Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



<u> </u>	<u> </u>	r the 2	2017 calendar year, or tax year beginning SEP 1, 2017 and ending	g AU	G 31, 2018	
В	Ch	eck if Dicable	C Name of organization]	D Employer identification	ation number
Γ		Address change	Mission Ridge Ski Education Foundation			
م آ	=	Name change	Doing business as		23-70	57008
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	=	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	'suite	E Telephone number	
- 1	=	Final return/	25 N. Wenatchee Avenue 112		(509)	888-2372
•		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	607,055.
- [Amende return			H(a) Is this a group ret	
		Applica- tion	F Name and address of principal officer. West Mathison		for subordinates?	
≥ .		pending	same as C above	2	H(b) Are all subordinates inc	luded? Yes No
آ بـ	Ta	x-exer	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	1527	If "No," attach a l	ist. (see instructions)
			:▶ http://www.mrst.us/		H(c) Group exemption	number -
ŽΚ	Fo	rm of o	organization: X Corporation Trust Association Other ► /	Year of	formation: 2006 M	State of legal domicile: WA
đŲ	Pai		Summary			<u></u>
က က			riefly describe the organization's mission or most significant activities MRST is			
43	Activities & Governance	Š	quality training and competition experience	to:	skiers. We	create
	2	2 C	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more t	han 25% of its net ass	_
	8	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	9
	ပ္က	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9
	S	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	38
	割	6 T	otal number of volunteers (estimate if necessary)		6	550
	텡	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		<u>b N</u>	otal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, inne 34 RECEIVED			0.
			RECEIVED	1	Prior Year	Current Year
	8	8 (Contributions and grants (Part VIII, line 1h)	121	88,671.	104,248.
	ᇍ	9 F	Program service revenue (Part VIII, line 2g) JAN 1 6 2019		359,182.	335,289.
	Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7(d)		34.	44.
	-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	۳_	100,491.	105,696.
_	_	12 T	Total revenue - add lines 8 through 11 (must equal Part VIII, column A) Fine 12) UT		548,378.	545,277.
		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	工_	7,231.	750.
		14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	စ္က	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		267,030.	290,187.
	Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	ļ	0.	0.
	ğ		Total fundraising expenses (Part IX, column (D), line 25)	85/2		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T
	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	241,809.	264,053.
	i		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		516,070.	554,990.
_		19 F	Revenue less expenses Subtract line 18 from line 12		32,308.	<9,713.>
	Assets or d Balances			Beg	inning of Current Year	End of Year
	šä	20	Total assets (Part X, line 16)	_	131,376.	113,906.
•	BAS		Total liabilities (Part X, line 26)		22,889.	15,132.
-			Net assets or fund balances Subtract line 21 from line 20		108,487.	98,774.
L			Signature Block			_
			ties of perjury, I declare that I have examined this raturn, including accompanying schedules and s			knowledge and belief, it is
ţ	ruc,	correct	t, and complete. Deplaration of propager (other than officer) is based on all information of which pr	reparer		<u> </u>
			Wall Man		- -	7
:	Sigr	,	Signature of officer		Date	
ı	Her	e	West Mathison, President			
-			Type or print name and title)ata La C	T DTIN
			Print/Type preparer's name Preparer's signature	ال	Date Check [PTIN
Preparer Firm's name Cordell, Neher & Company, P.L.L.C. Firm's EIN 9:						
						91-0950793
1	Use	Only	Firm's address P.O. Box 3068			00) 662 1661
			Wenatchee, WA 98807-3068		Phone no. (5	
1	May	the IF	RS discuss this return with the preparer shown above? (see instructions)		<u>,, , , , , , , , , , , , , , , , , , ,</u>	X Yes No
1	7320	11-28	1-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2017)

48	TOTAL PLOGRAM SERVICE EXPENSES	Form 990 (2017)
4e	Total program service expenses 513,872.	······
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$)
		. <u> </u>
	safety education.	
	promote physical fitness, interest in competitive skiing, and wi	nter
4a	(Code)(Expenses \$\frac{513,872.}{1000} including grants of \$\frac{750.}{1000} (Revenue \$\frac{1}{1000} \text{ in an effor} \text{ of } \frac{1}{1000} \text{ in an effor} \text{ of } \text{ in an effor} \text{ in an effor} \text{ of } \text{ in an effor} in an effor e	335,289.)
	revenue, if any, for each program service reported.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program converse accomplishments for each of its three largest program converse, as measured by ex-	D0D000
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the	
	interest in competitive skiing.	
	to the development and training of skiers. To promote fitness as interest in competitive skiing.	nd
	To establish, administer, and promote an educational program development	oted
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission.	
Parl	tilli; Statement of Program Service Accomplishments	
	990 (2017) Mission Ridge Ski Education Foundation 23-705/	008 Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
	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		ł	v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	1	v
_	during the tax year? If "Yes," complete Schedule C, Part II	4	\dashv	<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	ľ	v
_	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5	-	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	1	X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-+	
٥	•	8	I	x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9	l	Х
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, VII, VIII, IX, or X	***	30	433
• •	as applicable		37	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	33374	e-4-1	- 1 /W/ A
_	Part VI	11a	х	
ь	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	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	1		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
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
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	ᢡ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	X	}
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17_	 ^	
18		18	х	
19	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,"	1.0	† 	†
.5	complete Schedule G. Part III.	19		X
	Complete agreements. Fattill.		990	(2017)

			Yes	No_
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ľ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			İ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	۱
	of any of these persons? If "Yes," complete Schedule L, Part III	27	- mili	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	2.2.,	(3.5°)	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			١.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		٠,
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 	1	١,,
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		3,7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		١,,
	Part V, line 1	34	 	X X
35a	V V V V V V V V V V V V V V V V V V V	35a	├	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ì	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37	\vdash	X
38	Did the organization complete Schedulo 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	1		
	Note: All Form 990 tilers are required to complete Schedule ()	38	X	1

Page 5

	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	3 F	194	3. L.Y.	4.47			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u></u>	133		4.77			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
•	(gambling) winnings to prize winners?	T I	1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7	Store Co	7,797.1	3.427			
	filed for the calendar year ending with or within the year covered by this return	38	3.0		**			
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)				150			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	-	X			
	WWW III ASI I F 000 T C W		3b					
		ļ	-					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	j	4a		х			
b	and the same of th	Ì	145		33			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		20.0					
5a		Ī	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Ī	5b		X			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so	olicit						
	any contributions that were not tax deductible as chantable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		强む	1	E.C.			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	he payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u></u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		7c		X			
d	if "Yes," indicate the number of Forms 8282 filed during the year		ر نباز	3. A	形式			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Ļ—			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	ured?	7 <u>g</u>		ļ			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	1098-C?	7h		<u> </u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		irasob.	1	4.寒			
	sponsoring organization have excess business holdings at any time during the year?		8	FA mer	1220 -			
9	Sponsoring organizations maintaining donor advised funds.		3.0	14.43	15.86			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b			9b	2774 3*2	in the Co			
10	Section 501(c)(7) organizations. Enter.		1	7.3	100			
а			7.71		37.1			
b	•			题	14			
11	Section 501(c)(12) organizations. Enter	'	30 11	1	150			
a			F	3.				
b	, , , , , , , , , , , , , , , , , , , ,		** ***		17.4			
	amounts due or received from them)		327	1	17.3			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	5. 456	1000			
	of f"Yes," enter the amount of tax-exempt interest received or accrued during the year		135	5.5	3.5			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-	14444	1 5, 2°5W			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	¥ 307 A	7977			
	Note. See the instructions for additional information the organization must report on Schedule O		1	16 1 1	135			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		14	100				
	organization is licensed to issue qualified health plans 13b			1.4				
C			111 40	100	X			
14a			14a	\vdash	+^			
p	o If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b	990	/2017			

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. (TV)

Sect	ion A. Governing Body and Management		<u></u>	<u> </u>
	ion / ii do vorming body and management	1	Vac	No
10	Enter the number of voting members of the governing body at the end of the tax year 9	3 2 2 2	Yes	NO
ıa				
	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 0. Enter the number of voting members included in line 1a, above, who are independent 1b			. •
			*	5.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	∤	X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		ļ	
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1	Į	
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		=	
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12ს	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?		· `	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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	·		• .
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
******	exempt status with respect to such arrangements?	16b		
Sec	tion 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) a	vailable	•	
	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	financ	ıal	
	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			
	25 N Wenatchee Avenue Ste 112, Wenatchee, WA 98801			

Form	990 ((2017)	
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Mission Ridge Ski Education Foundation

23-7057008

Page 7

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

X Check this box if neither the organization ne	or any related o	orga	nızat	tion	com	pen	sate	ed any current officer, di	rector, or trustee	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(40	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			box, unless person is both an		compensation	compensation	amount of	
	week		er an	o a di	recto	r/trus!	(e e)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	0 0	ag .	İ		sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		yee	ua de		(11/2/1000/1000)		and related
	below	dua	age a	_	old m	st co	5			organizations
	line)	P P	Instit	Officer	Key employee	Highest compensated employee	퉅			
(1) Jeff Sanborn	1.00									
Past President		X	_	X			L	0.	0.	0.
(2) Jonathan Bolles	1.00									
Treasurer		X		Х			L	0.	0.	0.
(3) Brian Platt	1.00									
Past Secretary		X	L	X		L	L	0.	0.	0.
(4) Chris Pickel	1.00									
Board Member		X		<u> </u>			L	0.	0.	0.
(5) Michael Rossi	1.00				1					
Board Member		X	<u> </u>		L		_	0.	0.	0.
(6) West Mathison	1.00									
President		X		X				0.	0.	0.
(7) Brianna Verellen	1.00									
Past Secretary		X		X			L	0.	0.	0.
(8) Maliha Qureshi	1.00									
Secretary	<u> </u>	X		X		<u> </u>		0.	0.	0.
(9) Karen Rutherford	1.00]			ļ	1				
Board Member		X						0.	0.	0.
(10) Kari Johnson	1.00]					1			
Board Member		X				<u> </u>	L	0.	0.	0.
(11) Jerri Barkley	1.00]	1				İ			
Board Member		X				$oxed{oxed}$		0.	0.	0.
(12) Heather Neff	1.00	1					l			
Board Member	<u> </u>	X	<u> </u>	<u> </u>	L	<u> </u>	L	0.	0.	0.
(13) Warren Morgan	1.00	1				İ				
Board Member		X	<u>L</u>	<u> </u>	_	ļ	╽	. 0.	0.	0.
		1	1							
		1	1_	1		1_	ļ.,			
		4			1					
		\bot	1-	\vdash		┼	↓			
		-				1	l			
	 	╄	\bot	1	\vdash	4_	4	_	 	
		4				1	-			
	1	1	1	1	1	1	1	1	1	

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017)

\$100,000 of compensation from the organization

1.164.04	- 11.14 (4)	100.00	_Check if Schedule O.conta	une a recoonce	or note to any line	oun this Bort VIII			
					THOUSE TO ALL Y	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts.	1	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grant	s, and					
Sontribut and Othe		g	similar amounts not included abov Noncash contributions included in lines 1 Total, Add lines 1a-1f		104,248.	104,248.			
0.0	- ;	" .	Total. Add intes 1a-11		 	TOT, ZTO.	SALES OF THE SALES OF THE SALES	STATE AND STATE	AND REAL PROPERTY.
Program Service Revenue	2	a b c	Racing & Teachi	ng	Business Code 711210	335,289.	335,289.		
raπ ev		d	· · · · · · · · · · · · · · · · · · ·						
		е		<u> </u>		·			
م			All other program service reve	nue		335 300	ATT - TO STANDED TO THE ARRAST SAND	ings wanted as himse	Sharry were in the constant
			Total. Add lines 2a-2f		···· <u> </u>	335,289.	但是在2007年7月	A	
	3 4		Investment income (including other similar amounts) Income from investment of tax	·	•	44.		·	44.
	5		Royalties ·		· •				,
	6	а	Gross rents	(i) Real	(II) Personal				
		b	Less rental expenses		ļ				
		С	Rental income or (loss)		.l				
			Net rental income or (loss)		<u> </u>	Signal Carries September 17 Sans	ST TO THE STATE APPEARS ASSESSED	"Visiteliala W STEERINGS W	DE GOSHERIAN MARKETON AND
	7	а		(i) Securities	(ii) Other				
			assets other than inventory						
		D	Less cost or other basis		-				
		_	and sales expenses		 			444	
		_	Gain or (loss)		1		A CANADA		PROPERTY PROPERTY IN
	١,	d	Net gain or (loss) Gross income from fundraising	a ovente (net		NEW ATTENDED			
Other Revenue	8	а	including \$ contributions reported on line	of					
Ğ,			Part IV, line 18	•	167,474.		THE STATE OF		
‡		b	Less. direct expenses	t	61,778.				
0		С	Net income or (loss)-from fund	draising events		105,696.			105,696.
	9	а	Gross income from gaming ad	ctivities. See				和新州学 部	V/A
			Part IV, line 19	٠ .	·				
		b	Less, direct expenses	t	,[
			Net income or (loss) from gan	-					
	10	а	Gross sales of inventory, less	returns					
			and allowances	á	•				
			Less cost of goods sold		ــــــا۰	WHAT THE REAL PROPERTY.	1、1982年1月1日日本	THE STATE OF THE	SALT VINE THE
	⊢	С	Net income or (loss) from sale		<u> </u>	CONTRACTOR SE SONTA-TORIN			n interes and salver state
	-		Miscellaneous Revenu	16	Business Code	PARTICIPATION OF THE PARTICIPA		Water Zout Hall	
	11	a				 		 	
		0	•			 	-		
	1	d	All other revenue		 	 	1		<u> </u>
			Total. Add lines 11a-11d			 		SECTION AND SECTION AND SECTION ASSESSMENT OF THE PERSON AND SECTION ASSESSMENT OF THE PERSON AS	THE PERSON NAMED IN
	12		Total revenue See instructions.			545,277.	335,289.	0.	105,740.

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 1b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations	,	-						
	and domestic governments. See Part IV, liné 21	750.	750.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22		•						
3	Grants and other assistance to foreign		,						
	organizations, foreign governments, and foreign	' '	•						
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	ļ		•	•				
	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
-	persons described in section 4958(c)(3)(B)	259,135.	259,135.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	239,1330	239,133.						
. •	section 401(k) and 403(b) employer contributions)	2,373.	2,373.	•					
9	Other employee benefits	1,600.	1,600.	,	-				
10	Payroll taxes	27,079.	27,079.						
11	Fees for services (non-employees)	27,075							
a	Management	•							
b	Legal	9,626.		9,626.					
С	Accounting	13,421.	· · · · · · · · · · · · · · · · · · ·	13,421.					
d	Lobbying				·				
. е	Professional fundraising services. See Part IV, line 17		No. of the last of	元於京縣四次於					
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.)	· ··· · · · · · · · · · · · · · · ·	·	,					
12	Advertising and promotion	16,349.	16,349.						
13	Office expenses	17,467.	12,634.	4,833.					
14	Information technology								
15	Royalties	0.500		0.500					
16	Occupancy	·9,598.	F1 0F0	: 9,598.	•				
17	Travel	51,258.	51,258.		 				
18	Payments of travel or entertainment expenses		•						
40	for any federal, state, or local public officials		•						
19	Conferences, conventions, and meetings	771.	771.						
20 21	Interest Payments to affiliates	, ,,,,,	/ <u> </u>		† · · · · · ·				
22	Depreciation, depletion, and amortization	29,728.	29,728.	:					
23	Insurance	4,731.	4,731.	† <u>-</u>					
24	Other expenses, Itemize expenses not covered			WE COME THE					
-	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule 0.)		张沙龙						
а	Race Expenses	59,259.	59,259.						
b		17,834.	17,834.						
С	Auto Expenses	12,746.							
d	Bank Charges	11,199.			ļ <u>.</u>				
е	•	10,066.	+						
25	Total functional expenses. Add lines 1 through 24e	554,990.	513,872.	41,118.	0.				
26	Joint costs. Complete this line only if the organization		1	'					
-	reported in column (B) joint costs from a combined				1				
	educational campaign and fundraising solicitation.	,							
	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>			5				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 38,614 32,590 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 304,906 basis Complete Part VI of Schedule D 10a 223,590. 92,762. 10b 81,316. b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 131,376. 113,906 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 21,166. 15,132. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 ,723 Schedule D 22,889. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. Ō. 0. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 108,487. 98,774. 32 Retained earnings, endowment, accumulated income, or other funds 32 Set 108,487. 98.774. 33 Total net assets or fund balances 33 376. 113,906. Total liabilities and net assets/fund balances 34

	990 (2017) Mission Ridge Ski Education Foundation	23-705	7008	Page 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		,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,990.
3	Revenue less expenses. Subtract line 2 from line 1	3		713.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108	,487.
5	Net unrealized gains (losses) on investments	5		
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,	1 1		
По	column (B))	10	98	3,774.
LFai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
	Accounting mathed and to account the Form 2000. W Out to Manager College			Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	5	1 0	X
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1. 1.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.	on a	12.	, , , ,
	Separate basis, Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		ľ	
ь			2b	$\frac{1}{x}$
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	haeie	1.20	1.5.4
	consolidated basis, or both	Dasis,	l, 1	9,50
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		A 6 3 16
ŭ	review, or compilation of its financial statements and selection of an independent accountant?	, 4441,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	100	ريان د ا ^ن د ا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		154	9 5 3
	Act and OMB Circular A 133?	3	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
			Form	990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017
Open to Public to Inspection

Name of the organization

Employer identification number

Dai	साज	Missi	ion Ridge S	ki Education	Foun	datio	n.]	2:	3-7057008	
		Reason for Public C					instructions.			
1 2 3 4	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								the hospital's name,	
5		city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
6 7	X	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
		section 170(b)(1)(A)(vi). (Co			·			•		
8		A community trust describe	•	1)(A)(vi), (Complete Part	11.)					
9		An agricultural research orga	anization described i	n section 170(b)(1)(A)(i	c) operate	-		-	•	
		university [.]								
10		An organization that normal activities related to its exem income and unrelated busin	ipt functions - subjec less taxable income (t to certain exceptions, a	ınd (2) no ı	more than	33 1/3% of its	support fi	rom gross investment	
		See section 509(a)(2). (Con	•							
11	믐	An organization organized a		•	•					
12	ш	An organization organized a								
		more publicly supported org	-						neck the box in	
_	Γ	lines 12a through 12d that o								
а	L					_			-	
		the supported organization			majority of	f the direct	tors or trustees	of the su	pporting	
		organization You must c								
þ	L		anization supervised	or controlled in connecti	on with its	supporte	d organization(s), by hav	ıng	
		control or management of	f the supporting orga	inization vested in the sa	me pèrsor	ns that cor	ntrol or manage	the supp	orted	
		organization(s) You mus	t complete Part IV, S	Sections A and C.						
С		Type III functionally integrated	grated. A supporting	g organization operated i	n connect	ion with, a	nd functionally	ıntegrate	d with,	
		its supported organization	n(s) (see instructions)	. You must complete P	art IV, Se	ctions A, I	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nection w	th its supporte	d organiz	ation(s)	
		that is not functionally inte	*				, ,	_	, ,	
		requirement (see instructi			-					
е		Check this box if the orga						Type III		
•	_	functionally integrated, or					1. Jpc 1, 1. Jpc 11,	Type III		
	Ent	er the number of supported of		ially integrated supporting	ig Organiza	ation				
		vide the following information	•	d organization(s)						
		(i) Name of supported	(ir) EIN	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of n	nonetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	No	support (see ins	tructions)	support (see instructions)	
				above (see instructions))						
								<u>-</u>		
Total			The stranger of the state of th	Marine and a second of the second	MANUAL	選出に上げる				

Schedule A (Form 990 or 990 EZ) 2017 Mission Ridge Ski Education Foundation 23-7057

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7057008 Page 2

(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

Sec	tion A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ndar_year_(or_fiscal_year_beginning.in).	(a).2013	(b) 2014	(c) 2015	(d).2016	(e) 201.7	(f)_Total
	Gifts, grants, contributions, and				(4)		,
	membership fees received (Do not				i		
	include any "unusual grants ")	450,858.	88,361.	56,053.	88,671.	104,248.	788,191.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		·				
	or expended on its behalf	~					
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge				:		•
4	Total. Add lines 1 through 3	450,858.	88,361.	56,053.	88,671.	104,248.	788,191.
5	The portion of total contributions	FIRST NOTE		The second	ALCOHOLD DE	THE REPORT OF	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	THE REAL PROPERTY.	建物区部区域	語語機能能			788,191.
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	450,858.	88,361.	56,053.	88,671.	104,248.	788,191.
8	Gross income from interest,						•
	dividends, payments received on	u u		·			
	securities loans, rents, royalties,		' ,	·	•		
	and income from similar sources	113.	6,364.	5,307.	34.	44.	11,862.
9	Net income from unrelated business			,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	,					•
	or loss from the sale of capital				•	1	
	assets (Explain in Part VI.)			4,440.			4,440.
11.	Total support. Add lines 7 through 10		2000年中央第	總和和職以	THE REPORT OF	福克斯斯坦斯斯特	804,493.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 1	<u>,384,819.</u>
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	
<u> </u>	organization, check this box and sto						
<u>Se</u>	ction C. Computation of Publ	-					
14	,, , , , , , , , , , , , , , , , , , , ,		-	olumn (f))		14	97.97 %
15	Public support percentage from 2016	•	•		•	15	98.49 %
16	a 33 1/3% support test - 2017. If the				14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•			•	ightharpoons X
ŀ	o 33 1/3% support test - 2016. If the	•		•	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	•	• • •				▶
17	3 10% -facts-and-circumstances tes						•
	and if the organization meets the "fac	•				ırt VI how the orgaı	nization
	meets the "facts-and-circumstances"	-	· ·		-		▶□
١	o 10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets t				=		,
	organization meets the "facts-and-cir		=				
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instructions	

Schedule A (Form 990 or 990-EZ) 2017 Mission Ridge Ski Education Foundation 23-7057008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees receivêd. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b All the National 8 Public support. (Subtract line 7c from tine 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) <u>2</u>015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2016 Schedule A. Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for/2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests $\sqrt{2016}$. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017 Mission Ridge Ski Education Foundation 23-7057008 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 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 12a or 12b 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? If "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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

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	dule A (Form 990 or 990 EZ) 2017 Mission Ridge Ski Education Foundation 23-70	<u> 57008</u>	Pag	ge 5
Pai	t IV. Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	15 - 1º E	1	757
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	F.W.	17. L	w(ž
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1313.73	177	314
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	16.12		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	13.5	25	
	controlled the organization's activities. If the organization had more than one supported organization,	AT S		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100	14.01 1.02	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1200.50	7. 32	~;;
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	62 P 15	1500	1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	5 310		
	supervised, or controlled the supporting organization.	2	- 199	× (4.4 -
Sec	tion C. Type II Supporting Organizations	<u></u>	1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1-24	77. 1	Bock.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	[653]	1.43	
	or management of the supporting organization was vested in the same persons that controlled or managed	18 2 K	125.13	
	the supported organization(s).	1 1		1787. 5
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	367.3	湿点状	1372
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		13.4	10.10 10.44
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	24.0	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		£1.35
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	\$201.62	1000	4 1. 4
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		÷	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	2007-101	₹ Υ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	#:#e50	Series a	L ST4
J	significant voice in the organization's investment policies and in directing the use of the organization's	1.5	5	7.5
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			14
	supported organizations played in this regard.	3	W)	9×2.4.1
Sec	stion 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	<u></u>		
а	The organization satisfied the Activities Test. Complete line 2 below	<i>,</i>		
b				
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in:	atmintional	1	
2	Activities Test Answer (a) and (b) below.	suucuons)	Yes	No
a		L#50 . 175	الديادة	10 10 4F
а		10.34		(A)
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	7-1	7	11.36
1-	that these activities constituted substantially all of its activities	2a	112Lx 2	FL 5.
۵	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Bar.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	of the same	10	
	reasons for the organization's position that its supported organization(s) would have engaged in these	E ST VIA	(2 th, 3)	E 2 i
_	activities but for the organization's involvement	2b		7.7-
3	Parent of Supported Organizations Answer (a) and (b) below.	الرائي وا		2
а		eden 3	1 02/45	ř.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		, BNs
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	经经营	27.24	3-3
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_	L	L_{L}

	tule A (Form 990 or 990 EZ) 2017 Mission Ridge Ski Educa			3-7057008 Page 6
Rar	-Type-III-Non-Functionally Integrated 509(a)(3)-Supportin			
1	Check here if the organization-satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in Pa	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Secti	on 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 oporating expenses paid or incurred for production or	:	1	
	collection of gross income or for management, conservation, or	1 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			749-57217 MICHAEL
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	经验以政治院 (2.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE RESIDENCE	
4	Enter greater of line 2 or line 3	4	N. SPORTS SERVICE WAS A STATE OF THE PARTY O	
5	Income tax imposed in prior year	5	HALL MANAGEMENT	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		THE PARTY OF THE P	,
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting orga	nization (see
	instructions)		_	•

Schedule A (Form 990 or 990-EZ) 2017

Par	dule A (Form 990 or 990-EZ) 2017 MISSION RIGGE Type-III-Non-Functionally-Integrated 509(a			3-7057008 Page 7
12.150.74.	on D - Distributions	artor capporting crigar	(continued)	- Current-Year
	Amounts paid to supported organizations to accomplish exen	not purposes		Ourient real
	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	, parpoora ar capportica		
	Administrative expenses paid to accomplish exempt purposes	s of supported organizations		
	Amounts paid to acquire exempt use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive	"	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2017 from Section C, line 6		,	
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			, , , , , , , , , , , , , , , , , , , ,
2	Underdistributions, if any, for years prior to 2017 (reason-			NOT THE PROPERTY OF THE
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а	《《···································	列李州中宋 斯克斯斯亚亚	法地理是正常工程的	REPRESENTATION OF THE PROPERTY
b	From 2013 .			BARTON ENGINEE
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е	From 2016			节4世纪第二章
f	Total of lines 3a through e		斯斯拉克斯斯 迪斯拉	THE SHE WAS A STREET, SHE
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			•
1	Carryover from 2012 not applied (see instructions)	議院開榜政政政治政府		
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		SOUTH THE STATE OF	经工程的证据的证据
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years	THE TANK THE PARTY OF THE PARTY		经现实就是实现的
b	Applied to 2017 distributable amount	Z TATACHEN (SALES)	新发展的影響等等	
С	Remainder Subtract lines 4a and 4b from 4			常理的证据是公司的
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater		,	
	than zero, explain in Part VI. See instructions.	新华到沙兰州北京		
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3 _j			
	and 4c	SAND COME AND MANAGED AND DESCRIPTION		
8	Breakdown of line 7:			
а	Excess from 2013	District of the same of the sa	THE SHAPE OF THE STATE OF	
b	Excess from 2014		A SAFERMENT OF THE SAFE	
	Excess from 2015	THE TRACE WAS TO THE MANUAL TOWN		
	Excess from 2016			
е	Excess from 2017		THE PROPERTY OF THE PARTY OF TH	THE THE STATE OF T

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 MISSION Ridge SKI Educat	cion Foundation 23-7057008 Page
Part VI	Supplemental Information. Provide the explanations required by F Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also co (See instructions)	Part II, line 10; Part II, line 17a or 17b; Part III, line 12, d 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Dpen to Public

Name of the organization

Mission Ridge Ski Education Foundation

Employer identification number 23-7057008

Par	t Is Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	-	Yes No			
6	Did the organization inform all grantees, donors, and donor a	_	used only			
	for charitable purposes and not for the benefit of the denor o	r donor advisor, or for any other purpose	conferring			
	impermissible private benefit?		Yes No			
Par	t,II 强 Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,				
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area			
	Protection of natural habitat	Preservation of a ce	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >	_			
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for			
-	conservation easements	(A + 11'-A - 1'-T	M0:			
<u> Pa</u>	rt.[II] Organizations Maintaining Collections o		otner Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (A					
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (A					
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts			
	relating to these items:		> 0			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$ > \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tr		alai gain, provide			
	the following amounts required to be reported under SFAS	1 TO (ASC 958) relating to these items	. ¢			
a	Revenue included on Form 990, Part VIII, line 1		▶ \$			
b	Assets included in Form 990, Part X		<u> </u>			

		Ridge Ski						<u> 23-70.</u>		Page 2
Par	Organizations Maintaining Co	ollections of Ar	<u>t, Histo</u>	rical Tre	asures, or	Other 9	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check :	any of the fo	ollowing that a	are a sign	ificant u	se of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	ı 🖂 L	oan or exch	nange prograr	ns				
b	Scholarly research	e			0, 0					
С	Preservation for future generations	_								
_	Provide a description of the organization's co	illections and explain	n how the	y further th	e ornanization	n's exemn	nt nurnos	se in Part	XIII	
	During the year, did the organization solicit or	·		-	-				, , , , ,	
	to be sold to raise funds rather than to be ma					oar a	00010		Yes	☐ No
	t IV. Escrow and Custodial Arrang					Ves" on F	orm 990	Part IV		
	reported an amount on Form 990, Par		010 11 1110	organization	11 2113446166	163 0111	01111 330	, , , , , , , , , , , , , , , , , , , ,	iii 10 5, 01	
12	Is the organization an agent, trustee, custodi		liany for o	ontributions	or other acce	ate not in	cluded			
Id	on Form 990, Part X?	an or other intermed	nary for C	onthoutions	o or other asse	ers not in	ciuu o u		Yes	□ No
	· ·		0	.61-				L	_ res	ио
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	rpie						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	• •	•				y?		_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V : Endowment Funds. Complete	f the organization ar								
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three	years back	(e) Four	years back
1a	Beginning of year balance	<u> </u>	<u> </u>		ļ				<u> </u>	
þ	Contributions								ļ	
С	Net investment earnings, gains, and losses		ļ						ļ	
d	Grants or scholarships		ļ		ļ					
е	Other expenditures for facilities								1	
	and programs									
f	Administrative expenses				l				<u> </u>	
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a)) held as	,				<u></u>
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	•	ation tha	t are held a	nd administer	ed for the	organiz	ation		
	by.						Ū		Γ	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Si	chedule R2					3b	
4	Describe in Part XIII the intended uses of the								00	
	t VI: Land, Buildings, and Equipm		O TOTAL T	ariao		·				
Ь	Complete if the organization answere		0. Part IV	/. line 11a S	See Form 990	Part X. I	ine 10			
	Description of property	(a) Cost or		· · · · · · · · · · · · · · · · · · ·	t or other		cumulat	bed	(d) Book	value
	Description of property	basis (invest			(other)		reciatio		(u) book	value
	Land	Dadio (invest		54515	(outlon)	•	W.T.			
	Land	· · · · · · · · · · · · · · · · · · ·				4 1 E 124	91.14	ANTICES !		
b	Buildings									
C	Leasehold improvements			20	04,805.	1	63,5	70	A 1	1,226.
d	Equipment						60,0			
	Other				00,101.		0U, U	111.		0,090.
Tota	I. Add lines 1a through 1e (Column (d) must i	egual Form 990. Par	t X. colun	nn (B), line i	10c.)			▶	8.	L,316.

1	(a) Description of liability	, (b) Book value	
(1) Federal incor	ne taxes		
(2)	•		
(3)			
(4)			
(5)	•		
(6)	•		
(7)	•		
(8)			
(9)	4		
Total. (Column (b) m	ust equal Form 990. Part X. col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2017 Mission Ridge Ski Educat			age 4
1, Cil	Complete if the organization answered "Yes" on Form 990, Part IV, line		de per neturi.	
1	Total revenue, gains, and other support per audited financial statements	12a.		
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII: Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
¢	Other losses	2c		
d	•	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18		5	
	rt ^x XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		Part V, line 4; Part X, line 2; Part XI,	
				•
				

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" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

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 Inspection :: (**)

Name of the organization Employer identification number Mission Ridge Ski Education Foundation 23-7057008 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part In required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations J Solicitation of government grants Phone solicitations g X Special fundraising events c d In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions Merriment, LLC - 23 S. No Yes Wenatchee Ave. Ste 101 Auction Х 139,826 22,420 102,420. 139,826. 22,420. 102,420. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Ŗа		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•				(add col (a) through
			Auction	Ski A Thon	40101000000	col. (c))
Ę.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	139,826.	25,781.	1,867.	167,474.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	139,826.	25,781.	1,867.	167,474.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	16,653.		·	16,653.
irect E	7	Food and beverages	775.	30.		805.
۵	8	Entertainment	750.		4,500.	5,250.
	9	Other direct expenses	37,406.	1,385.	29.	38,820.
	10	Direct expense summary Add lines 4 through	h 9 ın column (d)	· · · · · · · · · · · · · · · · · · ·	>	61,528.
	11	Net income summary Subtract line 10 from I			, <u> </u>	105,946.
Pé	ırt I	<u> </u>	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			<u></u>	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ě	١.	Cross rayes				
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	TOTAL COLOR
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1 column (d)			
		Not gaining income summary Subtract line	r nominile 1, column (d)	<u> </u>		
9	En	ter the state(s) in which the organization cond	ucts gaming activities			
á		the organization licensed to conduct gaming a		states?	· · · · ·	Yes No
		'No," explain:				
	_					
		ere any of the organization's gaming licenses r			year?	Yes No
١) If	Yes," explain				
	_					
	_		 			

Schedule G (Form 990 or 990 EZ) 2017 Mission Ridge Ski Education Foundation 23-7057008 Page 2

Sch	hedule G (Form 990 or 990 EZ) 2017 Mission Ridge Ski Education Foundation 23-70	57008	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in		
а	a The organization's facility	13a	%
b	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
			 .
15a	ia Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	,		
b	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	c If "Yes," enter name and address of the third party.		
	The state of the state decision of the state party.		
	Name ▶		
	Address >		
16	Gaming manager information.		
10	Carring manager mormation.		
	Nama 🏲		
	Name		
	Coming manager componentian		
	Gaming manager compensation > \$		
	Decoration of convece argueded		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
4-4	9 Manudokan, diskub, Aran		
17	•		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u></u>	
	retain the state gaming license?	Yes	L No
(b Entor the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
6	organization's own exempt activities during the tax year > \$		
R	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	es 9, 9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
_	abidati di più e etta de etta fin e etta e più e e e		
<u>S</u> C	chedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers	:	
, .			
<u>()</u>	i) Name of Fundraiser: Merriment, LLC		
<u>()</u>	i) Address of Fundraiser:		
_			•
23	3 S. Wenatchee Ave. Ste 101, Wenatchee, WA 98801		
			<u>-</u>

THE WAY

Schedule G	(Form 990 or 990-EZ)	Mission 1	<u>Ridge</u>	<u>Ski</u>	Education	Foundation	23-7057008	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)					
								
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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.

► Go to www.irs.gov/Form990 for the latest information.

2017
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Name of the organization Employer identification number Mission Ridge Ski Education Foundation 23-7057008 Form 990, Part I, Line 1, Description of Organization Mission: athletes that are competitive at all levels of competition through high quality coaching, and premier training facilities. We strive to create an environment of healthy competition, sportsmanship and character development while still having fun. We believe that family support and participation is essential in achieving these goals. Form 990, Part VI, Section B, line 11b: 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 interest 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 interest on the part of any board member shall be disclosed to other board members and made a matter of record, either through an annual procedure or when the interest becomes a matter of baord action. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents and financial statements available to the public upon request.