(Rev. January 2020)

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Inte	mal Reve	nue Service	▶ Go to	www.irs.g	ov/Form990 to	or instructio	ns and the la	test i	nformation.		Inspection			
A	For the	2019 calen	dar year, or tax year	beginning	l		2019, and er	nding			, 20			
В	Check if	applicable	C Name of organization	Pico Ski	Education Fou	ındation				D Emplo	yer identification number			
	Address	change	Doing business as								03-0265765			
	Name cl	hange	Number and street (o	r P.O. box r	f mail is not delive	ered to street a	ddress)	Ro	om/suite	E Teleph	one number			
	Initial ref	turn	P.O. Box 655					802-236-2170						
$\overline{\Box}$	Final retu	urn/terminated	City or town, state or	province, c	ountry, and ZIP o	r foreign posta	l code							
$\overline{\sqcap}$	Amende	ed return	West Rutland, VT 0		<b>V</b> -	• .				G Gross receipts \$ 68,				
$\overline{\Box}$	Applicat	ion pending	F Name and address of		ficer. Christoph	er Heald			H(a) Is this a grou	a group return for subordinates? Yes No				
	•		P.O. Box 655 West		•		_	1	H(b) Are all su	bordinate	es included?  Yes  No			
$\overline{}$	Тах-ехе	mpt status		501(c) (	) ◀ (insert no	.) 4947	'(a)(1) or □ 5	27	If "No," at	tach a lis	st. (see instructions)			
J	Website	e: ► www.pic	coskifoundation.org			<del></del>	1	//	H(c) Group ex	emption	number ▶			
ĸ			Corporation Trust	Associa	ation Other	•	L Year of f	ormatı			of legal domicile VT			
Р	art I	Summa					1							
	1		cribe the organizati	on's miss	sion or most s	ignificant a	ctivities: The	orga	nization's miss	sion is t	to raise funds and			
Ö	•	•	<del>-</del>			-					cing and support the			
Activities & Governance			acing program at Pic				netes to part	icipe:	e in the sport	<u> </u>	ionig and support the			
Ē	2		box ▶ ☐ if the org				ons or dispo	sed o	of more than 2	5% of	its net assets.			
Š	3		voting members of							3	14			
<u>ن</u> عق	4		independent voting	-	• • •		•			4	14			
98	5		per of individuals en	-	_		•	•		5				
Ϋ́	6		per of volunteers (es		-					6	15			
Ę	7a		ated business revei							7a	15			
•	) 'a		ted business taxabl							7b	· · · · · · · · · · · · · · · · · · ·			
	5	ivet uniteral	ed Dusilless taxabl	e income	illoni i onii 3	30-1, line 3	· · · ·		Prior Year		Current Year			
e	8	Contributio	ons and grants (Part	- VIII lino	1b)			-						
	9		ervice revenue (Parl		-	· · · ·				31,091	38,046			
Revenue	1	•	•	40	244									
æ	10		t income (Part VIII, d		42	214								
	11 12		nue (Part VIII, colun		41,930	13,298								
_			ue-add lines 8 thro							73,063	51,558			
	13		d similar amounts pa		89,769	66,948								
	14	•	ald to or for membe	-							<del>, -</del>			
Expenses	15		her compensation, e					_						
Ë	16a		al fundraising fees								·····			
꼾	_ b		alsing expenses (Pa		• • •		2,73	<u> </u>						
_	17	•	enses (Part IX, colur			•		·  -		14,049	23,490			
	18		nses. Add lines 13-					<b></b> - -		03,818	90,438			
. #	19	Revenue le	ess expenses. Subti	ract line			CIAED	<del>.   -</del>		30,755)	(38,880)			
is or		<b>.</b>			1 🔻	<u> </u>	^ ^		eginning of Curre		End of Year			
Sset	20		ts (Part X, line 16)			NUC -	2 9 2020	S	5	35,261	496,381			
Net Assets Fund Balanc	21		ties (Part X, line 26)					<i>ŀ‰</i>  _						
			or fund balances.	Subtract I	ine 21 from lu	ne 20)GD	EN, UT	<u>,</u>	5	35,261	496,381			
	art II	<del></del>	re Block											
			, I declare that I have exa e∕ Qeclaration of prepare								ny knowledge and belief, it is			
		1 .	A A A		Dasca			parci	Thus arry knowledg	<del></del>				
e:			Mann				··							
Sig		Signati	ure of officer	ما ا	An	Final			Date	11	-1			
не	ere		Christophen	7 180	740)	1 Mess	uren			<u>6/2</u>	15/20			
		<del>''</del>	r print name and title		·			-						
Pa	id	Print/Type	preparer's name		Preparer's sign	ature		Da	1	Check [				
_	epare	r			<u></u>					self-emp	noyed			
	e On		ne 🕨					_	Firm's	EIN ►				
		Firm's add							Phone	no.				
Ma	y the IF	RS discuss	this return with the	preparer	shown above	? (see instr	uctions) .			· · ·	. 🗌 Yes 🗌 No			
For	Paper	work Reduct	ion Act Notice, see t	he separa	te instruction:	s		Cat No	11282Y		Form <b>990</b> (2019)			

om 99	00 (2019) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The organization's mission is to raise funds and enhance community awareness to encourage and enable young athletes to participate in the sport of ski racing and support the alpine ski racing program at Pico Mountain in Killington, Vermont.
	participate in the Sport of Ski racing and support the applie Ski racing program at rico Mountain in Knington, Vermont.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 11,819 including grants of \$ ) (Revenue \$)
	Provided monetary scholarships to youth racers from the Pico Ski Racing program to be able to train for and compete in higher level amatuer events.
4b	(Code:) (Expenses \$5,565 including grants of \$) (Revenue \$)
	Provided direct support to the Pico Ski Racing program in the form of equipment and supplies supporting youth racers between the
	ages of six and eighteen years of age. Equipment and supplies facilitate a proper and safe training and racing venue.
4c	(Code: ) (Expenses \$ 49,565 including grants of \$ ) (Revenue \$ )
	Provided direct support to the Pico Ski Racing program to make ski trail improvements to training and racing venue. Improvements
	will provide better access to training and racing terrain while enhancing safety for youth racers.
4d	Other program services (Describe on Schedule O.)
74	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses   66 948



Onn 9:	50 (2013)	<u> </u>		<u>ت</u>	age J
Part	Checklist of Required Schedules				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,			es	No
2	complete Schedule A	2	_	+	<b>✓</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition t candidates for public office? If "Yes," complete Schedule C, Part I	o 3			<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(li election in effect during the tax year? If "Yes," complete Schedule C, Part II	h) 4			<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part I				<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donor have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I				<b>✓</b>
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				<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III	," 8			<u>✓</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, debt negotiation services? If "Yes," complete Schedule D, Part IV.				<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowment or in quasi endowments? If "Yes," complete Schedule D, Part V	ts1(	,		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V VII, VIII, IX, or X as applicable.	1,			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part VI	" 11	a v		<u>-</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	e 11	ь		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	e 11	с		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	_	е	4	✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11	f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12	а		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		ь		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del></del>		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14	a _		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		ь		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV				<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	er <b>1</b> (	3		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	n 17	,		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	n 18	3 ,	/	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	•		<b>✓</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		$\Box$	<b>√</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	$\dashv$	✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		.	ı	1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		<b>√</b>
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			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	_	1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<b>-</b>
ŭ	to defease any tax-exempt bonds?	24c		<b>/</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		7
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Octionale O Contains a response of flote 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			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
	reportable gaming (gambling) winnings to prize winners?	l 1c	l	l

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		7
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			Ť
-14	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country ▶	<del></del>		Ť
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
<b>u</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(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 payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		✓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		,
	excess parachute payment(s) during the year?	15		<b>✓</b>
16	If "Yes," see instructions and file Form 4720, Schedule N.			<u></u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
	n roo, complete rount tree, constant C.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Check if Schedule O. contains a response or note to any line in this Part VI.										
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management			<u>· · · · · · · · · · · · · · · · · · · </u>							
36011	on A. doverning body and management		·		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14							
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent .	1b		14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relatio	onship with	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or or			3		✓					
4	Did the organization make any significant changes to its governing documents since the prior For				ļ	<b>✓</b>					
5	Did the organization become aware during the year of a significant diversion of the organization	on's a	issets?.	5		<b>✓</b>					
6	Did the organization have members or stockholders?			6		<b>✓</b>					
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?			7a		<b>✓</b>					
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b		<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	derta	ken during								
а	The governing body?			8a		<b>✓</b>					
ь	Each committee with authority to act on behalf of the governing body?			8b	<del>                                     </del>	<b>✓</b>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule	<u>o</u> .		9		✓_					
Secti	on B. Policies (This Section B requests information about policies not required by the	e int	ernai Reve	enue C	1	l Na					
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No /					
b	If "Yes," did the organization have written policies and procedures governing the activities o					<u> </u>					
11a	affiliates, and branches to ensure their operations are consistent with the organization's exert Has the organization provided a complete copy of this Form 990 to all members of its governing body before			10b 11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ig the folin:	114	<b>-</b>	<del>     </del>					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	<b> </b>	7					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	е пѕе	to conflicts?			1					
С	Did the organization regularly and consistently monitor and enforce compliance with the indescribe in Schedule O how this was done.					1					
13	Did the organization have a written whistleblower policy?			13		7					
14	Did the organization have a written document retention and destruction policy?			14		1					
15	Did the process for determining compensation of the following persons include a review andependent persons, comparability data, and contemporaneous substantiation of the deliberation										
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>					
b	Other officers or key employees of the organization			15b		<b>✓</b>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1 1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?		rangemen	16a		<b>/</b>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to										
	organization's exempt status with respect to such arrangements?			16b	<u> </u>	✓					
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Section 1024-A).	t app	ty.	)-T (Se	ction (	501(c)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.	umen	ts, conflict	of inte	erest p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization Christopher Heald P.O. Box 655 West Rutland, VT 05777 802-236-2170	on's t	ooks and	records	<b>; ►</b>						

Form	agn	1201	Q١
COMM	990	1201	31

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.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if hertner the organization no	any relate	<u> </u>	ui iia		C)	Ompo	1100	lied any carrent	sincer, director,	i trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	neck ss pe	erson	e that both sor/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ben Clark - President	11		-	_		8.			_	
(2) Kristen Kenosh - Vice President	11			✓ ✓				0	0	
(3) Thomas Aicher - Secretary	11			<b>✓</b>				0	0	
(4) Christopher Heald - Treasurer	11			/				0		
(5) Jill Cerreta	11	1		Ť				0	0	
(6) James Chambers	11	,						0	-	
(7) Dan Cole	11	/						0	0	
(8) Collin Fignon	11	1						0		
(9) Nate Freund	11	/						0		
(10) Matthew Kinsman	11	/						0		
(11) Jodi Manning	11	<i>y</i>						0	0	
(12) Andrew Meyers	1	1						0		
(13) Marnie Roussel	1	1						0		
(14) Kim Williamson	1	1		<u> </u>				0		

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emį	ploy	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (c	contin	ued)
	(A) Name and trtle	(B) Average hours per week	box, office	unles er and	Pos eck s pe d a d	rson	than on the state of the state	an lee)	(D)  Reportable compensation from the organization	(E) Reports compens from rel organiza	able sation lated	comp	(F) ted amo other pensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099			zation a	
(15)														
(16)										'				
(17)														
(18)					····								·	
(19)														
(20)														
(21)													-	
(22)	-													
(23)														
(24)														
(25)														
1b c d	Subtotal		n A					<ul><li> </li><li> </li></ul>						<u> </u>
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received mor	e than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	officer, dire						mpl	loyee, or highes	st compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npei	nsatio	on a s,"	and other competed complete Sched	nsation frodule J fo	om the	4		<u></u>
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc		5		7
Secti	on B. Independent Contractors	,							•					
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add								(B) Description of sen		-	(C) Compens		
														_
2	Total number of independent contractor received more than \$100,000 of compens							o th	those listed above) who					

Par	VIII	Statement of Rec Check if Schedule			espor	nse or note to an	v line in this Pa	rt VIII		
		Officer in Confederate	0 00	maino a re	орог	100 01 11010 10 011	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	•			1b					
₹ ي	С	Fundraising events			1c	21,440				
ar if	d	Related organizatio			1d					
S, G	е	Government grants	•		1e					
Si Si	f	All other contribution			۱.,					
the late		and similar amounts no			1f	16.606				
ੋਂ ਨੂ	g	Noncash contribution lines 1a-1f				<b>6</b>				
20.0	h	Total. Add lines 1a-			1g	19	20.046			
	"	Total. Add lines 1a-	<del>-     .  </del>	• • •	· · ·	Business Code	38,046			
ĕ	2a					555555 5545				
ړ ₹						-			* - *	
Program Service Revenue	c									<del>                                     </del>
	d									
ğΨ	е									
4	f	All other program se							1	,
	g	Total. Add lines 2a-	-2f .			▶				
	3	Investment income								
	_	other similar amoun					214	214		
	4	Income from investr			-					
	5	Royalties	<del></del>							
	60	Gross rents	6a	(i) Rea		(ii) Personal				
	6a b	Less: rental expenses	6b	1						
	C	Rental income or (loss)	<del></del>	<del> </del>	-	<u> </u>				
	ď	Net rental income o		<u>s)</u>		▶				
	7a	Gross amount from	(,,,,,	(i) Securi		(ii) Other				
	'a	sales of assets								
		other than inventory	7a							
<u> </u>	ь	Less: cost or other basis								
Revenue		and sales expenses .	7b							
<b>ĕ</b>	С	Gain or (loss)	7c				,			
erF	d.	Net gain or (loss)			<u> </u>	<u>, , , , </u>				
ğ	8a	Gross income fro		_					,	
0		events (not including		21,440	1					
		of contributions repair 1c). See Part IV, line		a on line						
	b	Less: direct expens			8a 8b	29,745				
	C	Net income or (loss)				16,447 ents . ▶	13,298			13,298
	9a	Gross income			3 3 4 6		13,230			13,230
	Ja	activities. See Part			9a					1
	b	Less: direct expens			9b				<u></u>	<u> </u>
		Net income or (loss)			ctivitie	es <b>&gt;</b>				
	10a	Gross sales of in	nvent	ory, less						
		returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	) fron	n sales of ir	rvente	<del>, '                                   </del>				ļ
S	۱					Business Code				
Miscellaneous Revenue	11a					ļ				<del></del>
llar /en	b									<del> </del>
scellaned Revenue	9	All other revenue				<b>—</b>				<del> </del>
ž	d	All other revenue  Total. Add lines 11a	 110-							
	12	Total revenue See			<u>· · ·                                  </u>		54 550	244		42.00

Part IX	Statement of I	unctional Expens	es					
Section 50	1(c)(3) and 501(c)(4	) organizations must	complete all columns.	All other organiza	tions must o	complete colu	mn (A).	

	Check if Schedule O contains a response	e or note to any line	in this Part IX .	<u></u>	🗆
	et include amounts reported on lines 6b, 7b, o, 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, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	66,948	66,948		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, 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)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b c d	Legal				
f g	Investment management fees				
12 13 14 15	Advertising and promotion	2,737 605		605	2,737
16 17 18	Occupancy				
19 20	for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest				
21 22 23	Payments to affiliates	11,766 1,212		11,766 1,212	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c d	Bank Fees Building Maintenance	239 6,931		6,931	
e 25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs	90,438	66,948	20,753	2,737
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par		<del></del>	· · · · · □
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	122,485	2	95,371
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
इ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ž	9	Prepaid expenses and deferred charges	· ···	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 470,645	1		
	ь	Less: accumulated depreciation 10b 69,635	412,776	10c	401,010
	11	Investments—publicly traded securities		11	10.70.10
	12	Investments—other securities. See Part IV, line 11	·	12	- 4
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<del> </del>
	16	Total assets. Add lines 1 through 15 (must equal line 33)	535,261	16	496,381
_	17	Accounts payable and accrued expenses	000,0	17	100,00
	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	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
	00			25	
	26	Total liabilities. Add lines 17 through 25		26	<del></del>
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	·		····
ia ja	27	Net assets without donor restrictions		27	
0	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds	535,261	31	496,381
¥ ∤	32	Total net assets or fund balances	535,261		496,381
ž	33	Total liabilities and net assets/fund balances	535 261		496 381

_	4	
Page		4

	(2010)				90
Part					
	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)			5	1,558
2	Total expenses (must equal Part IX, column (A), line 25)			9	0,438
3	Revenue less expenses. Subtract line 2 from line 1			(3)	3,880)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			53	5,261
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	<u> </u>		49	6,381
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın ın			Į
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [	2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			- 1
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	· [	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			1
	separate basis, consolidated basis, or both:				
	☐ 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 oversig				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	·	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	n on			
	Schedule O.	_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 the			
	Single Audit Act and OMB Circular A-133?	.	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	s.	3b		
			Forn	990	(2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	Ski Education Foundation					03-02		
Par							ns	<del></del>
ine d	organization is not a private found A church, convention of chui		-		-		١,	
2	☐ A school described in section						A .	
3	☐ A hospital or a cooperative h					· · · · · · · · · · · · · · · · · · ·	1	
4	A medical research organiza						(iii). Ent	er the
•	hospital's name, city, and sta	•					•	
5	An organization operated fo section 170(b)(1)(A)(iv). (Col		college or university	owned o	r operate	d by a government	al unit	described in
6	A federal, state, or local gove	ernment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).		
7	An organization that normall described in section 170(b)(	-		port from	a goveri	nmental unit or from	the ge	eneral public
8	☐ A community trust described	l in section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research orga or university or a non-land-g university:	rant college of agr	culture (see instruction	ns). Ente	r the nan	ne, city, and state of	the col	lege or
10	An organization that normally receipts from activities relate support from gross investme acquired by the organization	ed to its exempt full ent income and uni	nctions—subject to co related business taxal	ertaın exc ole incom	eptions, e (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃9	% of its
11	☐ An organization organized ar							
12		•	•	-			ry out t	he purposes
	of one or more publicly sup							
	Check the box in lines 12a th	-	• • • • •		-	•		-
а		anization operated	, supervised, or contr	olled by I	ts suppo	rted organization(s),	typical	y by giving
	the supported organization					he directors or trust	ees of t	he
	supporting organization.						(.) . [.	In an over an
þ	Type II. A supporting org control or management or							
	organization(s). You mus				persons	that control of man	age me	supported
_		-			onnection	with and functions	ally inte	grated with.
С	its supported organizatio						, , , , , , , , , , , , , , , , , , ,	gracou man,
d	d ☐ Type III non-functionall	y integrated. A su	pporting organization	operated	l in conne	ection with its suppo	orted or	ganization(s)
	that is not functionally int	egrated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
	requirement (see instruct	ions). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.		
е		anization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Typ	e III
_	functionally integrated, o	• •	· ·		_		1	-
f	,							
<u>g</u>	<u> </u>	<del>- 1 · · · · · · · · · · · · · · · </del>		ſ	rganization	(v) Amount of monetary	(44)	Amount of
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in you	ir governing	support (see	other	support (see
			above (see instructions))	docui	ment?	instructions)	ins	tructions)
				Yes	No			
(A)	<u> </u>							
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	 al		B. Carle M. Carle S. M.	55.61	ZNE	<u> </u>		

	IE A (Form 990 or 990-EZ) 2019			450014			/ Page Z
Part							
	(Complete only tyou checked the						ality under
	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				1 1 2 2 2 2	1 1/2212	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) <sup>2</sup> 019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				,		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	
6	Public support. Subtract line 5 from line 4	<u></u>		<u></u>		<u></u>	<u> </u>
	on B. Total Support			T	T	1	
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 201,6	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			·		į.	
12	Gross receipts from related activities, etc	see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	id, third, fourtl	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re		<u></u>	· · · · · · · · · · · ·		<u>&gt; </u>
Secti	on C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2019/line	6, column (f) d	ivided by line 1	11, column (f))	\	14	%
15	Public support percentage from 2018 Sc					15	<u>%</u>
16a	331/3% support test-2019. If the organ						
_	box and stop here. The organization qua						
b	331/3% support test—2018. If the organ this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	tion		🕨 🗌
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization /	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization d		box on line 13	3, 16a, 16b, 17	a, or 17b, ched	ck this box and	see ▶
	<del>-                                    </del>				Sc	hedule A (Form 99	0 or 990-EZ) 2019

# 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	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	10,235	2,292	9,931	31,091	38,046	91,595
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	20,313	21,339	20,442	41,930	13,298	117,322
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	30,548	23,631	30,373	73,021	51,344	208,917
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						
с 8	Add lines 7a and 7b				<u> </u>		208,917
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	30,548	23,631	30,373	73,021	51,344	208,917
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	462	599)	759	42	214	2,076
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	462	599	759	42	214	2,076
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				i		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						·-
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	31,010	24,230	31,132	73,063	51,558	210,993
14	First five years. If the Form 990 is for thorganization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor				·	-	
15	Public support percentage for 2019 (line 8			13, column (f))		15	99.01 %
16	Public support percentage from 2018 Sch		-			16	98.61 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (	line 10c, colum	ın (f), divided b	y line 13, colu	mn (f))	17	0.99 %
18	Investment income percentage from 2018	Schedule A, F	Part III, line 17			18	1.39 %
19a	331/3% support tests-2019. If the organ	ızatıon dıd not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this						ızation 🕨 🔲
20	Private foundation. If the organization di	d not check a l	box on line 14.	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🔲

# 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.)

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		—
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	_		
4-		3с		<del></del> i
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ĺ
	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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1
	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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			<b></b>
-		6		<del>-</del>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<del></del> i
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>		1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		,
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			<u> </u>
_	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
þ	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.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		L
	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		<u> </u>
<u>Secti</u>	on B. Type I Supporting Organizations			
		لــــا	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			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			1 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<u> </u>		
<del></del>		2		Ц
Secti	on C. Type II Supporting Organizations			
_		$\vdash$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<b></b> -
Sacti	on D. All Type III Supporting Organizations			Ь—
36011	on D. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	$\sqcap$	103	100
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			i i
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			]
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ction	s).
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 in:		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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 that these activities constituted substantially all of its activities.		<del></del>	لـــا
•-	·	2a		<del> </del>
b	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			
	activities but for the organization's involvement	25	<del></del>	
•	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the experization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			
1_		Ja	-	$\vdash$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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 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		
Section 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
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 instructions).	ly int	tegrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4		<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Section D, line 7: \$ Applied to underdistributions of prior years			
<u>a_</u> b	Applied to 2019 distributable amount		<u> </u>	
c				
5	Remaining underdistributions for years prior to 2019, if		· · · · · · · · · · · · · · · · · · ·	
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			ł
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**	
	-
	•

### 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

2019

Open to Public Inspection

Name o	f the or	ganization	·	Em	ployer identification number		
Pico Ski Education Foundation			03-0265765				
Par		<b>Organizations Maintaining Donor Advi</b>	sed Funds or Other Similar F	unds o	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	Aggre	egate value of contributions to (during year) .					
3	Aggre	egate value of grants from (during year)					
4	Aggre	egate value at end of year					
5		he organization inform all donors and donor are the organization's property, subject to the					
6	only t	ne organization inform all grantees, donors, ar for charitable purposes and not for the benefi rring impermissible private benefit?	t of the donor or donor advisor, o	or for an	y other purpose		
Par	111	Conservation Easements.					
		Complete if the organization answered "	Yes" on Form 990, Part IV, line	7.			
1	Purpo	ose(s) of conservation easements held by the c	rganization (check all that apply).				
	☐ Pr	eservation of land for public use (for example, recre	ation or education) 🛮 🔲 Preservati	on of a h	nistorically important land area		
	☐ Pr	otection of natural habitat	Preservation	on of a c	certified historic structure		
	☐ Pr	eservation of open space					
2	Comp	olete lines 2a through 2d if the organization he	d a qualified conservation contrib	ution in			
	easer	ment 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		per of conservation easements on a certified h			2c		
d		per of conservation easements included in (increase included in the National Register	c) acquired after 7/25/06, and n		2d		
3	Numb	oer of conservation easements modified, trans ear ►	ferred, released, extinguished, or	termina	ted by the organization during the		
4	-	per of states where property subject to conser	vation easement is located ▶				
5		the organization have a written policy regions, and enforcement of the conservation eas					
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	rcing co	nservation easements during the year		
7	Amou ▶\$	int of expenses incurred in monitoring, inspectin	g, handling of violations, and enforc	oing cons	servation easements during the year		
8		each conservation easement reported on line a section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements				
9	In Pa balan	rt XIII, describe how the organization reports cance sheet, and include, if applicable, the text of inization's accounting for conservation easement	onservation easements in its reve the footnote to the organization's	nue and	expense statement and		
Part		Organizations Maintaining Collections Complete if the organization answered "			er Similar Assets.		
1a	of art	organization elected, as permitted under FAS t, historical treasures, or other similar assets be, provide in Part XIII the text of the footnote	held for public exhibition, educa	ation, or	research in furtherance of public		
b	If the art, h	organization elected, as permitted under FAS istorical treasures, or other similar assets held	B ASC 958, to report in its revention for public exhibition, education, of	ue state	ement and balance sheet works of		
	(i) Re	de the following amounts relating to these item evenue included on Form 990, Part VIII, line 1			> \$		
2	If the	ssets included in Form 990, Part X	historical treasures, or other sm	nilar ass			
а	Reve	ving amounts required to be reported under FA nue included on Form 990, Part VIII, line 1					
b	Asset	ts included in Form 990, Part X			<u>.</u> . ▶ \$		

Page	2
raue	

Part	Organizations Maintaining C	Collections of A	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner recor	ds, chec	k any of the	follow	ving that make s	ignıfıcant ı	ise of its
а	☐ Public exhibition				or exchange				
b	Scholarly research		е [	_ Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.				•				e ın Part
5	During the year, did the organization sassets to be sold to raise funds rather the	han to be maintai							□ No
Part									_
	Complete if the organization a 990, Part X, line 21.								-orm
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the fol	lowing ta	able:	_	1 ^		<del></del>
	Demonitor halana					4.	+	mount	
C	Beginning balance					10	<del></del>		
d	Additions during the year					1d	<del></del>		
e f	Ending balance					1f			
2a	Did the organization include an amount							? ☐ Yes	□ No
	If "Yes," explain the arrangement in Par								
	V Endowment Funds.								
	Complete if the organization a	answered "Yes"	on For	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Pric	r year	(c) Two years	s back	(d) Three years bac	(e) Four y	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance				<u></u>				
2	Provide the estimated percentage of the			e (line 1g	, column (a)	) held	as:		
a	Board designated or quasi-endowment	<b>&gt;</b>	%						
Ь	Permanent endowment ▶	%							
С	Term endowment ▶%	1	2004						
_	The percentages on lines 2a, 2b, and 2c	· ·		41 41.	. 4			_	
3a	Are there endowment funds not in the organization by:	possession of the	e organiz	ation tha	at are nelo a	and ad	ministered for tr		es No
								3a(i)	
								3a(ii)	_†
b	If "Yes" on line 3a(II), are the related org							3b	
4	Describe in Part XIII the intended uses of								
Part									
	Complete if the organization a		on For	n 990, F	Part IV, line	11a.	See Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or oth (investme		• •	or other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings				470,645		69,635		401,010
С	Leasehold improvements						_, _		
d	Equipment								
<u>e</u>	Other				1				
Total.	Add lines 1a through 1e. (Column (d) mu	ist equal Form 99	00 Part X	Column	(B), line 10	(c.)	•		

Part VII	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial	derivatives			
	neld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII	Investments – Program Related.		44 0 5 000 B .W	
	Complete if the organization answered "Yes" on For	T		line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<del>(7)</del> <del>(8)</del>				
(9)		-		
	mn (b) must equal Form 990, Part X, col (B) line 13.) .			
Part IX	Other Assets.			-
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form 990, Part X,	line 15.
	(a) Description		(b) Book	
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> ▶ </u>	
Part X	Other Liabilities.	000 D-+11/ I	- 44 446 O Farm- 000 F	3-4 V
	Complete if the organization answered "Yes" on Foi	rm 990, Part IV, IIn	e 11e or 11f. See Form 990, F	an x,
1.	line 25.	··· ··· -	that Death	value
	(a) Description of liability		(b) Book	value
(1) Federal II	icome taxes			
(2)				
(3)	-			
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<del></del> , .		
	r uncertain tax positions. In Part XIII, provide the text of the footn			the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Par	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990	•	er Return.	
1	Total revenue, gains, and other support per audited financial statement		. 11	
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			
C	Recoveries of prior year grants		<del>-</del>	
d	Other (Describe in Part XIII.)		<del> </del>	
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	.   4a		
b	Other (Describe in Part XIII.)		<del>- </del>	
c	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			
Part				
	Complete if the organization answered "Yes" on Form 990		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 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		
C	Add lines <b>4a</b> and <b>4b</b>		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.) <u> </u>	. 5	
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			
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Schedule D (Fo	Page <b>5</b>							
Part XIII	Supplemental Information (continued)							
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

	Revenue Service	<u> </u>	io to www.irs.gov/	Form990 for i	nstructions a	nd the latest informa		Inspection
	of the organization						Employer identifi	
	ki Education For		Complete if the	0.00001-	tion	rored "Vee" en 1		-0265765 line 17
Pari	Form 99	0-EZ filers are n	ot required to	complete	this part.		Form 990, Part IV,	iirie 17.
1		-	n raised funds t				theck all that apply.	
a	☐ Mail solicit			_		on of non-govern	_	
b	=	ıd email solicitatioi	าร	f		on of governmen	-	
C	Phone solu			g ⊻	Special t	fundraising events	5	
d	-	solicitations						
2a							cers, directors, trus fundraising services	
b		ne 10 highest paid at least \$5,000 by		-	draisers) pu	rsuant to agreen	nents under which ti	he fundraiser is to be
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	†		<del>                                     </del>
1								
2								
3								
4								1
5								
6								
7								
8								
9	,							
10								
Total		,		. <u></u>	•			
3	List all states registration or		nızation is regis	tered or lic	ensed to s	olicit contribution	s or has been notif	ied it is exempt from

	Г	than \$15,000 of fundraising gross receipts greater that	· · · · · · · · · · · · · · · · · · ·	Day France 40	(a) Other arrests	
			(a) Event #1 Silent Auction	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	51,185			51,185
_	2	Less: Contributions	21,440			21,440
	3	Gross income (line 1 minus line 2)	29,745			29,745
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
i Exp	7	Food and beverages	7,609			7,609
	8	Entertainment	400		-	400
	9	Other direct expenses .	8,438			8,438
	10 11	Direct expense summary. Ad Net income summary. Subtra				16,447
Pa	rt III	Gaming. Complete if the	e organization answe			or reported more than
Revenue		\$15,000 on Form 990-E2	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
z				biligo/progressive biligo	(b) Other guilling	col. (a) through col. (c))
∳ —	1	Gross revenue		unigo progressive bingo	(c) Cure garing	còl. (a) through còl. (c))
	2	Gross revenue		Dingo/progressive birigo	(e) outer gaming	còl. (a) through còl. (c))
	2			Dingo/progressive birigo	(e) outer gaming	còl. (a) through còl. (c))
irect Expenses		Cash prizes		Bingo/progressive Bingo	(e) outer gaming	còl. (a) through còl. (c))
irect Expenses	3	Cash prizes		Dingo/progressive birigo	(e) out gaming	còl. (a) through còl. (c))
lrect Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs	☐ Yes%	Yes %	Yes %	còl. (a) through còl. (c))
irect Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	□ No	☐ Yes%	☐ Yes%	còl. (a) through col. (c))
irect Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	No d lines 2 through 5 in co	☐ <b>Yes</b> %	☐ Yes % No ►	còl. (a) through còl. (c))
irect Expenses	3 4 5 6 7 8	Cash prizes	No d lines 2 through 5 in co	Yes % No Dlumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
<b>Direct Expenses</b>	3 4 5 6 7 8 Er a Is	Cash prizes	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gai anduct gaming activities	Yes % No	☐ Yes% ☐ No	col. (a) through col. (c))
<b>6</b> Direct Expenses	3 4 5 6 7 8 Er a Is	Cash prizes	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gai anduct gaming activities	☐ Yes % ☐ No Slumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))

chedu	ułe G (Form 990 or 990-EZ) 2019	Page <b>3</b>
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	]Yes □ No
13	Indicate the percentage of gaming activity conducted in.	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15a		1
		]Yes □ No
b	, , , , , , , , , , , , , , , , , , , ,	
_	amount of gaming revenue retained by the third party ► \$	
С	in res, enter hame and address of the tillio party	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
'' a		
a		]Yes □ No
b		
_	spent in the organization's own exempt activities during the tax year ▶ \$	
Part		and (v); and information.
	***************************************	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Name of the organization
Pico Ski Education Foundation
O3-0265765

Part VI Line 11b. Copies of the Form 990 were distributed to members of its governing body before filling the form. The form was discussed with comments incorporated. The governing body voted to file the Form 390.

Part VI Line 19 - The organization's governing documents, conflict of interest policy and financial statements are available to the public upon request.