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Extended to April 18, 2016

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	2014 calendar year, or tax year beginning SEP 1, 2014 and ending	AUG 31, 2015			
В	heck if	C Name of organization	D Employer identifi	cation number		
	Addre	Mission Ridge Ski Education Foundation	ł			
F	Name			057008		
<u> </u>	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	·			
	Final	25 N Wanatahaa Arranya 1112	(509			
,	termir ated		G Gross receipts \$	512,329.		
	Amen		H(a) is this a group re			
	Application	F Name and address of principal officer DELL Saliborii	for subordinates			
	pendii	same as C above	H(b) Are all subordinates in	——————————————————————————————————————		
1 1	ax-ex			list. (see instructions)		
JV	Vebsi	he: ► http://www.mrst.us	H(c) Group exemption			
KF	orm of			M State of legal domicile: WA		
Pa	ırt [Summary				
as.	1	Briefly describe the organization's mission or most significant activities: To mainta	ain an educat:	ional		
Governance		program devoted to skiers in an effort to pro				
r a	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mi	ore than 25% of its net as:	sets		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	6		
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6		
Se	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	28		
ξ	6	Total number of volunteers (estimate if necessary)		0		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	2016 7b	_0.		
		`) ¥	Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)	100,315.	88,361.		
딦	9	Program service revenue (Part VIII, line 2g)	340,543.	263,488.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,613.	129.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,494.	123,775.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	528,965.	475,753.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,750.	7,655.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	265,731.	289,344.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,347.	211,032.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	521,828.	508,031.		
	19	Revenue less expenses Subtract line 18 from line 12	7,137.	<32,278.>		
t Assets or			Beginning of Current Year	End of Year		
set	20	Total assets (Part X, line 16)	158,713.	115,975.		
P A	21	Total liabilities (Part X, line 26)	27,171.	16,711.		
Net		Net assets or fund balances Subtract line 21 from line 20	131,542.	99,264.		
_	rt II	Signature Block				
		Ities of perjury, Leclare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is		
true,	correc	t, and complete, Declaration of graparer (other than officer) is based on all information of which prepare	arer has any knowledge.			
		Signature of other	Date			
Sigr				26-15		
Here Jeff Sanborn, President Type or print name and title						
-			Date / Cheek C	PTIN		
D4:4		Print/Type preparer's name Kristine S. Loomis, CPA Preparer's signature AMATHUR Preparer's signature	Date Check [11 15 16 16 17 16 17 16 17 17			
Paid		Kristine S. Loomis, CPA dywnww CH				
Prep		Firm's name Cordell, Neher & Company, P.L.L.C.	Firm's EIN ▶	91-0950793		
Use	Uniy	Firm's address P.O. Box 3068	, , , ,	(00) 662 1661		
		Wenatchee, WA 98807-3068	Phone no. (5	09) 663-1661		
мау	tne II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		

Form 990 (2014)

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			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Ì		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	ļ	v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>_x</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	1	х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
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		<u> X</u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	,	,	
	as applicable	- 1.	•	<u>^``</u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>├</u> ^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	l	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,0		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	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	├	X
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			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	X	1
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- "	† <u> </u>	t^{-}
19		19	1	x
2∩-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	T -	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
IJ	11 100 to mile coa, die trie organization attent a copy of its addited milatelial statements to this team.		000	(001.4)

Mission Ridge Ski Education Foundation 23-7057008 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 X 24a Schedule K If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L. Part I 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 "Yes." Х 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) X 28a a A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV Х 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes." complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b 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 related organization? 36 Х 36 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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

37

X

37

		<u>3-7057008</u>	F	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
	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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ıg <u> </u>	<u> </u>	7/
	(gambling) winnings to prize winners?	1c_	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	28		L
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			7
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	0.	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, 5a	1	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	The state of the s			
Va	any contributions that were not tax deductible as chantable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
D	were not tax deductible?	6b		ŀ
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	; ,	
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	o the payor? 7a	†	Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	† –	 -
b		<u> </u>	+-	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c	1	x
	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d	10	\dagger	1
	Too, marcare are named of the marcare are year.	7e	+	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	+	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		+	+
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re-		╅┈─	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	n 1098-C? 7h	+-	+
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-	+	+
	sponsoring organization have excess business holdings at any time during the year?	8	+	+ .
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		+-
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	+	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	+	+
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	İ		
а	Gross income from members or shareholders		1.	
b	Gross income from other sources (Do not net amounts due or paid to other sources 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?	12:	<u> </u>	4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		↓
а	is the organization licensed to issue qualified health plans in more than one state?	133	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			
b			1	1
	organization is licensed to issue qualified health plans			,
С	40-			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14:	a	X
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	141	1	

Mission Ridge Ski Education Foundation 23-7057008 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 6 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other $\overline{\mathbf{x}}$ 2 officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х <u>8a</u> The governing body? X b Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 16b exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records.
	The Organization - 5096693641
	23 South Wenatchee Avenue, STE 122, Wenatchee, WA 98801

Form	QQA	(2014)	

Mission Ridge Ski Education Foundation

23-7057008

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

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

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

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

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

Name and Title Average hours per week (list any hours for related organizations below line) (1) Jeff Sanborn President (2) Jonathan Bolles Treasurer Name and Title Average hours per week (list any hours for related organizations below line) X X X Pool O. O. O. (3) Brian Platt Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related organizations below line) Average hours per week (list any hours for related organizations) In Description (do not check more than one box, unless person is both an officer and a director/trustee) Treasurer Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) O. O. O. O. O. O. O. O. O. O.	X Check this box if neither the organization (A)	(B)	,		(0				(D)	(E)	(F)
hours per week (list any hours for related organizations below line) (1) Jeff Sanborn President (2) Jonathan Bolles Treasurer (3) Brian Platt Secretary (4) Chris Pickel Board Member (5) Jason Grosdidier Board Member (6) Michael Rossi A week (list any hours for related organizations below line) (2) Jonathan Bossi (1) Jeff Sanborn Treasurer (3) Brian Platt (4) Chris Pickel Board Member (5) Jason Grosdidier Board Member (6) Michael Rossi (1) Loop Loop Misc (list any hours for related organization from the organization (W-2/1099-MISC) (6) Michael Rossi (8) Loop Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for related organization (W-2/1099-MISC) (8) Loop Misc (list any hours for misc (list any hour					Pos	ition					
Week (list any hours for related organizations from related organizations) President Name of the organizations below line) President Name of the organization organization (W-2/1099-MISC) Name of the organization (W-2/1099-MISC) Name of the organization (W-2/1099-MISC) Name of the organization organization organization organization organization and related organizations			box,	unte	ss per	son (s both	an			
1.00 No. 1.00 No. No		•	offic	cer an	dad	recto	r/trus	ee)			other
1.00 No. 1.00 No. No			ector			İ					
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1.00 No. 1.00 No. No			ıstee	truste		 25	bens		(W-2/1099-MISC)		_
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President X X X X 0. 0. 0. (2) Jonathan Bolles 1.00 X X 0. </td <td>(1) Jeff Sanborn</td> <td></td> <td>-</td> <td></td> <td></td> <td>Ť</td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	(1) Jeff Sanborn		-			Ť	1				
Treasurer X X X 0. 0. 0. (3) Brian Platt 1.00 X X 0.	President		Х		х				0.	0.	0.
(3) Brian Platt 1.00 X X 0. </td <td>(2) Jonathan Bolles</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) Jonathan Bolles	1.00									
X X 0. 0. 0. 0. (4) Chris Pickel 1.00	Treasurer		X		X				0.	0.	0.
(4) Chris Pickel 1.00 Board Member X (5) Jason Grosdidier 1.00 Board Member X (6) Michael Rossi 1.00	(3) Brian Platt	1.00									
Board Member X 0. 0. 0. 0. (5) Jason Grosdidier 1.00 X 0. 0. 0. 0. 0. 0.			X		X			<u> </u>	0.	0.	0.
(5) Jason Grosdidier 1.00 Board Member X (6) Michael Rossi 1.00	(4) Chris Pickel	1.00]							_	
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(6) Michael Rossi 1.00		1.00	1	İ						1	
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Board Member X U. U. U. U.		1.00	ļ	İ							
	Board Member		X	ļ	<u> </u>	-	 		0.	0.	0.
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` (A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
	hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC	>)	fro orga and	om the inization relate nization	e on ed
										_			
													—
					-	<u> </u>							
						_						-	
					_	-	_						
1b Sub-total				l			<u> </u>	0.		0.			0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)							>	0.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wt	o re	eceived more than \$100	,000 of reportable		<u>-</u>	Yes	0 No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		uste	e, ke	әу еі	mple	oyee	, or	highest compensated e	mployee on	[3		Х
4 For any individual listed on line 1a, is the sand related organizations greater than \$1:	sum of reportab								he organization		4	,	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." co	accrue compe	nsati	on f	rom	any	unr unr			dual for services		5	-	X
Section B. Independent Contractors 1 Complete this table for your five highest of							rs ti	nat received more than	\$100,000 of comp	ensat	ion fro	om	
the organization Report compensation fo					vith	or w	<u>ithir</u>	(B)			(Compe		
Name and busines	s address	N	ON	E				Description of	services		ompe		111
						_							
				_			_						
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	ed to	the	ose II O	stec	above) who received in	iore than				

Form **990** (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b 10 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 88,361. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 88,361 h Total. Add lines 1a-1f **Business Code** 263,488 2 a Racing & Teaching 711210 263 488. f All other program service revenue 263,488. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 129. 129. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6,235. 6 a Gross rents 0. b Less rental expenses 6,235. c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less, cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See al 154,116 Part IV, line 18 36,576 b Less direct expenses 540 540 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 123,904 475,753. 263,488. Total revenue See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	nplete column (A).	
Do :		(A)	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	7,655.	7,655.		
_	individuals. See Part IV, line 22	7,055.	7,055.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			100	
	Individuals See Part IV, lines 15 and 16			**	- , , , 7 -
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	250,810.	208,203.	42,607.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,344.	2,344.		
9	Other employee benefits	2,344. 5,170.	5,170.		
10	Payroll taxes	31,020.	31,020.		
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	13,494.		13,494.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		and the second of	to get the terms	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	3,000.	3,000.		
12	Advertising and promotion	15,419.	15,419.		
13	Office expenses	4,070.	1,743.	2,327.	
14	Information technology				
15	Royalties				
16	Occupancy	13,643.	·_ · · · · · · · · · · · · · · · · · ·	13,643.	
17	Travel	46,754.	46,754.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				ļ
19	Conferences, conventions, and meetings	382.	382.		
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,483.	B B14		
23	Insurance	7,714.	7,714.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	, ,	(i	•	- ,
	24e amount exceeds 10% of line 25, column (A)	•	, -	ļ , , ,	
	amount, list line 24e expenses on Schedule 0.)	20 720	20 720		
а	Race Expenses	38,738.	38,738.		ļ .
b	Uniforms	16,297.	16,297.	 	
С	Bank Charges	9,924.	9,924.	 	
d	Auto Expenses	8,405.	8,405.		<u></u>
	All other expenses	4,709.	4,709.		0.
25_	Total functional expenses Add lines 1 through 24e	508,031.	407,477.	72,071.	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 13,480. 53,277. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 252,569 basis Complete Part VI of Schedule D 10a 102,495. 105,436. 150,074. 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 158,713. 115,975 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,632 1,012. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 13,079. 26,159 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 711 16 171 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 99,264. 131,542. 32 Retained earnings, endowment, accumulated income, or other funds 32 99,264. 131,542. 33 33 Total net assets or fund balances 115,975. 158,713. 34 Total liabilities and net assets/fund balances

orm	990 (2014) Mission Ridge Ski Education Foundation	<u>23-70</u>	<u>57008</u>	Pac	_{le} 12			
Par	t 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		<u>5,75</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	508 <32	8,03				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13:	1,54	<u>42.</u>			
5	Net unrealized gains (losses) on investments	5	<u></u>					
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	9	9,20	<u>54.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				بل			
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		. ,		1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			لنبا			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1 · .]				
	separate basis, consolidated basis, or both		* *	5	 			
	Separate basis Consolidated basis Both consolidated and separate basis		`	· · ·				
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		, ,				
	consolidated basis, or both:			"				
	Separate basis Consolidated basis Both consolidated and separate basis		-	٠,	5			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	' <u>.</u>		لـــــــإ			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Ь—	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O		, ., .	500			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	· ~	 	النبا			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>				
			Form	1990	(2014)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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.

OMB No 1545-0047

2014

Open to Public Inspection

Nam	ame of the organization Employer identification number									
		Missi	on Ridge S	ki Education	Foun	dation	n	23	3-7057008	
Pa	rtl	Reason for Public C	harity Status (A	ll organizations must co	mplete this	part) See	instructions	3		
The o	organı	zation is not a private founda	tion because it is (F	or lines 1 through 11, ch	eck only o	ne box)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiza	tion operated in conj	junction with a hospital	described i	n section	170(b)(1)(A)(iii). Enter tl	he hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Co	omplete Part II)							
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 17	0(b)(1)(A)(v	/).			
7	X	An organization that normall	y receives a substan	tial part of its support fr	om a govei	nmental u	nit or from th	ne general pu	ublic described in	
		section 170(b)(1)(A)(vi). (Co	mplete Part II)							
8		A community trust described	d in section 170(b)(1	1)(A)(vi). (Complete Part	11)					
9		An organization that normall	y receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, members	nıp fees, and	gross receipts from	
		activities related to its exem	pt functions - subject	t to certain exceptions,	and (2) no i	more than	33 1/3% of r	ts support fr	om gross investment	
		income and unrelated busin-	ess taxable income (less section 511 tax) fro	m busines:	ses acquire	ed by the org	ganızatıon af	ter June 30, 1975	
		See section 509(a)(2). (Con	nplete Part III)							
10		An organization organized a	nd operated exclusiv	ely to test for public saf	ety See s	ection 50	9(a)(4).			
11		An organization organized a	nd operated exclusiv	ely for the benefit of, to	perform th	e function	s of, or to ca	rry out the p	ourposes of one or	
		more publicly supported org	janizations described	in section 509(a)(1) o	r section 5	609(a)(2). S	See section	509(a)(3). C	heck the box in	
		lines 11a through 11d that o	lescribes the type of	supporting organization	and comp	lete lines	11e, 11f, and	i 11g		
а		Type I. A supporting orga	•	•	•					
		the supported organizatio	n(s) the power to reg	ularly appoint or elect a	majority of	f the direct	ors or truste	es of the su	pporting	
		organization. You must c	-							
þ		Type II. A supporting orga								
		control or management of	the supporting orga	inization vested in the sa	ame persor	ns that con	itrol or mana	ge the supp	orted	
		organization(s). You must								
С	L	Type III functionally integ						Illy integrated	d with,	
		its supported organization								
d	L.	Type III non-functionally								
		that is not functionally into						d an attentiv	eness	
		requirement (see instruction								
е	L	Check this box if the orga					Type I, Type	II, Type III		
	_	functionally integrated, or	• •	ally integrated supporti	ng organiza	ation.				
Ť		r the number of supported o						-		
g		ride the following information Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount o	of monetary	(vi) Amount of	
	•	organization	,,	(described on lines 1-9	listed i		suppoi		other support (see	
				above or IRC section	Yes	No	Instruc	tions)	Instructions)	
				(see instructions))	100	- 110		-		
										
										
				-	1					
				-	T					

Schedule A (Form 990 or 990-EZ) 2014 Mission Ridge Ski Education Foundation 23-7057008 Page 2 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and					<u> </u>	
	membership fees received (Do not						
	include any "unusual grants.")	258,414.	247,482.	394,275.	450,858.	351,849.	1702878.
2	Tax revenues levied for the organ-						
	ızatıon'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	258,414.	247,482.	394,275.	450,858.	351,849.	1702878.
5			, ,				
_	by each person (other than a	','	· · · · · · · · · · · · · · · · · · ·				
	governmental unit or publicly			7			11
	supported organization) included	(()			·		
	on line 1 that exceeds 2% of the	4 3 2 1	3.11		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	amount shown on line 11,		St. Jung .		3,-3,4		
	column (f)		The state of the s				
6	Public support. Subtract line 5 from line 4	1 , 4 , 7 \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		33.		1702878.
Sec	ction B. Total Support				× 3 - 20 ×	77 7 7	17020701
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	258,414.	247,482.	394,275.	450,858.	351,849.	1702878.
	Gross income from interest,	230,122.	21//1021	331,2.31	250,050.	332,0130	2,020,00
0	dividends, payments received on				ļ	ļ	
	securities loans, rents, royalties						
	and income from similar sources	189.	<818.>	280.	113.	129.	<107.>
۵	Net income from unrelated business	103.	7010.2	200.		123.	- 3207.02
3	activities, whether or not the						į
	·		İ		İ	<u> </u>	
40	business is regularly carried on Other income. Do not include gain	 	 		 		
10	•			•			
	or loss from the sale of capital assets (Explain in Part VI))	j)	
4.4	, ,	• « • •	·	1 3 -	2722 P R	+ 8 200 70	1702771.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (ana maturatu		-1	<u></u>	12	87,994.
12	•	•	•	ما فاعلى ما فاعلى ما المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية ا			07,334.
13	First five years. If the Form 990 is for	-	s iirst, second, triir	a, iourth, or fifth ta	ax year as a section	11 50 1(0)(3)	▶ [──
Sec	organization, check this box and stoction C. Computation of Publi	c Support Per	centage				
	· · · · · · · · · · · · · · · · · · ·			olumo (6)		14	100.01 %
	Public support percentage for 2014 (•		olumn (i))		15	100.00 %
	Public support percentage from 2013		•	n line 12 and line	14 .0 22 1/20/ 05 0	·	
108	33 1/3% support test - 2014. If the				14 18 33 1/376 01 11	iore, check this bo	× and ►X
	stop here. The organization qualifies				ll 15 in 00 1/00/	ormara abaali th	
	33 1/3% support test - 2013. If the				Time to is 33 1/3%	or more, check in	iis box
47-	and stop here. The organization qual	•			- 10 16 16h	and has 14 to 100/	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		•		•	aπ vi now the orga	nization
	meets the "facts-and-circumstances"	_	-		-		▶
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				<u>-</u>		e
	organization meets the "facts-and-cire		<u> </u>	•	• • • •		P
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17l</u>	o, check this box a	and see instruction	s D

Schedule A (Form 990 or 990-EZ) 2014 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	If the evaporation foile to
(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II	. If the organization fails to
	· ·

qualify under the tests listed bef Section A. Public Support	ow, please com	plete Part II)					
	(-) 0010	#1 0011	(-) 0010	(-1) 0010	4) 2014	(D. T.) -1	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
Gifts, grants, contributions, and membership fees received (Do not							
include any "unusual grants ")							
, , , , , , , , , , , , , , , , , , ,		 					
2 Gross receipts from admissions, merchandise sold or services per-							
formed, or facilities furnished in]		
any activity that is related to the					[
organization's tax-exempt purpose	_ 	 			ļ <u> </u>		
3 Gross receipts from activities that			i		\		
are not an unrelated trade or bus-			!				
iness under section 513		ļ <u></u> -					
4 Tax revenues levied for the organ-							
zation's benefit and either paid to		}	}		1		
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to			ì)		
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		1	!				
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6)	· · ·	i, y			7.		
Section B. Total Support		_h	<u> </u>			·	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9 Amounts from line 6	12/23.3	10/ = 3	107=0.00		15/		
10a Gross income from interest,		 			<u> </u>		
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							
` <u>'</u>			 				
c Add lines 10a and 10b 11 Net income from unrelated business		 			 		
activities not included in line 10b,							
whether or not the business is		1				}	
regularly carried on						 	
12 Other income Do not include gain or loss from the sale of capital							
assets (Explain in Part VI)				<u> </u>			
13 Total support. (Add lines 9, 10c, 11, and 12)				1	<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,	
check this box and stop here						▶□	
Section C. Computation of Public	Support Pe	rcentage					
15 Public support percentage for 2014 (lir	ne 8, column (f) a	divided by line 13, o	column (f))		15		
16 Public support percentage from 2013	Schedule A, Par	t III, line 15			16		
Section D. Computation of Invest	tment Incom	e Percentage					
17 Investment income percentage for 20	14 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17		
· · · · · · · · · · · · · · · · · · ·	B Investment income percentage from 2013 Schedule A, Part III, line 17						
19a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than		7 is not	
more than 33 1/3%, check this box an	-					_	
b 33 1/3% support tests - 2013. If the		-				and	
line 18 is not more than 33 1/3%, chec							
		=					
20 Private foundation. If the organization	a ala not check a	a DOX ON IING 14, 15	ra, or 190, check th	iis dox and see in	<u>511 UCUUHS</u>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Sche	dule A (Form 990 or 990 EZ) 2014 Mission Ridge Ski Education Foundation 23-70	5700	3 Pa	ige 5
Pa	t IV Supporting Organizations (continued)			
		ŗ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		. }
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	NI -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		•	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		٠	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	; ,		,
	controlled the organization's activities If the organization had more than one supported organization,		. "	47.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	 -		
2	Did the organization operate for the benefit of any supported organization other than the supported	4.		,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	, ,	- ':	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		_,
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		L	L
Sec	tion 6. Type it Supporting Organizations		Yes	No
	Many a many through the agreement and a discrete or the object of the discrete of the discrete of		165	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		3 55	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	<u> </u>	-
Sec	the supported organization(s). tion D. Type III Supporting Organizations	1 !	L	<u></u>
000	tion b. Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
1	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1.5%	350	. , , , , ,
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1.		' '
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		† · · · ·
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2	<u> </u>	1
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a		٠.	w.
3	significant voice in the organization's investment policies and in directing the use of the organization's	,	ļ',	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	: 1	1	, i
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test Answer (a) and (b) below	.,,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		٠.	\top
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			١.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	-	ļ	Ī
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
				'
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	—	1
2	activities but for the organization's involvement		 	T
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	 	╁┈
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	Ja	+	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	+	+
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	30		

	<u>edule A (Form 990 or 990 EZ) 2014 Mission Ridge Ski Educat</u>			<u>3-7057008 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov 20, 1970 See instruc	ctions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			100
	instructions for short tax year or assets held for part of year).			11
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	See instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1 6 1	
2	Enter 85% of line 1	2	5.7	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting organ	nization (see
٠	instructions).	,egic) F	· - · · · y

Sched Par	t V Type III Non-Functionally Integrated 509(3-7057008 Page 7
	on D - Distributions	ajtoj Supporting Organ	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	nnt nurnoses		Quitent real
2	Amounts paid to perform activity that directly furthers exempt			
-	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose			
	Amounts paid to acquire exempt use assets	3 or supported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	······································		
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI) See instructions.	e organization is responsive		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
.0	and a amount divided by take 3 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	age of the second		
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014	,, ,	* 5	
a				
b		1 1 may 142 1	; t, - 7 ; 1, 2 ;	
c		•		
d	The secretary section of the second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.1
	From 2013			3.7
	Total of lines 3a through e			
	Applied to underdistributions of prior years			15 m, a 2 a 1 a 1 a 1
	Applied to 2014 distributable amount	,		
_ <u></u> -	Carryover from 2009 not applied (see instructions)			14.25
·	Remainder Subtract lines 3g, 3h, and 3i from 3f		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Distributions for 2014 from Section D,		1.4 7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13 4 1 1 1 1
-	line 7 \$			
а	Applied to underdistributions of prior years	" " " " " " " " " " " " " " " " " " "	1	11 1 1 1 1 1 1 1
	Applied to 2014 distributable amount	1. 11.	2	
	Remainder Subtract lines 4a and 4b from 4.		7.	
5	Remaining underdistributions for years prior to 2014, if			100
	any Subtract lines 3g and 4a from line 2 (if amount			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	greater than zero, see instructions)	, i s	}	
6	Remaining underdistributions for 2014 Subtract lines 3h		,	
-	and 4b from line 1 (if amount greater than zero, see			1
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3		1 1 1 1 No. 30	,
	and 4c		_	, , , _
8	Breakdown of line 7		,	
_ <u></u>			,,	
<u>_</u>		-	1	
			,	
	Excess from 2013			
	Excess from 2014			

	7 400 Complet	e mis part for al	iy additional i	ntormation (Se	e instructions)			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Inspection

Employer identification number Name of the organization Mission Ridge Ski Education Foundation 23-7057008 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		<u>Ridge Ski</u>						<u> 23-70:</u>		Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	<u>t, Histo</u>	rical Tre	asures, or	Other	<u>r Simila</u>	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	are a sıç	gnificant u	use of its co	ollection it	ems
	(check all that apply)									
а	Public exhibition	c	ı 🗀 L	oan or exc	hange progra	ms				
b	Scholarly research	e	. 🔲 c	Other						
С	Preservation for future generations				_	<u> </u>				
4	Provide a description of the organization's co	llections and explain	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	-		-						
	to be sold to raise funds rather than to be ma	intained as part of t	he organı	zation's co	llection?			_	Yes	No_
Par	t IV Escrow and Custodial Arrang					Yes" to	Form 990	, Part IV, II	ne 9, or	
	reported an amount on Form 990, Par			•						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	s or other ass	ets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble:						
	3								Amount	
c	Beginning balance						1c			
	Additions during the year					•	1d			
	Distributions during the year						1e			
f	Ending balance			•			1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for e	scrow or cu	istodial accor	int liabil			Yes	No
	If "Yes," explain the arrangement in Part XIII	•	•				,			一
Par			•				0.			
		(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				1					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	i)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	<u>~~~</u>								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administer	ed for th	ne organiz	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	ule R?					3b	<u> </u>
4	Describe in Part XIII the intended uses of the		owment fu	unds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" to Form 990	D, Part IV,	line 11a S	See Form 990,	Part X,	line 10			
	Description of property	(a) Cost or			t or other		Accumula		(d) Book	value
		basis (invest	ment)	basis	(other)	de	preciatio	n		
1a	Land									
b	Buildings									
	Leasehold improvements						44			
	Equipment				37,169.		116,5			,625.
<u> </u>	<u>Other</u>				55,400.	L	33,5	30.		,870.
<u>Tota</u>	. Add lines 1a through 1e (Column (d) must e	aual Form 990, Pan	t X. colum	n (B). line	10c.)				<u> 102</u>	2,495.

		ge Ski Educat	ion Foundat	ion 23	-7057008 Page 3
Part	VII Investments - Other Securities. Complete if the organization answered "Yes"	to Form 990 Part IV line	11b See Form 900 F	Part V line 12	
(a) De	SCRIPTION OF SECURITY OF CATEGORY (Including name of security)	(b) Book value			d-of-year market value
	ancial derivatives	(b) Book value	(O) Wicariod Cr V	aldation Cost of Sir	a or your market value
` '	sely-held equity interests		 		
(3) Oth	• • •		 		
(5) Oiii	GI	 			
(B)			 		
(C)				<u></u>	
(D)					
(E)			 		
(F)			 		
(G)			1	·	
(H)					
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)		,		
Part	VIII Investments - Program Related.				
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of v	art X, line 13 aluation: Cost or en	d-of-year market value
(1)	(a) accompliance invocation.	(b) book value	(0)		a or your manter raids
(2)			· · · · · · · · · · · · · · · · · · ·	-··	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)		The state of the state of		
Part	X Other Assets.	-			
	Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15	
	(a)	Description			(b) Book value
(1)					
(2)		·			
(3)					
(4)					
(5)_					
(6)					
(7)					
(8)					
(9)					 -
	Column (b) must equal Form 990. Part X. col. (B) lin	ne 15.)			<u> </u>
Part				000 5	_
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	(b) Book value	1990, Part X, line 25) <u>. </u>
1.	(a) Description of liability		(b) Book value	- '	*
	Federal income taxes			-	
(2)					,
(3)	· · · · · · · · · · · · · · · · · · ·			-	
(4)				- · · · ·	
(5)			 	1	
(6)				-	-, '.
(7)			 -	 	
(8)				4	
(9)				+	
	Column (b) must equal Form 990, Part X, col. (B) lin				
	olity for uncertain tax positions. In Part XIII, provid				

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 Mission Ridge Ski Education	Foundation_	23-7057008 Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statemen		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	 	
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		
a	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 1
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
	Other (Describe in Part XIII.)	4b	_
	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-A- MCA- Francisco	5
Par	Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	•	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	
	Donated services and use of facilities	2a	
	Prior year adjustments	2b	- ¹ .
	Other losses	2c	-1 ·
	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1	5
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 ^{_{1}}
	Other (Describe in Part XIII.)	4b	4.
	Add lines 4a and 4b		4c 5
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII Supplemental Information.		[3]
_	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I	/ lines 1b and 2b Bart V line	A Bart V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		5 4, 1 are X, mile 2, 1 are Xi,
1103 2	and 40, and 1 at An, lines 20 and 40 Also complete this part to provide any addit	ional imorriation.	
			· ····································

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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/form-990. Inspection

Employer identification number

OMB No 1545-0047

Open to Public

Name of the organization		•					ntification number
Mission	Ridge Ski Education	on F	our	dation		23-7057	008
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Ye	es" to	Form 990, Part IV, lii	ne 17	' Form 990-EZ	filers are not
Indicate whether the organization rais Mail solicitations	ed funds through any of the following			Check all that apply			· · · · · · · · · · · · · · · · · · ·
b Internet and email solicitations			-	nment grants			
c Phone solicitations	g Special						
d In-person solicitations 2 a Did the organization have a written o	r oral agreement with any individual	(includ	na off	ficere directore trus	eae	or	
key employees listed in Form 990, Pa	-	-	-		1003	o. ┌── Yes	No
b If "Yes," list the ten highest paid indi					he fu	ndraiser is to be	
compensated at least \$5,000 by the							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contrabu	istody Irol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						·	
						· · · · ·	
		-					
		l	l				
Total			<u> </u>	er has been notified	1	overnot from re	gistration
List all states in which the organization or licensing	on is registered or licensed to solicit (contrib	utions				
 							_
							-

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and group of fundraising event contributions.				
_			(a) Event #1 Auction	(b) Event #2 Golf Tournament	(c) Other events	(d) Total events (add col (a) through col. (c))
e			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	103,743.	25,471.	24,902.	154,116.
	2	Less Contributions	·			
_	3	Gross income (line 1 minus line 2)	103,743.	25,471.	24,902.	154,116.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		1,300.		1,300.
rect E	7	Food and beverages	361.	2,270.		2,631.
۵	8	Entertainment		0.065		
	9	Other direct expenses	24,578.	3,367.	4,700.	32,645.
	10	Direct expense summary Add lines 4 through	36,576. 117,540.			
Pa	त्सी	Net income summary Subtract line 10 from lill Gaming. Complete if the organization a		990 Part IV line 19 or re	enorted more than	TT/, 340.
_		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue				
		areas revenue				
ses	2	Cash prizes				<u> </u>
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7	Direct expense summary Add lines 2 through	ı 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u>></u>	
_	C	ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain	·	rminated during the tax yo	ear? 	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2014 Mission Ridge Ski Education Foundation 23-7057008 Page 2

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2014 Mission Ridge Ski Education Foundation 23-7	<u> 057008</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	No No
13	Indicate the percentage of gaming activity conducted in.		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >	· <u> </u>	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	s If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
ā	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г]	
	retain the state gaming license?	Yes	No
t	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 ▶ \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	nes 9, 9b, 10	b, 15b,

Schedule C	G (Form 990 or 990-EZ)	<u> Mission</u>	Ridge	Ski	Education	Foundation	1 23-7057008	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation _{(contin}	ued)	·				
						<u> </u>		
		- , ,,,						
								
								
								
								
								
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	 				·			
								
						<u></u>		
				-				

SCHEDULEI (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service	▼ Informati	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Form 990) and its	instructions is at	www.irs.aov/form99	0.	Inspection
Name of the organization Mission Ridge	idge Ski	Education Fo	Foundation				Employer identification number 23-7057008
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
က္က	ocedures for monit	oring the use of grant f	unds in the United	States	\\ \frac{2}{3}	000	NY Less Cot feet and
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organiz \$5.000 Part II can	ations and Domestic be duplicated if addition	omestic Governments. Cor if additional space is needed	omplete if the orga ed	Inization answered Y	es" to Form 990, Pan	IV, IINB Z I, TOT ANY
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						· .	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government org	janizations listed in the	e line 1 table				
1 ~	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)

(Form 990) (2014) Mission Ridge Ski Education Foundation Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

Page 2

23-7057008

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance ٥. 7,655. (c) Amount of cash grant (b) Number of recipients S (a) Type of grant or assistance Scholarships

Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-7057008

Mission Ridge Ski Education Foundation	23-7057008
Form 990, Part I, Line 1, Description of Organization Miss	sion:
interest in competitive skiing, and winter safety education	on.
Form 990, Part VI, Section B, line 11:	······································
The 990 is reviewed by the board at a regularly scheduled	board meeting
prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
The Foundation regularly monitors its conflicts of interes	st policy by
reviewing it annually for the information and guidance of	board members,
and so any new board member can be advised of this policy	upon entering the
duties of his/her office. Any possible conflict of inter-	est on the part of
any board member shall be disclosed to other board member:	s and made a
matter of record, either through an annual procedure or w	hen the interest
becomes a matter of baord action.	
	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and financ	ial statements
available to the public upon request.	
	···