

**2013 MEASURE U FALL
EVENT APPLICATION GUIDELINES AND FORM**

EVENT MISSION STATEMENT

“To support events that improve the community, culture and economy of Mammoth Lakes by enhancing the quality of life for residents and/or enhancing the visitor experience.”

PART 1 – APPLICANT INFORMATION

Name of Organization: Mammoth Mountain Community Foundation

Contact Name & Title: Stacy Corless, Executive Director

Mailing Address/City/Zip : MMCF, PO Box 1475, Mammoth Lakes, CA 93546

Telephone Number: (760) 934-0639 **Email Address:** stacy@mammothfoundation.org

Website: www.mammothfoundation.org

Type of Organization (i.e. non-profit, for-profit/Commercial, Government, HOA, etc.):
IRS Approved 501 (c) (3) Tax Exempt California Public Benefit Corp.

Tax ID #:

Name of Event: Mammoth Kamikaze Bike Games

Event Type (performing arts, educational, recreation event): Recreation Event

Event Date(s) and Times: September 6th (Road), September 18th – 21st (Mountain Bike)

Event Location(s) : Town of Mammoth Lakes, Canyon Lodge, The Village, Mammoth Mountain Bike Park, Footloose Sports, Highway 395/120/Benton Crossing Road/203, Local Restaurants (tbd).

Will this event be conducted if Measure U funds are not awarded? Yes No

Funding Category:

- Recreational (special event)
- Arts & Culture
- Mobility

Funding Request: \$50,000

Funding Percentage of event’s operating budget: 16%

Purpose of requested funds:

- Please specify how Measure U funds will be utilized:

Operations:	\$ 36,000
Supplies/Materials:	\$ 14,000

1. Identify how your event aligns with Measure U priorities established by the Town?

Check all that apply and cite examples in a concise manner.

Economic stimulus / sustainability

The Kamikaze Bike Games will generate an estimated an estimated \$1.3 million in revenue based upon 2,221 participants with guests and visitors over an average four day period during a typically shoulder season period. Total visitors to Bike Games are anticipated to be in excess of 14,500 people. Occupancy at town lodging facilities will increase (in 2013, occupancy was up 11% over 2012 during the Kamikaze Bike Games) over the two weekends of the event.

This is a sustainable event, building on past successes in mountain bike racing and on the nearly twenty-year tradition of the Fall Century.

High Impact

2013 was the rebirth of competitive mountain biking in Mammoth Lakes after a hiatus of over 8 years. Our goal for the first year was to produce an exceptionally well run event that would generate great buzz amongst the industry and attendees. We feel that we met this goal and the media coverage exceeded our expectations. An estimated 16 million people were reached through various media outlets including print, web, and social media.

With the success of 2013 we are now in a position for the 2014 event to be truly impactful. We expect an increase of 25% participants and to double the amount of on-site media presence which will yield even greater media coverage for the event and town of Mammoth Lakes as well as greater economic benefit to the area.

The Fall Century continues to grow, too, with over 1,000 riders in 2013—the biggest number yet. As this ride’s reputation as a “gran fondo” grows, so will participation and media coverage.

Ready to go / Implementation

Our team is well established after the first year and we are ready to execute an even better event for 2014. Many of the first year projects such as establishing a website, platform for entry, course design/layout, marketing plans, and staffing have a solid foundation which makes this event ready to implement. The organizing team behind the Fall Century event remains strong, too.

Leverage

The event is organized under the direction of the Mammoth Mountain Community Foundation, which was able to secure almost \$80,000 in sponsorship funding for the event. Additionally, tremendous volunteer support contributed to this event’s success: volunteers logged 363 hours, which totals over \$8,000 worth of volunteer labor. The event production power of Mammoth Mountain Ski Area makes the Bike Games possible, both on-mountain and off—MMSA executives and staff have the knowledge and experience, equipment, training and drive to successfully implement a multi-faceted, multi-day recreation event.

Exists in current plans and studies

- General Plan: Support and development of multi-day, shoulder season special events is named as an economic development policy used to reach the goal to “[b]e a premier destination community in order to achieve a sustainable year-round economy” : “E.1.J. Policy: Promote special events year-round with emphasis on producing multi-day events with particular attention to midweek and shoulder seasons.” (Page 12)
- RecStrats: Economic development through recreation is one of the document’s guiding principles: “Economic Development - the use of recreation as an economic development tool is important to improve and grow the overall local economy.” (Page 13) Additionally, special events are named as one of the core strategies in RecStrats: “5. Special Events - To provide infrastructure, logistics and facilitation support for regional recreation-based special events”. (Page 19)

2. Have any public funds (including Measure R & U, general fund) been previously committed, or are presently committed to this event?

Yes No

If yes, please specify: \$ 50,000 (Previous Year Measure U Funds)

**3. Please check all that applies for your event:
Yes to all (check function doesn’t work):**

- Traffic control required (MLPD, cones, barricades, signage, etc.) - Yes
- Equipment / vehicle staging on-site or off-site - Yes
- Use of Town of Mammoth Lakes streets or right-of-ways - Yes
- On street and/or on venue parking - Yes
- Police, Fire or other municipal agency participation - Yes
- Over 250 attendees at one time - Yes
- Sales events, sidewalk sales, parking lot sales - Yes
- Tents and/or semi-permanent structures utilized - Yes
- Serving of food or alcohol - Yes
- 12-24 hour event duration with single or multiple event sites - Yes
- Adjacent to residential property - Yes
- Use of amplified music and/or entertainment - Yes
- Waste / recycling collection - Yes
- Wildlife management - Yes

4. How many years has this event been conducted?

1-3 years 4- 6 years 7+ years

5. Submit a proposed Event Budget and Business Plan that includes:

See attached business plan and budget.

PART 2 – ORGANIZATION INFORMATION

1. What is the organization’s Mission Statement?

Mammoth Mountain Community Foundation brings people who love Mammoth together for our kids. We fund educational and athletic programs and facilities, and host events that celebrate the spirit of Mammoth.

2. Please identify the event goals and tell us how you would define success for this event.

- a) Achieve desired entry goal of 2,221 participants.
- b) Increasing the international competitor/pro field.
- c) Mammoth will become a cycling destination that will attract thousands of visitors from around the country.

Define success for your event:

Success means achieving these goals and producing an event that increases visitation to Mammoth and provides a great recreation experience for attendees.

3. Identify all principal organizations and stakeholders involved in this event and their responsibilities (if applicable).

Mammoth Mountain Community Foundation
Mammoth Mountain Ski Area, LLC
Town of Mammoth Lakes
Eastside Velo
Footloose Sports
Mammoth Outdoor Sports
Levy Restaurants
Team Big Bear
Mammoth Pro Audio
USA Cycling
Cold Cock Whiskey – Sponsor of MTB Event “Speed & Style”
California Enduro Series
Sponsors (TBD)

4. Provide your organizations summary budget for the current Fiscal Year (QuickBooks format is preferred). Please include:

- a. Income
- b. Expenses
- c. In-Kind Donations (volunteers, equipment, etc.)

Please see MIMCF’s 2012 IRS Form 990. Financial reporting for 2013 is not yet available.

5. Financial Documentation

- a. Provide the organizations most recent IRS 990 or a copy of IRS 501 (c) 3 letter

6. Feasibility Study

- a. All applicants requesting \$25,000 or more from Measure U for event funding are required to complete Part 2a of the application form.

PART 2a

For any clarification regarding the questions or degree of detail that needs to be provided, please contact Town Staff.

1. Competitive Supply Analysis

Strengths:

- Non-Competing with Other Festivals/Events/Other Cycling Events
- Sanctioned USA Cycling
- Partnership with Other Cycling Promoters – California Enduro Series/Cold Cock Whiskey Series
- Reputation
- Existing Infrastructure
- Previous Performance (After one year considered a major event in cycling)
- Fall Century is well established and participant growth is strong

Weaknesses:

- Cost of New Event Production
- Distance from Population Center

Opportunities:

- Growth in Attendance through Greater Marketing/Reputation
- Make Mammoth Lakes a “Destination” Bike Community
- Increase Occupancy/Revenue during a shoulder period
- Greater Visibility to TOML through media coverage of the event

Threats:

- Weather
- Shoulder season for drawing attendees

2. Identification of Market Opportunity

- A. Identify the long-term opportunity that the project/program presents.
This event has the potential to be an annual destination bike festival, drawing thousands of visitors during shoulder season (therefore helping to create a sustainable year-round economy) and providing a quality recreation experience for residents.

3. Describe the targeted users of your project/program (include the number of participants).

Northern/Southern California Cyclists

Nevada Cyclists
Current/Former Pros
20% Local
80% Visitors
Visitors/Guests projected at over 14,500 over the four days.

4. Projected Multi-Year Demand Analysis

A. Provide the projected demand with assumptions.

2013 saw 1,851 starts total (1,050 Road/801 Mountain Biking). We expect a 25% increase in 2014 to an estimated 2,221 riders and then a 10% increase in years three and four. By 2016 we expect to see approximately 2,600 riders.

5. Projected Multi-Year Revenue Projections

Please see the attached budget, and last year's event budget for comparison.

6. Cost Analysis – Provide the estimated one time or annual costs for each phase of your project/program (where applicable):

Please see attached event budget, and last year's event budget.

Feasibility Analysis

1. Project and Financial Assumptions

- Event participation will increase by 25% in 2014
- MMCF and MMSA will continue to partner on the event, relying on MMSA's significant in-kind contributions, MMCF's ability to secure sponsorships and volunteers.

2. Multi-Scenario Pro Formas

- Scenario 1: Kamikaze Bike Games proceeds as planned for 2014, with anticipated participant growth, revenue and expenses.
- Scenario 2: Participant growth exceeds expectation—supply costs (such as food) will also increase, but revenue from rider registration will more than offset extra costs and will bring increased TOT revenue to town businesses.
- Scenario 3: Participant growth declines, due to bad weather conditions/fire/other environmental factors. See risk analysis below.

3. Risk Analysis

Risks include the threat of bad weather—participants may cancel if weather forecast is bad in the weeks prior to the event. Fortunately, the event is scalable, so costs can be contained if the event participation shrank and even if the event were cancelled—employees working for MMSA won't work the hours, food and supply costs decrease, etc. Event organizers would stand to risk about \$20,000 in advertising costs and non-refundable event operation costs.

4. Project Schedule

A. Identify the necessary implementation tasks required for your project/program.

December 15th – Save the Date/Facebook Page Announcement

January, 2014 – Work on Obtaining Sponsorships (Ongoing)

February, 2014 –

- Begin campaign of Poster/Rack Card Distribution at Events/Targeted Bike Shops. (Ongoing)
- Begin online/e-mail blasts. (Ongoing)

March, 2014 –

- Expo Pricing Released and Registration for Expo Available Online
- Races/Categories/Prices Established
- Event Registration Begins

April, 2014 – Begin to Secure Entertainment Talent

May 2014

- Update website with most current content (i.e maps, photos)
- Start Local Volunteer Campaign

June, 2014 –

- Begin Program Guide Development/Selling Ads
- Work on Obtaining Necessary Permits
- Order Medals

July, 2014

- Send invites for “Legends Race(s)”
- Order Custom Race Plates for Road and Mountain Bike

August, 2014

- Order Signage
- Course Development/Course Work
- Secure Entertainment
- Gather Content for Video Boards
- Order Food for Events
- Order Hospitality Credentials
- Print Program

September, 2014

- Complete Course Build – Execute Event

5. Quality of Life Analysis

B. Identify positive and negative project/program effects on the quality of life for the community of Mammoth Lakes.

Positive:

- Economic benefit to lodging, restaurants, retail, and activities in TOML contribute to a more stable, year-round economy and better employment opportunities for residents
- Media coverage for TOML increases overall visitation to the area
- Residents and visitors have the opportunity to participate in a high quality recreation event

Negative:

- Temporary road closures (minor inconvenience)
- Excitement/Noise in and around Canyon Lodge and the Village

PART 3 – PERFORMANCE REPORT

All applicants are required to submit a Performance Report within 90 days of the event or prior to the next funding award, which should include a brief description of both the measurable economic and quality of life benefits for the community of Mammoth Lakes.

2013 Performance Report is attached.

APPLICATION CHECKLIST

- Executive Summary
- Event Budget, Business Plan & Operations Plan
- Most recent IRS 990 or a copy of IRS 501 (c) 3 letter
- Organizations profit and Loss statement (budget vs. actual for the most recently completed fiscal year - QuickBooks is preferred) *event-specific*
- Previous Year's Performance Report

Certification

I verify that all of the information contained in this application is true and correct to the best of my knowledge.

Signature

Amy Corle

Title

Executive Director

Date

12/2/13



**MAMMOTH MOUNTAIN
COMMUNITY FOUNDATION**

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**Executive Summary
2014 Mammoth Kamikaze Bike Games
Measure U Fall 2013 Application**

There were many unforgettable sights during September's Bike Games: hundreds of cyclists descending Main Street after Mammoth's first Gran Fondo mass-start at the Village; the return of Kamikaze legends to the mountain's most famous course; pro cyclists flying through the air at sunset to spectators' delight in the Speed and Style contest at Canyon Lodge. In 2013, Mammoth Mountain Community Foundation and Mammoth Mountain Ski Area partnered with the Town of Mammoth Lakes to produce a weekend of road and mountain bike competition and entertainment that exceeded expectations. The inaugural Kamikaze Bike Games provided a fantastic recreational experience for the 2,000-plus competitors it drew as well as for local residents. The event no doubt played a role in the 11% increase in occupancy that town lodging properties saw that weekend over 2012—even when Tioga Pass Road was closed due to the Rim Fire. This event demonstrated that it aligns perfectly with Measure U priorities and with Town of Mammoth Lakes goals and objectives outlined in both the general plan and RecStrats.

MMCF is seeking town partnership through Measure U funding for next year's event. The 2014 Kamikaze Bike Games will deliver two weekends of world class cycling to Mammoth Lakes in September 2014. The Fall Century will be on September 6, 2014 and the mountain biking events September 18-21, 2014. The Century/Gran Fondo will center at the Village at Mammoth and the mountain biking at Canyon Lodge (event surveys will be distributed and collected at both venues).

Mammoth Mountain Community Foundation will partner with Mammoth Mountain Ski Area and the Town of Mammoth Lakes to produce these two weekends. MMCF will look to Event Director Bill Cockroft of Mammoth Mountain Ski Area, LLC to produce the event. All profits from the event will go to Mammoth Mountain Community Foundation program funding youth athletics in Mammoth.

The event is projected to bring over 14,500 people over the two weekends to Mammoth Lakes providing outdoor recreation and competition showcasing Mammoth Lakes as a premier bike community. The Bike Games will drive visitation and economic stimulus to Mammoth during what typically is a slower shoulder season period.

The projected expense budget is approximately \$300,000 and MMCF is requesting 16% or \$50,000 in funding through Measure U for operational expenses and supplies such as signage, timing and announcing.

The 2014 Kamikaze Bike Games certainly fit the Measure U funding mission to support events that improve the community, culture and economy of Mammoth Lakes by enhancing the quality of life for residents and/or enhancing the visitor experience.

Our Vision: Mammoth will become a cycling destination that will attract thousands of visitors from around the country.

Our Mission: Together as a community produce an annual world-class cycling event.



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2014 Mammoth Kamikaze Bike Games Business Plan

Event Organization/History

The 2014 Mammoth Kamikaze Bike Games is organized by the Mammoth Mountain Community Foundation under the direction of Executive Director, Stacy Corless. The Mammoth Mountain Community Foundation (MMCF) contracts with Mammoth Mountain Ski Area to produce the event. Bill Cockroft serves as the lead for Mammoth Mountain Ski Area and takes on the role of Event Director. Cockroft has an assembled team of professionals that combine together to produce the event.

MMCF recognizes Mammoth Mountain Ski Area's long history of producing major cycling events. Bill has over twenty five years of experience in bike event production. Beginning in 1985 Cockroft and Mammoth Mountain began with the Mammoth Cycling Classic, a 5 day USCF stage race combined with a 4 day MTB event. In those early days Mammoth became synonymous with NORBA (National Off Road Bicycle Association) and continued producing Road and MTB events including the first World Championships (1987-89), UCI World Cups, and NORBA National Championship Series and Finals. He also produced several years of a "made for TV" event the Reebok Eliminator and was the #2 person under Brian Stickel producing the '96 Atlanta MTB Olympics. Cockroft served on the NORBA and USA Cycling boards for a dozen years and was inducted into the MTB Hall of Fame for his promotions of MTB events. He was named in Mountain Biking Magazine as one of, "The 25 Most Influential People in Mountain Biking". Cockroft served as Event Director for the 2013 Kamikaze Bike Games & Mammoth High Sierra Fall Century and Gran Fondo. The 2013 event received numerous accolades from the bike industry and media for the way it was run.

Operational Plan

The 2014 Kamikaze Bike Games will deliver two weekends of world class cycling to Mammoth Lakes in September 2014. We plan to produce the road event over the weekend of September 6th, 2014. The road event will feature the traditional century ride with a timed option that we call the "Gran Fondo". The road event will also offer shorter distances to riders who elect to do so. We will plan to start and finish all riders, including the shorter distances from the Village at Mammoth. The feedback from the 2013 event which debuted the start/finish from the Village for the 100 milers was tremendous and we want all riders to experience the "mass start" excitement and the ability to finish at the Village where they can more easily join the post-ride buffet and entertainment. The road event registration will take place at Footloose Sports and we will have the post ride feed and entertainment in the Village Plaza. We



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plan to expand the post-ride experience with a small vendor village and greater entertainment for children and families.

Last year the road event drew 1,050 starts. We would like to see that number increase by at least 20% to around 1,260 riders.

The mountain bike portion will be September 18th – 21st and center out of Canyon Lodge for registration, expo, entertainment, and the primary start/finish areas for all mountain bike races. The event will mirror the 2013 event in terms of events offered and we will plan to expand the children's race as well as the expo.

There are a number of reasons for moving the mountain bike to the later date and splitting it from the road event. Primary reason is that the weekend of the September 20th works well for the biking industry and events. Mammoth would like to "own" that weekend on the bike calendar and as of right now there are now foreseeable major events conflicts which will help to draw top athletes, sponsors, and pros. Other advantages to hosting the event separate from the road is the potential to draw people to Mammoth for two weekends which would increase visitation as well as allow the organizing team to have a greater focus on each discipline and be less taxed operationally.

Last year the mountain bike event drew 851 starts. We would like to see that number increase by at least 20% to around 1,020 riders.

Proposed Schedule (Subject to Change)

Road Event

September 3rd – 5th: On Site Registration at Footloose Sports

September 5th:

- Pre-Ride Feed/Entertainment in the Village
- VIP Party @ Underground

September 6th :

- 6:00am: On Site Registration @ Village at Mammoth
- 7:00am: Pre Ride Festivities (Yoga, Complimentary Coffee, Vendor Village, DJ)
- 7:30am: Century/Gran Fondo "Mass Start" @ Village at Mammoth
- 9:30am: Shorter Distances "Mass Start" @ Village at Mammoth
- 12:00pm: Post Ride Celebration Begins in the Village at Mammoth (Buffett, Beer/Wine, Children's Race/Activities, Vendor Village, Live Entertainment)
- 6:00pm: Post Ride Celebration Commences
- 9:00pm: Live Music/After-Party @ Underground with Special Discounts for Participants



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Mountain Bike Event

September 18th: On Site Registration @ Canyon Lodge/Event Practices/Expo

September 19th:

- On Site Registration @ Canyon Lodge
- Expo
- Legends of the Kamikaze Race
- Pro GRT Downhill Race
- VIP Party @ Underground
- "Off Dirt" Activities

September 20th:

- On Site Registration @ Canyon Lodge
- Expo
- Cross Country Race
- Dual Slalom Final
- Speed and Style
- "Off Dirt" Activities
- Kids Race/Activities

September 21st:

- On Site Registration @ Canyon Lodge
- Expo
- Enduro Final
- Cyclocross
- "Off Dirt" Activities
- Kids Race/Activities

Staffing Plan/Volunteers

The event will be staffed under the direction of Event Director Bill Cockroft. Bill will assemble a team that will fulfill registration, handle course build, race operations, expo/tech area, food and beverage, timing, and various other aspects of the event.

MMCF will obtain and utilize volunteers from a number of the service committees in Mammoth Lakes as well as individuals.



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Emergency Operations Plan

The event has an emergency plan for fire, earthquake/major disaster, and all medical emergencies with a ten person emergency care staff assisted by other EMT's from our local Hospital 2.5 miles from the venue. There will be an ambulance on site during all competition and emergency care available during all hours of operations.

Funding Sources

The event will plan to generate funds to support the budget through Measure U funds, registration fees, apparel sales, expo booth space sales, program guide ads, individual donors, and outside sponsorships obtained by MMCF.

Marketing/Advertising/Social Media

Objective: Drive shoulder season visitation, 2,221 racer entries and over 14,500 visitors.

Strategies: Targeted communication to segmented audiences and PR/advertising to communicate the message to a broader audience

Tactics:

Allocate marketing dollars as well as utilize Mammoth Mountain Ski Area's existing resort marketing spend.

- Website traffic – 3.5 million visitors annually
- Email database – 400,000+ emails
- Online PPC (pay per click) and digital display banners
- Paid advertising and editorial through endemic publications and website

Targeted communication to segmented audiences through the following channels:

- Sea Otter Classic – This is an event that hosts over 9,000 athletes and 55,000 spectators over a 4 day period. The event is known as the world's premiere cycling festival.
- USA Cycling – USA Cycling is the official governing body for all disciplines of competitive cycling in the US. This membership organization has 2,400 clubs and teams and over 70,000 licensees of all ages and abilities across all five disciplines of the sport (road, track, mountain bike MBX and cyclo-cross).



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- Team Big Bear – Team Big Bear is the event timing management company which we partnered up with to produce the event. They assist with event promotions at 9 other events taking place this season including the Catalina Gran Fondo.
- US Grand Prix of Mountain Biking – We are currently in negotiations to combine this event within the Bike Games.

PR and Social Media to communicate the message to a broader audience:

- Lyman PR – Our contracted public relations agency that specializes in sports and tourism.
- Facebook – 144,000 followers, #1 resort in the world, average weekly reach of 500,000 people
- Twitter – 19,000 followers, #3 resort in the country
- Instagram – 42,000 followers, #1 resort in the country

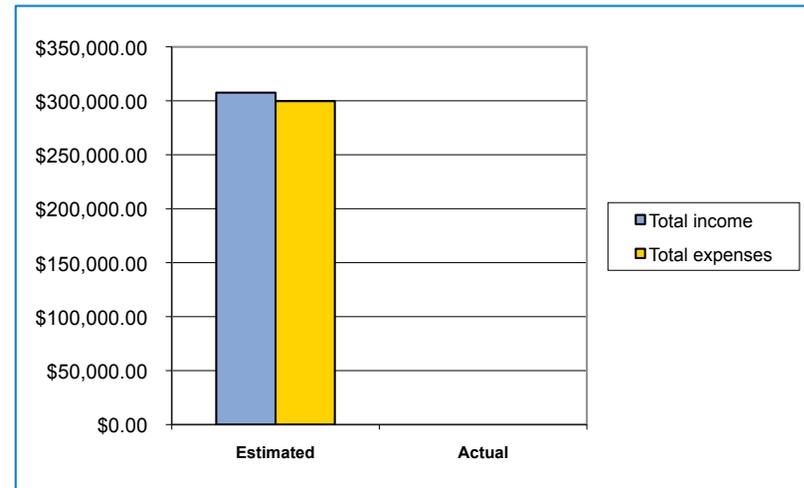
Other

- Local advertising
- Grassroots marketing through 74 “Top Shop” sport shops in California and Arizona

Event Budget for Kamikaze Bike Games - Attachment B

Profit - Loss Summary

	Estimated	Actual
Total income	\$307,570.39	\$0.00
Total expenses	\$299,700.00	\$0.00
Total profit (or loss)	\$7,870.39	\$0.00



Event Budget for Kamikaze Bike Games - Attachment B

Income

	Estimated
Total income	\$307,570.39

Entries

	Estimated	Actual		Estimated
	2221	0	Adults @	\$134,570.39
	0	0	Children @	\$0.00
	0	0	Other @	\$0.00
				\$134,570.39

Sponsors

1		Measure U Funds	\$50,000.00	\$50,000.00
1		Sponsors	\$75,000.00	\$75,000.00
1		Apparel	\$18,000.00	\$18,000.00
				\$143,000.00

Exhibitors/Vendors

1		Food/BikeTech Expo	\$20,000.00	\$20,000.00
1		Program Ads	\$5,000.00	\$5,000.00
1		Fund Raising	\$5,000.00	\$5,000.00
				\$30,000.00

				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Event Budget for Kamikaze Bike Games - Attachment B

Expenses

	Estimated	Actual
Total Expenses	\$299,700.00	\$0.00

	Estimated	Actual
Licenses/Permitting/Law		
Cal Trans/ABC/TOML/USA Cycling	\$2,200.00	
Insurance	\$2,780.00	
CHP/MLPD	\$4,800.00	
Totals	\$9,780.00	\$0.00

	Estimated	Actual
Supplies/Materials/Utilities		
Water Bottles	\$3,187.00	
Jerseys	\$9,908.00	
Volunteer T-Shirts/Hats	\$6,235.00	
Event Signage/Banners	\$14,000.00	
Course Build/Event Supplies	\$5,391.00	
Fuel	\$3,037.00	
Sat Phones	\$936.00	
Vehicles	\$1,149.00	
Totals	\$43,843.00	\$0.00

	Estimated	Actual
Outside Contractors		
Timing	\$29,000.00	
Announcing	\$2,500.00	
Drug Control	\$1,000.00	
Website Deisgn/Hosting	\$2,000.00	
Road Photography	\$5,100.00	
Bike Tech	\$300.00	
Waste Removal	\$4,000.00	
Security	\$700.00	
Totals	\$44,600.00	\$0.00

	Estimated	Actual
Miscellaneous		
Officials/VIP Per Diem (Hotel, Food)	\$4,000.00	
Entertainment- Band	\$10,000.00	
Stage/Sound/Lights	\$14,000.00	
Contributions to Service Groups	\$4,000.00	
Office Supplies	\$200.00	
Travel - Trade Shows/Events	\$8,000.00	
Hotels	\$5,000.00	
Volunteer Lift Tickets	\$2,500.00	
Forest Service Fees	\$9,000.00	
Credit Card Discounts	\$1,000.00	
Comp Tickets - MTB Park	\$2,186.00	
Post Event Thank You Gifts	\$1,000.00	
Totals	\$60,886.00	\$0.00

Measure U Funds	\$50,000.00
Measure U % of Total Budget	16.68%

	Estimated	Actual
Advertising		
Print Ads/E-Mail Blasts	\$6,799.00	
Misc/Local	\$5,000.00	
Trade Show/Event Promotion	\$3,121.00	
Local Events (Chamber/Service)	\$3,000.00	
Totals	\$17,920.00	\$0.00

	Estimated	Actual
Printing/Copying		
Poster/Magazine/Rack Cards/Program/Credentials	\$9,245.00	
Wrist Bands	\$100.00	
Totals	\$9,345.00	\$0.00

	Estimated	Actual
Prizes		
Prize Purse	\$10,000.00	
Awards/Medals/Flowers/Champagne	\$5,507.00	
Totals	\$15,507.00	\$0.00

	Estimated	Actual
Food and Beverage		
VIP Area	\$1,345.00	
Road Village Post Ride Feed	\$1,190.00	
Road Rest Stops	\$5,411.00	
MTB Food	\$530.00	
Liquor/Wine/Beer/NA's	\$9,317.00	
VIP Party @ Underground	\$2,997.00	
Staff Meals	\$2,029.00	
Totals	\$22,819.00	\$0.00

	Estimated	Actual
Labor		
	\$75,000.00	
Totals	\$75,000.00	\$0.00

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

B Check if applicable:	C	D Employer Identification Number		
<input type="checkbox"/> Address change	MAMMOTH MOUNTAIN COMMUNITY FOUNDATION, INC. PO BOX 1475 MAMMOTH LAKES, CA 93546	26-4368015		
<input type="checkbox"/> Name change		E Telephone number		
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return			G Gross receipts \$	997,963.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	SAME AS C ABOVE	H(b) Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If 'No,' attach a list. (see instructions)		
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	(insert no.)	
		<input type="checkbox"/> 4947(a)(1) or	527	
J Website: ▶	WWW.MAMMOTHFOUNDATION.ORG			
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	
	<input type="checkbox"/> Other ▶	L Year of Formation:	2009	
		M State of legal domicile:	CA	
H(c) Group exemption number ▶				

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>MAMMOTH MOUNTAIN COMMUNITY FOUNDATION'S MISSION IS TO SUPPORT AND MOTIVATE OUR YOUTH THROUGH EDUCATION, ATHLETICS, AND CIVIC RESPONSIBILITY BY DEVELOPING WORLD-CLASS ATHLETIC AND ACADEMIC PROGRAMS FOR THE KIDS OF THE GREATER MAMMOTH COMMUNITY.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		5
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		2
	6 Total number of volunteers (estimate if necessary)	6		1
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		494,163.	472,897.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			32,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		152,241.	132,004.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		646,404.	637,401.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		205,613.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			32,755.	43,423.
16a Professional fundraising fees (Part IX, column (A), line 11e)			20,036.	32,140.
b Total fundraising expenses (Part IX, column (D), line 25) ▶		128,466.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			158,628.	234,882.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			417,032.	558,860.
Net Assets of Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		229,372.	78,541.
	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		531,482.	613,559.
	22 Net assets or fund balances. Subtract line 21 from line 20		3,396.	6,932.
			528,086.	606,627.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	
	▶ ANTHONY COLASARDO	TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	BONNIE GREGORY CPA	BONNIE GREGORY CPA	8/08/13
	Firm's name	Firm's EIN ▶	
	GREGORY & PIEPER LLP	20-3880993	
Firm's address	Phone no.		
▶ PO BOX 100 PMB 182	(760) 934-6065		
	MAMMOTH LAKES, CA 93546-0100		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

MAMMOTH MOUNTAIN COMMUNITY FOUNDATION'S MISSION IS TO SUPPORT AND MOTIVATE OUR YOUTH THROUGH EDUCATION, ATHLETICS, AND CIVIC RESPONSIBILITY BY DEVELOPING WORLD-CLASS ATHLETIC AND ACADEMIC PROGRAMS FOR THE KIDS OF THE GREATER MAMMOTH COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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 and section 4947(a)(1) trusts 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 \$ 232,910. including grants of \$ 232,910.) (Revenue \$)

ASSIST CHILDREN TO ACHIEVE THEIR ACADEMIC POTENTIAL BY PROVIDING FINANCIAL SUPPORT TO THE EXISTING INSTITUTIONS OF THE MAMMOTH UNIFIED SCHOOL DISTRICT INCLUDING NEW PROGRAMS, POSITIONS, TECHNOLOGY, AND FACILITY IMPROVEMENTS. THE MAMMOTH SCHOOL DISTRICT IS LOCATED IN THE EASTERN SIERRA NEVADA MOUNTAINS OF CALIFORNIA. THE DISTRICT SERVES APPROXIMATELY 1,200 STUDENTS IN FOUR SCHOOLS. IN ADDITION, THREE INDEPENDENT STUDY CENTERS EXIST FOR EDUCATION USING VIRTUAL METHODS. SUPPORT FOR THE LOCAL SCHOOLS SERVES TO AUGMENT STATE FUNDING AND PROVIDE FOR A MARGIN OF EXCELLENCE IN EDUCATION.

4b (Code:) (Expenses \$ 104,602. including grants of \$) (Revenue \$)

SUPPORT YOUNG ATHLETES IN CALIFORNIA'S EASTERN SIERRA NEVADA MOUNTAINS THROUGH ATHLETIC EDUCATION, TRAINING AND COMPETITION BY PROVIDING FACILITIES, COACHING, AND EQUIPMENT. PROVIDE A RECREATIONAL OUTLET FOR YOUNG PEOPLE ALLOWING THEM TO DEVELOP AND IMPROVE THEIR CAPABILITIES IN WINTER SPORTS. EDUCATE ATHLETES AND PARTICIPANTS IN DISCIPLINE, SPORTSMANSHIP, AND COMMITMENT. SERVICES ARE AVAILABLE TO INTERESTED PARTICIPANTS IN THE LOCAL REGION WHICH INCLUDES 1,200 CHILDREN ATTENDING LOCAL SCHOOLS AND CURRENTLY 300 STUDENT ATHLETES REGISTERED IN NINE WINTER SPORTS TEAMS. SUPPORT IS ALSO AVAILABLE TO PARTICIPANTS FROM MANY TRAVELING YOUTH SNOW SPORTS TEAMS BASED CALIFORNIA AND ACROSS THE NATION THAT COMPETE IN EVENTS AT LOCAL SKI RESORTS.

4c (Code:) (Expenses \$ 24,446. including grants of \$) (Revenue \$)

SUPPORT PROGRAMS THAT COMBINE ACADEMIC RIGOR AND CLASSROOM FLEXIBILITY THAT STUDENT ATHLETES NEED TO BE SUCCESSFUL ON THE SNOW AND IN SCHOOL. PROVIDE TUTORING AND INSTRUCTION THROUGH THE WINTER TUTORIAL PROGRAM A SUBPROGRAM OF THE INDEPENDENT LEARNING CENTER AT MAMMOTH HIGH SCHOOL. MIDDLE AND HIGH SCHOOL STUDENTS ARE ABLE TO ENROLL IN MAMMOTH UNIFIED SCHOOL DISTRICT IN ORDER TO TRAIN AND COMPETE WITH THE MAMMOTH TEAMS WITHOUT SACRIFICING ACADEMIC PROGRESS.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 24,379. including grants of \$) (Revenue \$)

4e Total program service expenses 386,337.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
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.		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 as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c	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.		X
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.		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.		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.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
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.		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
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? <i>If 'Yes,' complete Schedule J.</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 14		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X	X	
2 a	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. 2 a 2		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2 b X	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b 		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 b 		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a 		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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? 7 a 		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b 		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c 		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f 		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g 		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a 		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a 		
13 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. 13 b 		
13 c	Enter the amount of reserves on hand. 13 c 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a 		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b 		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
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		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body? 8 a	X	
8 b	b Each committee with authority to act on behalf of the governing body? 8 b	X	
9	Is there any officer, director or 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? 10 a		X
10 b	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? 10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O 12 c	X	
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?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15 a	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O. 15 b	X	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
16 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ TONY COLASARDO 3043 MAIN STREET MAMMOTH LAKES CA 93546 769-924-2400

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

Check if Schedule O contains a response to any question in this Part VII.

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUSTIN BEUTNER PRESIDENT	5 0	X		X				0.	0.	
(2) MARK BROWNLIE VICE PRESIDENT	5 0	X		X				0.	0.	
(3) THOMAS CAGE SECRETARY	5 0	X		X				0.	0.	
(4) ANTHONY COLASARDO TREASURER	5 0	X		X				0.	0.	
(5) LAURENTIUS HARRER DIRECTOR	5 0	X						0.	0.	
(6) STACY CORLESS EXECUTIVE DIRECTOR	40 0				X		33,832.	0.	0.	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total						33,832.	0.	0.	
c Total from continuation sheets to Part VII, Section A						0.	0.	0.	
d Total (add lines 1b and 1c)						33,832.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 241,286.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 231,611.				
	g Noncash contributions included in Ins 1a-1f: \$	198,036.				
	h Total. Add lines 1a-1f	▶ 472,897.				
	PROGRAM SERVICE REVENUE	2 a EDUCATION SERVICES		32,500.	32,500.	
		Business Code				
611710						
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f	▶ 32,500.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶				
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)	▶			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)	▶			
	8 a Gross income from fundraising events (not including \$ 241,286. of contributions reported on line 1c). See Part IV, line 18	a 492,566.				
		b Less: direct expenses	b 360,562.			
		c Net income or (loss) from fundraising events	▶ 132,004.			
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
		c Net income or (loss) from gaming activities	▶			
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code				
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶	637,401.	32,500.	0.	0.	

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Part IX Statement of Functional Expenses

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States. See Part IV, line 21	232,910.	232,910.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	15,505.	15,505.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	33,604.	11,727.	11,727.	10,150.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	5,833.	5,833.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,986.	2,031.	1,053.	902.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,792.		14,792.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,140.			32,140.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	46,396.			46,396.
12 Advertising and promotion	2,586.			2,586.
13 Office expenses	7,136.		6,986.	150.
14 Information technology				
15 Royalties				
16 Occupancy	7,376.		6,894.	482.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	728.	528.	200.	
23 Insurance	2,687.	240.	2,241.	206.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ATHLETIC PROGRAMS</u>	99,506.	99,506.		
b <u>PRINTING AND PUBLICATIONS</u>	18,242.			18,242.
c <u>EDUCATIONAL PROGRAMS</u>	18,057.	18,057.		
d <u>BANK CHARGES & CC FEES</u>	9,402.			9,402.
e All other expenses	7,974.		164.	7,810.
25 Total functional expenses. Add lines 1 through 24e	558,860.	386,337.	44,057.	128,466.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	530,413.	1	273,550.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	29,100.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	299,076.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,722.		
	b Less: accumulated depreciation	10b 889.	1,069.	10c 11,833.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		531,482.	16	613,559.
LIABILITIES	17 Accounts payable and accrued expenses	1,420.	17	5,480.
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	1,976.	25	1,452.
	26 Total liabilities. Add lines 17 through 25	3,396.	26	6,932.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	482,569.	27	561,110.
	28 Temporarily restricted net assets	45,517.	28	45,517.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	528,086.	33	606,627.
34 Total liabilities and net assets/fund balances	531,482.	34	613,559.	

BAA

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	637,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	558,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	528,086.
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, column (B))	10	606,627.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization MAMMOTH MOUNTAIN COMMUNITY FOUNDATION, INC.	Employer identification number 26-4368015
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)		139,731.	306,089.	494,163.	472,897.	1,412,880.
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.		223,271.	354,998.	481,007.	525,066.	1,584,342.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	0.	363,002.	661,087.	975,170.	997,963.	2,997,222.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	32,102.	135,372.	106,235.	256,986.	530,695.
c Add lines 7a and 7b.	0.	32,102.	135,372.	106,235.	256,986.	530,695.
8 Public support. (Subtract line 7c from line 6.)						2,466,527.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	0.	363,002.	661,087.	975,170.	997,963.	2,997,222.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			96.			96.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	96.	0.	0.	96.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	0.	363,002.	661,183.	975,170.	997,963.	2,997,318.

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 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2012. 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 – 2011. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization **MAMMOTH MOUNTAIN COMMUNITY
FOUNDATION, INC.**

Employer identification number
26-4368015

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

MAMMOTH MOUNTAIN COMMUNITY

26-4368015

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 184,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 17,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 30,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 29,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

MAMMOTH MOUNTAIN COMMUNITY

26-4368015

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 11,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 17,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 29,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 6,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization MAMMOTH MOUNTAIN COMMUNITY	Employer identification number 26-4368015
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 6,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 8,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 22,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Public Copy

Name of organization

Employer identification number

MAMMOTH MOUNTAIN COMMUNITY

26-4368015

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	EVENTS & RECREATION PACKAGES		
		\$ 49,755.	4/11/12
5	LUFTHANSA ROUND TRIP BUSINESS CLASS AIRLINE TICKETS		
		\$ 30,000.	4/11/12
6	NEW YORK GETAWAY, HOTEL AND AIRFARE		
		\$ 12,000.	4/11/12
13	CR1 PERFORMANCE SL ROAD BIKE		
		\$ 6,300.	4/11/12
		\$	
		\$	

Public Copy

Name of organization **MAMMOTH MOUNTAIN COMMUNITY** Employer identification number **26-4368015**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MAMMOTH MOUNTAIN COMMUNITY FOUNDATION, INC.

Employer identification number

26-4368015

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-1b and 2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,741.	508.	7,233.
e Other		4,981.	381.	4,600.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 11,833.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	1,452.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	1,452.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	MAMMOTH INVITA (event type)	MAMMOTH WINE F (event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	728,532.	5,320.	733,852.	
2	Less: Charitable contributions	237,941.	3,345.	241,286.	
3	Gross income (line 1 minus line 2)	490,591.	1,975.	492,566.	
DIRECT EXPENSES	4	Cash prizes	1,000.	1,000.	
	5	Noncash prizes	244,648.	3,345.	247,993.
	6	Rent/facility costs			
	7	Food and beverages	64,465.		64,465.
	8	Entertainment	9,200.		9,200.
	9	Other direct expenses	37,904.		37,904.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			360,562.
11	Net income summary. Combine line 3, column (d), and line 10			132,004.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

MAMMOTH MOUNTAIN COMMUNITY

26-4368015

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MAMMOTH SCHOOLS NOW ED FNDN PO BOX 100 PMB 237 MAMMOTH LAKES, CA 93546	27-1255484	501 (C) (3)	232,910.	0.			EDUCATIONAL PROGRAMS & INSTRUCTION
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

Public Copy

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS, AWARDS & TRAVEL	15	15,505.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION INSURES FUNDS ARE UTILIZED FOR THEIR INTENDED PURPOSE IN TWO WAYS:

1) LOCAL KNOWLEDGE AND INPUT FROM PARENTS AND STUDENTS IN THE RURAL COMMUNITY; 2) A PERIODIC REPORT WILL BE REQUIRED BY RECIPIENTS THAT DEMONSTRATES HOW SUPPORT WAS USED AND PRESENTS AN ACCOUNTING OF FUNDS DISBURSED. SUPPORT MISUSED WILL BE REQUIRED TO BE REFUNDED

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

SMALL ACADEMIC SCHOLARSHIPS, BOOK AWARDS, AND TRAVEL. GRANTS GIVEN TO STUDENT ATHLETES FOR SCHOLARSHIPS AND BOOK AWARDS AVERAGED \$815 AND WERE BASED ON SPORT PARTICIPATION, COMMUNITY SERVICE, ACADEMIC PERFORMANCE AND NEED. ATHLETES OF THE MONTH ARE SELECTED BY COACHES BASED ON SPECIFIC ATHLETIC ACHIEVEMENT. ASSISTANCE

8/08/13

09:35PM

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

FOR TRAVEL IS PROVIDED TO JUNIOR SNOW SPORT ATHLETES TOWARDS QUALIFYING EVENTS AND TRAVEL TO MAJOR SKI RESORTS THROUGHOUT THE YEAR INCLUDING, BUT NOT LIMITED TO JUNIOR OLYMPICS AND NATIONALS.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

Name of the organization **MAMMOTH MOUNTAIN COMMUNITY
FOUNDATION, INC.** Employer identification number
26-4368015

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art	X	10	7,500.	FMV
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications	X		280.	FMV
5 Clothing and household goods	X		11,970.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles	X	7	5,050.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE PART II)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If 'Yes,' describe in Part II. SEE PART II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2012

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

NONCASH CONTRIBUTIONS FOR THE MAMMOTH INVITATIONAL CHARITY AUCTION ARE SOLICITED,
PROCESSED, RECEIVED BY AND PRESENTED FOR SALE BY THE ORGANIZATION'S CHARITY
FUNDRAISER, RENEE CROCE & ASSOCIATES.

SCHEDULE M - ADDITIONAL INFORMATION

THE ORGANIZATION REPORTS NUMBER OF CONTRIBUTIONS. NONCASH CONTRIBUTIONS FOR THE
YEAR INCLUDED IN GROSS RECEIPTS WERE \$198,036.

Public Copy

8/08/13

09:35PM

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE		METHOD OF DETER. REV.
			ON FORM 990, PART VIII		
TRAVEL & RECREATION	X	1	\$	49,755.	FMV
TRAVEL & RECREATION	X	1		30,000.	FMV
TRAVEL & RECREATION	X	1		12,000.	FMV
SPORTING GOODS	X	1		6,300.	FMV
FOOD & BEVERAGE	X	20		1,638.	FMV
ENTERTAINMT PKG	X	13		13,616.	FMV
SPA PACKAGES	X	6		1,139.	FMV
HOME & GARDEN	X	5		8,916.	FMV
SPORTS GEAR	X	65		15,929.	FMV
TRAVEL & RECR	X	57		27,843.	FMV
SPORTING EVENTS	X	8		5,600.	FMV
JEWELRY	X	18		500.	FMV

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization **MAMMOTH MOUNTAIN COMMUNITY
FOUNDATION, INC.**

Employer identification number
26-4368015

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

RECOGNIZE ATHLETES FOR BOTH EDUCATION AND ATHLETIC ACHIEVEMENTS AND END OF SEASON
AWARDS FOR SNOW SPORT ATHLETES.

PROVIDE SNOW SPORTS TEAM FEE ASSISTANCE BASED ON ACADEMIC ACHIEVEMENT. SUPPLEMENT
TRAVEL FUNDS FOR QUALIFYING RACES AND ATHLETES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN PREPARER E-MAILS A COPY OF THE FINAL VERSION OF THE FORM 990 TO EACH
BOARD MEMBER. THE BOARD REVIEWS AND GIVES FINAL APPROVAL OF THE FORM 990 BEFORE
FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL CURRENT MEMBERS OF THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST POLICY
ANNUALLY DURING THE DECEMBER MEETING. ANY MEMBER OF THE BOARD OF DIRECTORS
DISCLOSING A CONFLICT OF INTEREST WILL BE REVIEWED BY THE PRESIDENT AND ACTED UPON
APPROPRIATELY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE BOARD OF DIRECTORS MEETS ANNUALLY IN EXECUTIVE SESSION TO REVIEW AND SET THE
ANNUAL SALARY AND BENEFITS OF THE EXECUTIVE DIRECTOR USING COMPARABLE DATA THAT IS
UPDATED EVERY OTHER YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS MEETS ANNUALLY IN EXECUTIVE SESSION TO REVIEW AND SET THE
ANNUAL SALARY AND BENEFITS OF KEY EMPLOYEES USING COMPARABLE DATA OF SIMILAR KEY
STAFF AT SIMILAR ORGANIZATIONS THAT IS UPDATED EVERY OTHER YEAR.

Name of the organization MAMMOTH MOUNTAIN COMMUNITY FOUNDATION, INC.

Employer identification number 26-4368015

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE MAMMOTH MOUNTAIN COMMUNITY FOUNDATION MAKES ITS PUBLIC RECORDS AVAILABLE TO ANYONE BY REQUEST OF THE EXECUTIVE DIRECTOR OR BOARD OF DIRECTORS. TAX FORMS AND FINANCIAL STATEMENTS CAN BE REQUESTED BY THE PUBLIC AND EITHER MAILED TO THEM OR A PDF COPY E-MAILED. GOVERNING DOCUMENTS (MEETING MINUTES, POLICIES, BY LAWS, ETC) CAN BE VIEWED BY THE PUBLIC AT THE ORGANIZATION'S OFFICE ON AN AS-REQUESTED BASIS.

Public Copy

CLIENT MCFE

MAMMOTH MOUNTAIN COMMUNITY
FOUNDATION, INC.

26-4368015

8/08/13

09:35PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
FURNITURE AND FIXTURES										
1	DISPLAY CASES	2/07/11		1,230			161	S/L	7	176
2	SOFA	11/26/12		938				S/L	7	11
3	SOFA	11/26/12		937				S/L	7	11
4	SOFA	11/26/12		938				S/L	7	11
5	SOFA	11/26/12		938				S/L	7	11
TOTAL FURNITURE AND FIXTURE				4,981		0	161			220
MACHINERY AND EQUIPMENT										
6	DELLCOMPUTER AND MONITOR	12/05/12		807				S/L	5	13
7	ROAD BIKES	7/02/12		6,934				S/L	7	495
TOTAL MACHINERY AND EQUIPME				7,741		0	0			508
TOTAL DEPRECIATION				<u>12,722</u>		<u>0</u>	<u>161</u>			<u>728</u>
GRAND TOTAL DEPRECIATION				<u>12,722</u>		<u>0</u>	<u>161</u>			<u>728</u>

12/31/12

2012 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT MCFE

MAMMOTH MOUNTAIN COMMUNITY
FOUNDATION, INC.

26-4368015

8/08/13

09:35PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	DISPLAY CASES	2/07/11		1,230							1,230	161	S/L	7		176
2	SOFA	11/26/12		938							938		S/L	7		11
3	SOFA	11/26/12		937							937		S/L	7		11
4	SOFA	11/26/12		938							938		S/L	7		11
5	SOFA	11/26/12		938							938		S/L	7		11
TOTAL FURNITURE AND FIXTURE				4,981		0	0	0	0	0	4,981	161				220
MACHINERY AND EQUIPMENT																
6	DELLCOMPUTER AND MONITOR	12/05/12		807							807		S/L	5		13
7	ROAD BIKES	7/02/12		6,934							6,934		S/L	7		495
TOTAL MACHINERY AND EQUIPME				7,741		0	0	0	0	0	7,741	0				508
TOTAL DEPRECIATION				<u>12,722</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,722</u>	<u>161</u>				<u>728</u>
GRAND TOTAL DEPRECIATION				<u>12,722</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,722</u>	<u>161</u>				<u>728</u>

Public Copy

2013 Kamikaze Bike Games Budget--Final

Revenue

\$ 279,731

MMSA Employee Expenses

\$ 69,483

MMSA & MMCF Expenses

\$ 198,498

Net Income

\$ 11,750

2013 Kamikaze Bike Games Revenue

Description/Company	Department/Org	Amount
Sony	MMCF	\$ 48,929.65
Sierra Nevada Sponsorship	MMCF	\$ 10,200.00
Finlandia Sponsorship	MMCF	\$ 6,758.15
TOML Measure U	MMCF	\$ 50,000.00
Laurentius Harrer Fundraising	MMCF	\$ 3,937.00
Expo	MMCF	\$ 4,958.34
Core Plast Signage	MMSA	\$ 2,387.00
Program Ads	MMSA	\$ 4,650.00
Bar Revenue	MMSA	\$ 7,218.56
MTB Active Registration	MMCF	\$ 21,692.54
MTB On Site Registration	MMSA	\$ 14,965.00
MTB Practice Tickets	MMSA	\$ 10,314.83
MTB Spectator Tickets	MMSA	\$ 249.93
Road Active Registration	MMCF	\$ 58,320.00
Road On Site Registration	MMCF	\$ 17,411.00
Road Advanced Apparel	MMCF	\$ 8,575.00
Road On Site Apparel	MMCF	\$ 9,164.00
Total		\$ 279,731.00
Total MMCF Income		\$ 239,945.68
Total MMSA Income		\$ 39,785.32

2013 Kamikaze Bike Games Expenses - MMCF

Expense Detail	Vendor	Amount	Place	Dept	Code
TOML Permit	TOML	\$ 158.00	MMCF		
Cal Trans Permit	CalTrans	\$ 492.00	MMCF		
Rack Cards	Alex Printing	\$ 707.40	MMCF		
Mono County Permit	Mono County	\$ 81.00	MMCF		
Fall Century Jerseys: Voler	Voler	\$ 4,650.00	MMCF		
CHP Fees	CHP	\$ 1,133.16	MMCF		
Insurance	United Agencies	\$ 2,780.00	MMCF		
Team Big Bear: Timing	Team Big Bear	\$ 28,750.00	MMCF		
Embroidery of Fall Century Jerseys	Designs Unlimited	\$ 1,844.00	MMCF		
Mammoth Times Ad For Fall Century	Horizon California	\$ 228.00	MMCF		
Printing Rest Stop Manuals For Volunteer Meetings	John Armstrong	\$ 12.84	MMCF		
Adhesive Vinyl Letters	John Armstrong	\$ 15.90	MMCF		
Ink Cartridges for Printing CalTrans Permits	John Armstrong	\$ 34.54	MMCF		
Satellite Phone Rentals	John Armstrong	\$ 911.34	MMCF		
Printing of Release Forms, Info Sheets for Century	Alex Printing	\$ 682.01	MMCF		
USA Flags For Rest Stops	John Armstrong	\$ 73.81	MMCF		
Rope For Tents	John Armstrong	\$ 56.38	MMCF		
Cal Trans Closing Signage	TOML/Titan	\$ 360.72	MMCF		
Cal Trans Closing Signage	TOML/Titan	\$ 329.92	MMCF		
Cal Trans Closing Signage	TOML/Titan	\$ 264.06	MMCF		
Contributions to Service Groups	Various	\$ 3,500.00	MMCF		
Orange Spray for Rest Stop Layout	John Armstrong	\$ 5.39	MMCF		
Lunches for Tent Crew	John Armstrong	\$ 16.65	MMCF		
Zip Ties For Signs & Tents	John Armstrong	\$ 15.11	MMCF		
Embroidery of Fall Century Jerseys	Designs Unlimited	\$ 951.50	MMCF		
Lunches for Truck Crew	John Armstrong	\$ 58.75	MMCF		
Bike Tech Services for Fall Century: Glenn Miyata	Glenn Miyata	\$ 300.00	MMCF		
FedEx Shipping for Return of Sat Phones	John Armstrong	\$ 25.19	MMCF		
Fuel Expenses For Collecting Century Road Signs	John Armstrong	\$ 68.30	MMCF		
Skytime Helicopter Services	SkyTime LLC	\$ 1,100.00	MMCF		
Waste Removal - Fall Century	D&S Waste Removal	\$ 100.00	MMCF		
Fall Century Gas for Photographer	Steve Schmunk	\$ 38.38	MMCF		
Photography Services for the Fall Century	Captivating Sports Photos	\$ 3,300.00	MMCF		
Canyon Stage & Video Wall	Mammoth Pro Audio, LLC	\$ 14,000.00	MMCF		
Mark Sexton Band & Audio for Village	Village Neighborhood Company	\$ 1,910.00	MMCF		
Ryan Hiller Band	Ryan Hiller	\$ 2,000.00	MMCF		
DJ Rodney O	DJ Rodney O	\$ 600.00	MMCF		
Prize Money for MTB Events	N/A	\$ 7,095.00	MMCF		
Fall Century Fuel	Bill Archibald	\$ 34.69	MMCF		
Fall Century Jerseys: Voler	Voler	\$ 2,462.99	MMCF		
Fees from Square	Square	\$ 71.48	MMCF		
Porta Potties & Wash Stations - Fall Century	Preffered Septic	\$ 2,995.00	MMCF		
Singletrack High Screening	Pedalborn Films	\$ 200.00	MMCF		
Singletrack High--dinner w/film makers	Gomez	\$ 101.17	MMCF		
Gloves for Volunteers	Do it Center	\$ 14.55	MMCF		
Photography Services for the Fall Century	Susan Morning	\$ 600.00	MMCF		
Sign up Genius Subscription/volunteer recruitment	Signupgenius.com	\$ 29.97	MMCF		
ABC Permits	CA ABC	\$ 450.00	MMCF		
Design Services + Ad for KBG Program	Waking State Design	\$ 300.00	MMCF		
Website	Waking Girl	\$ 70.00	MMCF		
Volunteer Food Reimbursement	Rita Kirkeby	\$ 19.40	MMCF		
Donation to SNC (for Sierra Cycling Foundation)	Sierra Nevada Alliance	\$ 445.00	MMCF		
ABC Permits/Mailing	Mammoth Business Essentials	\$ 35.26	MMCF		
KBG Chamber Mixer	Mammoth Mountain Catering	\$ 1,304.40	MMCF		
Salary	Stacy Corless	\$ 2,007.31	MMCF		
Total Expenses		\$ 89,790.57			

2013 Kamikaze Bike Games Labor

Regular Wages	\$ 39,956.00
Salary Wages	\$ 11,655.00
Overtime Wages	\$ 6,094.00
Payroll Taxes	\$ 5,719.00
Workers Comp	\$ 6,059.00
Total Labor	\$ 69,483.00



MEASURE U PERFORMANCE REPORT

As a recipient of Measure U funds, the Mammoth Lakes Town Council has required that each organization provide a written report upon completion of their project, program or service.

“They [funding recipient] are responsible for record keeping, implementation and being able to provide proof of how public funds were spent and, in the case of multi-year funding support, making sure the project is achieving its goals. They will provide a written report to the Measure U Application Committee upon completion of the project or on an annual basis, determined by the timeline of the project.”¹

The Measure U Performance Report is required to be completed and submitted no more than 60 days after the completion of your project/service/agreement, or upon direction of the Measure U Application Committee.

This Performance Report has to be completed prior to the submittal of an additional Measure U Funding Application. The recipient may also wish to present their Performance Report to the Measure U Application Committee as a public presentation.

Submittal Instructions:

Submit your Performance Report via email, hard copy, or on a USB memory stick. Applications can be in color or B/W, sized to, or folded to 8.5” x 11” (portrait). No faxes.

Submittal Address:

Town of Mammoth Lakes
Recreation Department
Attn: Stuart Brown
P.O. Box 1609
Mammoth Lakes, CA 93546
Ph: (760) 934-8989 ext. 210
Fax: (760) 934-8608
Email: sbrown@ci.mammoth-lakes.ca.us

Thank you!

¹ Page 16: Town of Mammoth Lakes *Measure U Funding Process Development Report*, Adopted by Town Council: February 15, 2012.

MEASURE U RECIPIENT PERFORMANCE REPORT

RECIPIENT INFORMATION

Name of Organization: Mammoth Mountain Community Foundation (MMCF)

Type of Organization (non-profit, HOA, Govt.): non-profit

Contact Person: Stacy Corless

Organization's Address: PO Box 1475, Mammoth Lakes

State / Zip: CA 93546

Office Phone Number: 760-934-0639

Email Address: stacy@mammothfoundation.org

Internet Address: www.mammothfoundation.org

PROJECT SUMMARY

Name of Project: Mammoth Kamikaze Bike Games

Measure U Award Cycle (year/season): Spring 2013

Measure U Funds Requested: \$100,000

Measure U Funds Awarded: \$50,000

Measure U Funds Expended: \$50,000

A list of expenditures can be found below and invoices are attached to the report email. Please note that MMCF requests a reimbursement of expenses totaling \$49,904.30, as the Town of Mammoth Lakes spent \$954.70 on signs used for the event and that amount should be deducted from MMCF's award reimbursement.

PROJECT DETAILS

1. Were all the Measure U Awarded Funds expended?

Yes. All Measure U funds were expended and were matched by sponsorship contributions.

2. In detail, describe your project and/or service delivered and completed using Measure U funds.

Measure U funds were used for operational expenses for the Kamikaze Bike Games, September 4-8. This five-day mountain biking/road biking festival included nine mountain bike events and the Mammoth Fall Century & Gran Fondo, an expo area at Canyon Lodge, kids' races, concerts and other non-race events.

3. Please identify what products and/or services were purchased with Measure U funds.

Vendor	Description	Amount
Titan Construction	Signs (paid by TOML)	\$954.70

Supply		
Team Big Bear	Race Timing	\$28,750.00
Captivating Photo	Photos/Fall Century	\$3,300.00
Mammoth Pro Audio	Sound and Lighting	\$14,000.00
	Event set-up,	
Village Neighborhood	entertainment (partial	
Co.	billing to Measure U)	\$995.30
Ryan Hiller Band	Event entertainment	\$2,000.00

4. Based upon your project type, describe the ownership and maintenance responsibilities of your project and/or service.

The Bike Games are an event that benefits Mammoth Mountain Community Foundation (MMCF); the races and expo were produced by Mammoth Mountain for MMCF, with assistance from the Town of Mammoth Lakes, Eastside Velo, Footloose Sports, and volunteer support by numerous community groups.

5. Were volunteer hours used for any phase of your project and/or service?

Yes—363 volunteer hours were contributed to the event (valued at the 2012 federal volunteer rate of \$22.14/hour, that’s over \$8,000 in donated labor). Volunteers came from community groups, businesses and organizations, including Disabled Sports Eastern Sierra, Eastside Velo, Mammoth High School sports teams, Mammoth Hospital, Mammoth Lakes PD CERT, Mammoth Ski & Snowboard Teams, Mono County Search & Rescue, Mono Lake Committee, State Farm Insurance/Linda Wright, and local service clubs (Lions, Rotary, Women’s).

6. Were any other funds (Public – includes Measure R or U, and/or Private) used to complete or deliver the project and/or service?

Other private funds were used to produce the event, including sponsorships from Sony, and Sierra Nevada Brewing, and investment in the event by Mammoth Mountain.

7. Describe how your project and/or service is providing a measurable community benefit (incremental visits, revenue, etc.) to the residents and visitors of Mammoth Lakes?

The Bike Games created a top-notch recreational experience for residents and visitors. Visitation from riders and spectators, plus media coverage provided a measurable benefit to Mammoth Lakes.

Participation/Spectators

- 10,000 Spectators over the course of the event
- 801 Mountain Bike Starts
- 1,050 Road Bike Starts
- Combined Total of 1,851 Riders

Print Media

- 16,065,046 – Estimated Audience

- 50 Placements
 - 27 in Action Sports Outlets
 - 23 in Mountain Biking Verticals
- 12 Media On Site

Social Media

- Over 130 Tweets
- 500K Combined impressions from MMSA Facebook Posts
- Influential tweets from USA Cycling, Shimano, and Road Bike Action
- Facebook posts from Decline, Troy Lee Designs, MTBR, ColdCock

8. Please provide any additional information regarding your project and/or service that you would like the Measure U Application Committee to review.

Here are links to select media coverage of the event, and to a great video produced by Visit Mammoth:

High Sierra Fall Century Video:

http://www.youtube.com/watch?feature=player_embedded&v=ztGf-EOTz44

Road Bike Action Magazine Feature:

<http://www.roadbikeaction.com/Features/content/313/7350/Being-There-Mammoth-High-Sierra-Fall-Gran-Fondo.html>

Examiner.com Feature:

<http://www.examiner.com/article/sixty-miles-one-stop-sign-twelve-cars>

Kamikaze Bike Games Video (produced by Troy Lee Designs):

http://www.youtube.com/watch?feature=player_detailpage&v=wivNhBd1VWw

9. Please provide your comments and/or suggestions on how the Measure U Application Committee can improve the Measure U funding process.

Suggestions made at the workshops during the spring funding cycle are good. We appreciate the opportunity to partner with the Town of Mammoth Lakes on an event such as the Kamikaze Bike Games that draws visitors and creates a beneficial community experience.

10. Will your organization be submitting a Measure U funding request in the future?

Yes—we will submit a funding request for the Bike Games during the next Measure U funding cycle.