DLN: 93493072001347

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Internal Revenue Service foundations)

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/foim990

Open to Public Inspection

A F.		201E		- 05 01 2015	216			
		pplicable	lendar year, or tax year beginnin C Name of organization	g 05-01-2015 , and ending 04-30-20	J16	D Emplo	yer iden	tification number
		change	SKI NEW HAMPSHIRE INC				- 474194	
⊢ Nē	me cha	ange	Doing business as			—	+/4134	
	tıal reti	urn	5 5 mg 5 4 5					
Fır return/	nal termina	ated		all is not delivered to street address) Room/	suite	E Teleph	one numb	er
Am	ended	return	PO BOX 528			(603)	745-93	396
App	olication	n pending	City or town, state or province, coun NORTH WOODSTOCK, NH 03262	itry, and ZIP or foreign postal code		G Gross	receipts \$	777 648
			F Name and address of princip	al officer	11/-> -		· · ·	•
			JESSYCA KEELER	al officer		s this a group ubordinates?		for □ Yes 🔽
						No		1 103 4
Tax	(-exem	npt status	501(c)(3) √ 501(c)(6) √	(insert no) 4947(a)(1) or 527		re all subord cluded?	ınates	☐Yes ☐ No
1 W	aheit e	10/10/	/W SKINH COM	(inserting) 4547(a)(1) (i) 327			alıst (see instructions)
	epsite	5. P VV VV				Group exemp		
K Forn	n of org	ganızatıon	✓ Corporation Trust Associa	tion Other ►	L Year	of formation 19	977 M 9	State of legal domicile NH
Pai	rt I	Sum	mary					
Governance	TH SC DI EN	HE PURF OUNDNI IVERSIF NERGY (ESS AND PUBLIC AWARENESS FIED WINTER VACATION DEST	SHALL BE TO ENHANCE THE PRO OF NEW HAMPSHIRE SKIING AND FINATION, AS WELL AS EFFECT IM ANDARDS AND OTHER CONCERNS	THE IMAG	E OF NEW H	AMPSH AREAS	IRE AS A OF INSURANCE,
9 <u>0</u>								
	2 (Check th	ils box 🕨 🥅 if the organization di	scontinued its operations or disposed	d of more th	an 25% of its	net ass	sets
Activities &	3 1	Jumbor	of voting mombors of the govern	ng body (Part VI, line 1a)			з	12
<u> </u>			•	if the governing body (Part VI, line 1b			4	12
Acı			,	alendar year 2015 (Part V, line 2a)	•		5	4
			·	ecessary)			6	
	7 a ⊺	otal unr	related business revenue from Pa	art VIII, column (C), line 12			7a	0
	ЬΝ	et unrela	ated business taxable income fro	m Form 990-T, line 34			7b	
						Prior Year		Current Year
Qı	8		butions and grants (Part VIII, lii	•		412,		307,044
enua	9	_	•	ne 2g)	•	454,		467,701
Raven	10 11		· ·	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	•		135 564	1,138
	12			(must equal Part VIII, column (A), li	ne -	<u> </u>		<u></u>
		12)				869,	610	777,648
	13		, ,	IX, column (A), lines 1-3)	•			0
	14		·	X, column (A), line 4) ee benefits (Part IX, column (A), lines	•			0
&	15	5-10)		e benefits (Part IX, Column (A), mes		165,	446	145,213
Expenses	16 a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)				0
픐	b	Total fu	ındraısıng expenses (Part IX, column (D)), line 25) ▶ <u>0</u>				
	17			ines 11a-11d, 11f-24e)		673,		615,960
	18		·	st equal Part IX, column (A), line 25)		838,		761,173
- S	19	Reven	ue less expenses Subtract line	18 from line 12	-		045	16,475
Assets or Balances					Beginni	ng of Current	Year	End of Year
Ass. Bal	20		assets (Part X, line 16)		•	728,		745,288
Net A Fund E	21		liabilities (Part X, line 26)		•		990	8,869
	22 († 111		ssets or fund balances Subtract ature Block	line 21 from line 20		719,	944	736,419
Unde my kr	r pena nowled	alties of p	perjury, I declare that I have exa	nmined this return, including accompa iplete Declaration of preparer (other				
c:-		**** Signa	ature of officer			2016-03-13 Date		
Sign Here			YCA KEELER EXECUTIVE DIRECTOR					
			e or print name and title					
			Print/Type preparer's name RONDA J KILANOWSKI CPA	Preparer's signature	Date 2017-03-13	Check I if	PTIN	578
Paic	i	<u> </u>		RONDA J KILANOWSKI CPA	2017-03-13	self-employed	P002346	
Pre	pare	r ⊢	Firm's name ► MALONE DIRUBBO & CO Firm's address ► 9 WEST ST	UMPANY PC		Firm's EIN ► 0 Phone no (60)		
	A . I	i. I'			I	110 (00.	,	

LINCOLN, NH 032519707

Par	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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, Pait V 🔰	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Fal	checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

23

24a

24h

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2015)

Yes

Νo Νo

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		Yes	· l No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	7	165	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and reportable	e		
•		ng (gambling) winnings to prize winners?	. 1c		
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	4		
b	Ifatle	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a signature or other author a financial account in a foreign country (such as a bank account, securities account, or other financial int)?			No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account R)	ts		
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
			5c		
	organı	the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	were r	s," did the organization include with every solicitation an express statement that such contributions of tax deductible?	or gifts 6b		
	_	nizations that may receive deductible contributions under section 170(c).	and 7a		
	servic	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ces provided to the payor?			
		is, and the organization notify the donor of the value of the goods of services provided?			
	file Fo	orm 8282?	7c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrac	t? 7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 88 red?	399 as 7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fill 1098-C?	le a 7h		
8	Did a	coring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any githe year?	time 8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les			
11		on 501(c)(12) organizations. Enter			
		sincome from members or shareholders			
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		e organization licensed to issue qualified health plans in more than one state? Note. See the instruction onal information the organization must report on Schedule O	ns for 13 a	1	
b		the amount of reserves the organization is required to maintain by the states			
c		the amount of reserves on hand			
		ne organization receive any payments for indoor tanning services during the tax year?	. 14a	,	l I No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	-	+	<u> </u>

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 12 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

10a Did the organization have local chapters, branches, or affiliates? . . 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Νo 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? Yes a The organization's CEO, Executive Director, or top management official 15a ${f b}$ Other officers or key employees of the organization 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website ▼Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

State the name, address, and telephone number of the person who possesses the organization's books and records
▶JESSYCA KEELER SKI NEW HAMPSHIRE PO BOX 528 PO BOX 528 NORTH WOODSTOCK, NH 03262 (603) 745-9396

16b

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec , unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BEN WILCOX CHAIRPERSON	2 00			х				0	0	(
(2) GREG GODDARD TREASURER	2 00			×				0	0	(
(3) ROSS BOISVERT VICE-CHAIRPE	2 00			×				0	0	(
(4) KRIS BLOMBACK DIRECTOR	1 00	×						0	0	(
(5) DOUG HOLLER DIRECTOR	1 00	×						0	0	(
(6) FRED BAYBUTT DIRECTOR	1 00	x						0	0	(
(7) RICK KELLEY DIRECTOR	1 00	x						0	0	(
(8) JAY GAMBLE DIRECTOR	1 00	x						0	0	(
(9) BOB HOYT DIRECTOR	1 00	х						0	0	(
(10) CHRIS ELLMS DIRECTOR	1 00	x						0	0	(
(11) JOHN DEVIVO DIRECTOR	1 00	x						0	0	(
(12) SUE WEMYSS DIRECTOR	1 00	x						0	0	(
(13) JESSYCA KEELER EXECUTIVE DI	40 00	х						71,903	0	(

art VII	Section A. Officers,	Directors, Trust	es, Key Employees	, and Highest	Compensated Employees ((continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	more t perso and	han d on is a dire	one l both	oox, an (officer stee)	Former	(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
		dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	-E			
1b	Sub-Total						•				
c	Total from continuation shee	•	ection A	٠.		•	. 🏲		7, 222		
d	d Total (add lines 1b and 1c)							71,903			
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
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual . .
- 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? If "Yes," complete Schedule J for such ındıvıdual .
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4	No
5	No
_	

Yes

3

No

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

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

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

Form 99		<u>`</u>						Page 9
Part V	***	Statement o			and the Doub VIII			_
		Check if Schedi	ule O contains a respons	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	260,677				
	С	Fundraising eve	ents 1c					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e	46,367				
	f	All other contributions	ons, gifts, grants, and 1f ot included above					
e in a second	g	Noncash contribute	ons included in lines	260,677		İ		İ
Contain	h	Total. Add lines	s 1a-1f		307,044			
				Business Code				
Program Service Revenue	2a	ANYWHERE ANYTIN	ME PACKAGES		236,737	236,737		
₽. Ž	ь	SNOWSPORTS PAS	SPORT		69,775	69,775		
<u>J</u> Ce	c	AREA DUES			55,649	55,649		
<u>\$</u>	d	BOSTON SNOWPOR			46,955	46,955		
an	e	ANNUAL MEETINGS			17,901	17,901		
Togr	f		im service revenue		40,684	40,684		
<u> </u>	g		s 2a-2f		467,701			_
	3	and other similar	ome (including dividend ar amounts)	s,interest, ▶	1,138	1,138		
	4	Income from inves	tment of tax-exempt bond pr	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	► (II) Personal				+
	6a	Gross rents	(I) Keal	(II) Fersonal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses Gain or (loss)						
	c d		s)					
Other Revenue	8a		luding reported on line 1c)					
ther F	ь	See Part IV, lin	a penses b					
0	С	Net income or (loss) from fundraising e	vents 🕨				
	9a	Gross income f See Part IV , lin	rom gaming activities e 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of returns and allo						
	b c	Less cost of go	oods sold b loss) from sales of inve	ntory ▶				
		Miscellaneous		Business Code	1 705	1 765		
	11a	OTHER REVEN	UE _		1,765	1,765		
	b c							1
	d	All other revenue	ue					
	e	Total. Add lines	L	🕨	1 705			
	12	Total revenue.	See Instructions		1,765	470.50		
					777,648	470,604		

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

C	heck if Schedule O contains a response or note to any line in this Part IX								

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	72,540	47,876	24,664	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	60,128	39,685	20,443	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,437	948	489	
9	Other employee benefits	973		973	
10	Payroll taxes				
		10,135	6,689	3,446	
11	Fees for services (non-employees)				
a	Management				
b	Legal	6 200		6 200	
c d	Accounting	6,388	24,000	6,388	
e	Professional fundraising services See Part IV, line 17	24,000	24,000		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	124,037	124,037		
13	Office expenses	30,402	25,844	4,558	
14	Information technology	2,819	2,049	770	
15	Royalties				
16	Occupancy	7,231		7,231	
17	Travel	6,154	4,617	1,537	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,763	27,763		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,466	10,466		
23	Insurance	2,902		2,902	
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	PROGRAM EXPENSE	342,754	342,754		
b	AA PRODUCTION	22,769		22,769	
c	VEHICLE LEASE	5,000		5,000	
c	SKI PAC /GOVERNMENT	2,280	2,280		
e	All other expenses	995		995	
25	Total functional expenses. Add lines 1 through 24e	761,173	659,008	102,165	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	81,872	1	75,704
	2	Savings and temporary cash investments	575,788	2	562,002
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	67,501	4	53,429
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
Assets	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		5	
SS (_			6	
Ä	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	0.770	8	1.001
	9	Prepaid expenses and deferred charges	3,773	9	1,824
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 62,795			
	b	Less accumulated depreciation 10b 10,466		10 c	52,329
	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)	728,934	16	745,288
	17	Accounts payable and accrued expenses	8,990	17	8,869
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(Δ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
.d		persons Complete Part II of Schedule L		22	
Ë	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		25	
	26	Total liabilities.Add lines 17 through 25	8,990	26	8,869
ses	20	Organizations that follow SFAS 117 (ASC 958), check here ▶	5,555	20	0,000
ang	27	Unrestricted net assets	719,944	27	736,419
Bal	28	Temporarily restricted net assets	, 10,011	28	100,110
<u> </u>	29	Permanently restricted net assets		29	
FE	-	· · · · · · · · · · · · · · · · · · ·		23	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
چَ	30	Capital stock or trust principal, or current funds		30	
556	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	719,944	33	736,419
_	34	Total liabilities and net assets/fund balances	728,934	34	745,288
			•	I	form 990 (2015)

b 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

3b

DLN: 93493072001347

Employer identification number

02-0474194

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

SKI NEW HAMPSHIRE INC

1

2

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	•	e tax incurred by the organization und	<u>`</u> _	/(5).	ф
2	,	e tax incurred by organization manage		4955	ተ
3	•	ection 4955 tax, did it file Form 472		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	↑
4a	Was a correction made?		, , , , , , , , , , , , , , , , , , , ,		<u> </u>
b	If "Yes," describe in Part IV				Yes No
		ganization is exempt under :	section 501(c), except section 50	1(c)(3).
1	· · · · · ·	ended by the filing organization for se			\$
2	, ,	rganization's funds contributed to oti	,		\$
3	Total exempt function expendi)-POL, line 17b ►	¢		
4	Did the filing organization file F		↑ Yes ✓ No		
5	Enter the names, addresses ar organization made payments. I amount of political contribution separate segregated fund or a	to which the filing unds Also enter the nization, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- EZ. Ca	at No 50084S Schedule C (I	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals				
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•				
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)							
c	Total lobbying expenditures (add lines $1a$ and	1b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines	cal exempt purpose expenditures (add lines 1c and 1d)							
f	Lobbying nontaxable amount Enter the amoun								
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)										
Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
Lobbying nontaxable amount										
Lobbying ceiling amount (150% of line 2a, column(e))										
Total lobbying expenditures										
Grassroots nontaxable amount										
Grassroots ceiling amount (150% of line 2d, column (e))										
Grassroots lobbying expenditures										
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))					

	filed Form 5768 (election under section 501(h)).		(a)	(b)	
For e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No _	A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), or	sectio	n
		•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	L	Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		;	3	No

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

	line 3, is answered "Yes."		
1	Dues, assessments and similar amounts from members	1	64,079
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		

2a

Current year

24,000

Carryover from last year 2b

2c 24,000 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 24,000 3

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 4 political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

2 (coo modulation) and that is 57 most of complete the part for any additional modulation							
Return Reference	Explanation						
	PAID LOBBYIST FOR THE PURPOSE OF MONITORING PENDING NH LEGISLATION THAT MIGHT IMPACT SKI AREAS, ORGANIZATION OF TESTIMONY IN FAVOR OF OR OPPOSING						

PROPOSED LEGISLATION AS NECESSARY, PARTICIPATION IN NETWORKING FUNCTIONS

SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493072001347

Open to Public **Inspection**

	me of the organization : NEW HAMPSHIRE INC			Employer ide	ntification number
JK1	NEW HAPP STIRE INC			02-0474194	ŀ
Pa	Organizations Maintaining Dono Complete if the organization answer			ds or Acco	ounts.
		(a) Donor advised funds		(b)Funds aı	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to			advised	□ Yes □ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor adviso	r, or for any	other purpose	☐ Yes ☐ No
Pa	rt II Conservation Easements. Compl	ete if the organization answered	d "Yes" on	Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by t		')		
	Preservation of land for public use (e g , rec education)	Preserv		•	portant land area
	Protection of natural habitat	Preserv	ation of a ce	rtified histori	c structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contri	bution in the	form of a cor	servation
			_		at the End of the Year
а	Total number of conservation easements		⊢	2a	
b	Total acreage restricted by conservation easem		_	2b	
C	Number of conservation easements on a certifie	* *		2c	
d	Number of conservation easements included in (historic structure listed in the National Register			2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or	terminated l	by the organiz	zation during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located ►		_	
5	Does the organization have a written policy rega violations, and enforcement of the conservation	- · · · · · · · · · · · · · · · · · · ·	ction, handlii	ng of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, a	nd enforcing	conservation	n easements during the
	>				
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and er	nforcing con	servation eas	ements during the year
В	Does each conservation easement reported on I (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requireme	nts of section	on 170(h)(4)	┌ Yes ┌ No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's		•	ment, and
aı	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Trea		Other Sim	nilar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila	FAS 116 (ASC 958), not to report I	n its revenue		

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X **▶** \$ __ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Cat No 52283D Schedule D (Form 990) 2015

	eddie B (Form 550) 2015										raye Z
Pa	t III Organizations Maintaining (continued)	Collections of A	Art, His	storica	Treas	sures,	or Ot	her Sim	ilar As	sets	
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other red	cords, ch	neck any	of the fo	llowing	that ar	e a sıgnıfı	cant use	of its	
а	Public exhibition		d	_ L	oan or e	xchange	progr	ams			
b	Scholarly research		е	Г о	ther						
c	Preservation for future generations										
4	Provide a description of the organization Part XIII	's collections and ex	plain hov	w they fu	rther the	e organiz	ation's	exempt _l	ourpose ir	ı	
5	During the year, did the organization soli assets to be sold to raise funds rather th								☐ Yes	☐ No	
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ingements.									990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inter	rmediary	for cont	rıbutıon	s or othe	erasse	ts not	☐ Yes	∏ No	
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing ta	able				A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21,	for escro	ow or cu	stodial a	ccoun	t liability?	Yes	∏ No	
b	If "Yes," explain the arrangement in Part	:XIII Check here ıf	the expl	anation h	nas beer	n provide	ed in Pa	art XIII			
Pa	rt V Endowment Funds. Comple	te if the organizat	tion ans	wered '	"Yes" to	Form	990, I	Part IV, l	ıne 10.		
		(a)Current year	(b) Pr	or year	b (c) ⊺	wo years	back (d) Three yea	ars back ((e) Four yea	rs back
1a b	Beginning of year balance Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses				+						
g	End of year balance										
2	Provide the estimated percentage of the	current year end bal	lance (lır	ne 1g, co	lumn (a)) held as	 5				
а	Board designated or quasi-endowment >										
b	Permanent endowment ▶										
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%									
За	Are there endowment funds not in the po- organization by	•		that are	held and	l adminis	stered	for the		Yes	No
	(i) unrelated organizations								3a(i		110
b	(ii) related organizations			 Schedule	 !R? .				3a(i 3b	i)	
4	Describe in Part XIII the intended uses	-	endowm	ent funds	S						
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		Form 9	90 Pari	t IV lun	9 د 1 1 م	Soo Fr	nrm 990	Dart Y	line 10	
	Description of property	answered res to			ther basis) ther bas	Acc	umulated preciation	(d)Boo	k value
1 a	Land					,	•				
b	Buildings										
c	Leasehold improvements										
d	Equipment										
	Other						62,79	5	10,466	5	52,329
Tot	al. Add lines 1a through 1e <i>(Column (d) mu</i> s	st equal Form 990, Pai	rt X, colu	mn (B), lı	ne 10(c))			. ▶		52,329
								Sc	hedule D	(Form 99	0) 2015

Part VII	Investments—Other Securities. C	omplete if the org	anization answered 'Yes	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(1)Emangia	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)Other				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90, Part IV, line 11c.sa	e Form 990 Part V June 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. Complete if the organizat	<u>cion answered 'Yes' c</u> cription	on Form 990, Part IV, line 1	(b) Book value
	(a) bes	СПРСТОП		(b) book value
-				+
Total (Colu	mn (b) must equal Form 990, Part X, col (B) line	- 15)		
Part X				
	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal Inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
	ome taxes nn (b) must equal Form 990, Part X, col (B) line 25)	P		

Schedule D (Form 990) 2015

1

2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) o	n investments	2a		
b	Donated services and use of fa	cilities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			26	e
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			40	С
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	212)	5	
Part		penses per Audited Financial Sta		kpenses p	er Return.
		zation answered 'Yes' on Form 990, I	·		
1	·	audited financial statements		1	·
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of fa	cilities	2a		
b	Prior year adjustments		2b		
C	Otherlosses		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			. 20	e
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	}
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			. 4	с
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ne 18)	5	;
		_		V.	
Par	XIII Supplemental Info	ormation			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			ovide any additional
	Return Reference	Explanation			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Schedule D (Form 990) 2015	Page 5			
Part XIII Supplemental Information (continued)				
Return Reference	Explanation			

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DLN: 93493072001347

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

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

Open to Public

Treas	sury nal Revenue Service						Inspe	ctio	n
	ne of the organization				Emplo	yer identificat	ion nu	mber	
SKI NEW HAMPSHIRE INC									
Da	art I Types of Property				02-04	74194			
	Types of Troperty	(2)	(b)	(a)	Τ	(d			
		(a) Check If applicable	Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method of d oncash contrib	etermı		ıts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property				-				
9	Securities—Publicly traded .				+				
10	Securities—Closely held stock	·			1				
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								
19	Food inventory								
20	Drugs and medical supplies .				<u> </u>				
	Taxidermy				+				
23	Scientific specimens								
24	Archeological artifacts								
	Other ► (Х	1	260,677	7				
26	Other ▶ ()								
	Other ► ()								
	Other ▶ ()								
29	Number of Forms 8283 received for which the organization comple				29				
								Yes	No
30a	During the year, did the organize	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that			
	it must hold for at least three ye	ears from the	e date of the initial contribu	ution, and which is not requ	ired to	be used			l
	for exempt purposes for the ent	ire holding p	eriod?				30a		No
b	If "Yes," describe the arrangem	ent in Part I	I						
31	Does the organization have a gi	ft acceptant	ce policy that requires the	review of any non-standard	contri	butions?	31		No
	Does the organization hire or us	·		·					

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

b If "Yes," describe in Part II

describe in Part II

32a

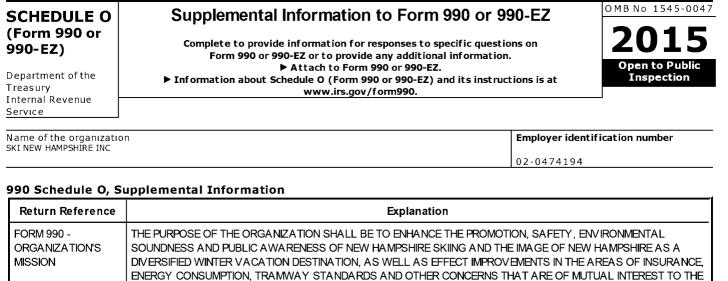
Νo

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



ANY COMMMERCIAL ALPINE OR CROSS COUNTRY SKLAREA OR ANY RELATED BUSINESS TO THE NEW HAMPSH

IRE SKI INDUSTRY MEETING THE DUES AND MEMBERSHIP REQUIREMENTS AND RECEIVING APPROVAL BY A MAJORITY OF THE BOARD OF DIRECTORS SHALL BE ELIGIBE FOR MEMBERSHIP IN THIS ORGANIZATION

DLN: 93493072001347

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MEMBER SKI AREAS OF NEW HAMPSHIRE

FORM 990, PAGE 6.

PART VI, LINE 6

990 Schedule O, Supplemental Information

Return Reference

Explanation FORM 990, PAGE 6, PART VI, LINE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE SKLAREA MEMBERS OF THE

ORGANIZATON 7A FORM 990, PAGE 6, PART VI. LINE FACH YEAR AT THE ANNUAL MEETING THE MEMBERS VOTE ON THE PROPOSED MARKETING PLAN AND **7B PROPOS** ED ANNUAL BUDGET IN ADDITION BY LAWS CHANGES MUST ALSO BE APPROVED BY THE GENERAL **MEMBERSH** IP (VIA A RECOMMENDATION BY THE BOARD)

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PAGE 6, PART VI,	THE GOVERNING BODY GIVES THE AUTHORITY FOR THE SUPERVISION AND FILING OF FORM 990 TO THE
LINE 11B	PRESIDENT/AGENT OF THE ORGANIZATION
FORM 990 PAGE 6 PART VI	NEW BOARD MEMBERS ELECTED AT THE ANNUAL MEETING MUST SIGN THE CONFLICT OF INTEREST POLICY

LINE 12C

990 Schedule O, Supplemental Information

Return Reference

LINE 15A

LINF 19

Explanation FORM 990, PAGE 6, PART VI. EACH KEY EMPLOYEE RECEIVES A BASE SALARY PLUS ANY BONUS EARNED VS. QUANTIFIABLE GOALS FOR THAT YEAR

FORM 990. PAGE 6. PART VI. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE MEMBERS' WEBSITE GO VERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE. TO T

HE PUBLIC UPON REQUEST. FORM 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE.