mit do an a constant and a constant | 4a | |
| b | Other (Describe in Part XIII.) | 4b | Na dan da |
| _ | Add lines de sed de | | 40 |
| C 5 | | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 4c 5 |
| 5 Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. | 18.) | 5 |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 18.) | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |
| 5 Part Provid 2; Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b provide any additional in | ; Part V, line 4, Part X, line |

| Schedule D (For | orm 990) 2013 | Page . |
|-----------------|--------------------------------------|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection
Employer identification number

| ico S | ki Education Foundation | | | | <u> </u> | | 0265765 |
|-----------|--|--------------------|--|-----------------|-----------------------------------|---|---|
| Par | Fundraising Activities | | | | vered "Yes" to F | orm 990, Part IV, | line 17. |
| | Form 990-EZ lilers are | | | | | L - al - all 4 la - 4 l | |
| 1 | Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Bolicitation of non-government grants | | | | | | |
| a | Mail solicitations | | e _ | | _ | _ | |
| b | Internet and email solicitate | ons | f L | | ion of government | | |
| C | ☐ Phone solicitations | | g Ŀ | _ Special | fundraising events | į | |
| d | ☐ In-person solicitations | | | | d. al (a alcalana a eff | | |
| 2a | Did the organization have a wr | | | | | | |
| b | or key employees listed in Forr If "Yes," list the ten highest pa compensated at least \$5,000 b | id individuals or | entities (fun | | | | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | <u> </u> | 1 | | |
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| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| otal 3 | List all states in which the org registration or licensing. | anızatıon is regi: | stered or lic | ▶ ensed to s | solicit contribution | s or has been notifi | ed it is exempt from |
| | · | | | | | | |
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| Schedule G (| -offit 990 of 990-E2/2013 | | | | i age | |
|--------------|---|--------------|--------------|------------------|-------------------|--|
| Part II | Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events will gross receipts greater than \$5,000. | | | | | |
| | gross receipts greater tha | | | | | |
| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Tabel accepts | |

| | | | · · · · · · · · · · · · · · · · · · · | | | | | |
|---|------|---|---------------------------------------|---|-------------------------|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
| | | | Movie | Silent Auction | Barbecue Comp. | (add col (a) through col (c)) | | |
| | | | (event type) | (event type) | (total number) | | | |
| ĭ | | | | | | | | |
| Revenue | 1 | Gross receipts | 3,808 | 41,487 | 6,809 | 52,104 | | |
| Вè | | | | | | } | | |
| | 2 | Less Contributions | | 2,160 | 600 | 2,760 | | |
| | 3 | Gross income (line 1 minus | | | | | | |
| | | line 2) | 3,808 | 39,327 | 6,209 | 49,344 | | |
| | | | | | | | | |
| | 4 | Cash prizes | | _ | | | | |
| | | | | | | | | |
| | 5 | Noncash prizes | | | | | | |
| | | | | | " | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | |
| ë | | • | | | | | | |
| × | 7 | Food and beverages | | 7,334 | 1,006 | 8,340 | | |
| 퓽 | | | | | | | | |
| ě | 8 | Entertainment | | | | | | |
| Δ | - | | | | | | | |
| | 9 | Other direct expenses | 2,169 | 4,276 | 1,368 | 7,813 | | |
| | • | o most on pomeso | | | | | | |
| | 10 | Direct expense summary. Ac | d lines 4 through 9 in c | olumn (d) | ▶ | 16,153 | | |
| | 11 | | | | | 33,191 | | |
| Рa | rt I | | | | 0. Part IV. line 19, or | | | |
| عدا | | than \$15,000 on Form 9 | | | -, | ··· | | |
| _ | | | | (b) Pull tabs/instant | | (d) Total gaming (add | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col (a) through col (c)) | | |
| š | | | | | | | | |
| æ | 1 | Gross revenue | ļ | | | | | |
| | | | | , | | | | |
| Ś | 2 | Cash prizes | | | | | | |
| Direct Expenses | | , | | | | | | |
| þe | 3 | Noncash prizes | | | | | | |
| Щ | _ | | | | | | | |
| ect | 4 | Rent/facility costs | ļ ļ | | | | | |
| ā | | | | | | | | |
| | 5 | Other direct expenses . | | | | | | |
| | | | ☐ Yes % | Yes % | ☐ Yes % | Employed the second of the sec | | |
| | 6 | Volunteer labor | ☐ No | □ No | □ No | | | |
| | | | | | 1 | | | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | | | |
| | ' | Birot expense durintary. Add into 2 through a modulin (a) | | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) | | | | | | | | |
| | | 3 3 | ' | | | | | |
| ç |) | Enter the state(s) in which the organization operates gaming activities: | | | | | | |
| | а | inter the state(s) in which the organization operates gaming activities: s the organization licensed to operate gaming activities in each of these states? | | | | | | |
| | b | C WAL = 11 | | | | | | |
| | - | it 'No, explain: | | | | | | |
| | | | | | | | | |
| 11 |)a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes No | | | | | | |
| | | W/a 2 and and | | | | | | |
| | _ | "Yes," expiain: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Scrieuu | ne G (FOITH 990 OF 990-EZ) 2013 | Page 3 |
|-----------|--|-----------------------|
| 11 | Does the organization operate 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 entity formed to administer charitable gaming? | |
| 13 | Indicate the percentage of gaming activity operated in: | ☐ Yes ☐ No |
| а | The organization's facility | % |
| b | An outside facility | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |
| | Name ► | |
| | Address► | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes ☐ No. |
| c | | |
| | Name ▶ | |
| | Address ▶ | |
| 16 | Gaming manager information: | |
| | Name ► | |
| | Gaming manager compensation ▶ \$ | |
| | Description of services provided ► | |
| | □ Director/officer □ Employee □ Independent contractor | |
| 17 ~ a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | ☐ Yes ☐ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provid additional information (see instructions). | nd (v), and le any |
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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-EŻ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Employer identification number

| Pico Ski Education Foundation | 03-0265765 |
|---|--|
| | |
| Part VI Line 11b - Copies of the Form 990 were distributed to members of its governing body before fili | ng the form. The form was |
| discussed with comments incorporated. The governing body voted to file the Form 990. | |
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| | |
| Part VI Line 19 - The organization's governing documents, conflict of interest policy and financial state | ments are available to the public upon |
| | |
| request. | |
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