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## Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

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

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

Open to Public Inspection

B Cheeck irrepresentations the Address change. Name through the interfectation member of the interfectation o	AI	For the	2015 calend	ar year, or tax year beginning June 1 , 2015, and ending	May 31	, 20 16					
International Control Contr	В	Check If ap	oplicable	C Name of organization D Em	ployer id	entification number					
Profit Private Number   Private Number Number   Private Number Nu		Address c	hange	Mountain Laurel Skiers, Inc.	06-6070961						
Franchemistrate   City or tivent, state or province, county, and ZiP or foreign postal code   F Group Exemption   Number   City or tivent, state or province, county, and ZiP or foreign postal code   F Group Exemption   Number   City or tivent, state or province, county, and ZiP or foreign postal code   F Group Exemption   Number   City or tivent, state or province, county, and ZiP or foreign postal code   F Group Exemption   Number   City or tivent, state	_		-	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E Tel	phone n	umber					
Annotedireburn   Ann	=										
Accounting between   Account	☴			City or town, state or province, country, and ZIP or foreign postal code	oup Exe	mption					
Website: MTLski.com	靣	Applicatio	n pending	Farmington, CT 06034 No	mber I	<u> </u>					
Tax-exempt status (check only one) —	G	Account	ling Method:	☐ Cash ☐ Accrual Other (specify) ► H Check	▶ ☑	if the organization is <b>not</b>					
K Form of organization:   Corporation											
L Add Innes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.    Part I	JT	ax-exen	npt status (che		990, 99	0-EZ, or 990-PF).					
Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I   1   2122   2   Program service revenue including government fees and contracts   2   0   0   0   0   0   0   0   0   0											
Check if the organization used Schedule O to respond to any question in this Part I    Check if the organization used Schedule O to respond to any question in this Part I    1 Contributions, gifts, grants, and similar amounts received.   1   2122					3						
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 1 2122 2 Program service revenue including government fees and contracts 2 0 0 3 Membership dues and assessments 3 26376 4 Investment income 4 8 8 6 Gross amount from sale of assets other than inventory 5 8	_			·	<u> </u>						
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Fell	t II	Balance Sheets (see the instructions					
		Check if the organization used Schedule	O to respond to a			•	<u> </u>
`				_	(A) Beginning of year	1	(B) End of year
22		h, savings, and investments			61309		40287
23		d and buildings			424363		424364
24		at assets (describe in Schedule O)			9895 499581		0
25 26		al liabilities (describe in Schedule O)		<del></del>	369299		464651 344614
27		assets or fund balances (line 27 of column		<del> </del>	126268		120037
Pari		Statement of Program Service Accom				=:1	12007
		Check if the organization used Schedule					Expenses
Vhat	is the	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
erso	easure ons be	ne organization's program service accompled by expenses. In a clear and concise nefited, and other relevant information for e	nanner, describe th ach program title.	e services provided		org	anizations; optional for ers.)
28	Operat	ted a ski Lodge in Ludlow, VT for winter skiin	g Plus summer Hikin	g, biking & kayaking			
	(Grant			ants, check here .		28	9
		pated in Connecticut Ski Council Monday nite					
	clubs	participating					1
	(Grant	s\$ ) If this amoun	tincludes foreign an	anta ahaak hara		298	_
		ly all members participated in off season cond				250	4
	progra				and kayaking		
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		program services (describe in Schedule O)					
	(Grant			ants, check here .		318	a
32	Total	program service expenses (add lines 28a	through 31a)		🕨	32	!
Parl	IV	List of Officers, Directors, Trustees, and Ke	v Employees (list eac			- 4	adiana fau Dawi NA
		Check if the organization used Schedule		ny question in this	Part IV		
					Part IV	e (e	🗅
Marjo		Check if the organization used Schedule  (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	e (e	Estimated amount of
	rie Wa	Check if the organization used Schedule	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	e (e	Estimated amount of
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(athy Millic	rie Was Augus	Check if the organization used Schedule  (a) Name and title  sel, President  styn, Vice President	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	) (e	Estimated amount of
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(athy Millic Brian Gretc Jonat Isa I Clyde Jorb Bob 2 Mike Cathy	rie Water Augustent Arr Kirkpa hen Ma han Ho Durland Proch Church awack Korby, Killey,	Check if the organization used Schedule  (a) Name and title  sel, President styn, Vice President hold, Secretary htrick, Treasurer arx, Ass't Secretary/treasurer buck, Past President d, Board Menber h, Board Menber h, Board Menber i, Board Menber Board Menber Board Menber	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	Estimated amount of other compensation  0  0  0
(athy Millic Brian Gretc Jonat Isa I Clyde Jorb Bob 2 Mike Cathy	rie Water Augustent Arr Kirkpa hen Ma han Ho Durland Proch Church awack Korby, Killey,	Check if the organization used Schedule  (a) Name and title  sel, President styn, Vice President nold, Secretary atrick, Treasurer arx, Ass't Secretary/treasurer suck, Past President d, Board Menber n, Board Menber i, Board Menber Board Menber n, Board Menber Board Menber n, Board Menber Board Menber n, Board Menber Board Menber	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O
Kathy Millic Brian Gretc Onat Lisa I Clyde Norb Bob Z Mike Cathy Oy D	rie War Augus ent Arr Kirkpa hen Ma han Ho Durland Proch Church awack Korby, Sullivan Riley, utra, C	Check if the organization used Schedule  (a) Name and title  sel, President styn, Vice President nold, Secretary atrick, Treasurer arx, Ass't Secretary/treasurer suck, Past President d, Board Menber n, Board Menber i, Board Menber Board Menber n, Board Menber Board Menber n, Board Menber Board Menber n, Board Menber Board Menber	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O
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Kathy Millic Brian Gretc Onat Lisa I Clyde Norb Bob Z Mike Cathy Oy D	rie War Augus ent Arr Kirkpa hen Ma han Ho Durland Proch Church awack Korby, Sullivan Riley, utra, C	Check if the organization used Schedule  (a) Name and title  sel, President styn, Vice President hold, Secretary htrick, Treasurer harx, Ass't Secretary/treasurer houck, Past President d, Board Menber h, Board Menber h, Board Menber Board Menber h, Board Menber h, Board Menber h, Board Menber h, Board Menber	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
<del>,</del>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>✓</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>✓</b>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>/</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	┨ ┃		
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		_
ood	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
ь		30a		
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
þ	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ,			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a		203-25		2
<b>L</b>	Located at ► 52 Sheila Ct. Apt#113, Bristol, CT, 06010 ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	060		Ma
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ▶	42.0		
	See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓_
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	ادمم		
4Ec	•	44d 45a	<b> </b>	1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<u>*</u>

	١								Yes	No		
46	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C,	ampaign activities Part I	on behal	f of or in o	ppositio	n 46		1		
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					tables 1	for lin	es		
		Check if the organization used Sch	nedule O to respond	to any question	in this Pa	rt VI .				. 🗆		
	-								Yes	No		
47	year?	he organization engage in lobbying I If "Yes," complete Schedule C, Par	t II					X 47				
48		organization a school as described in						48	ļ			
49a		ne organization make any transfers to						49a		<u> </u>		
		es," was the related organization a se plete this table for the organization's						49b		dkov		
50		oyees) who each received more than										
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) contrib	Health benefications to emplans, and decompensation	its, ployee (e eferred	e) Estimate other con	ed amo	unt of		
	•••••											
	•											
	••••••		· · · · · · · · · · · · · · · · · · ·									
f		number of other employees paid over				<del></del>						
51		olete this table for the organization' ,000 of compensation from the orga			ent contra	actors who	each r	eceived	more	than		
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c) C	ompensat	ion			
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							<del></del>	<del></del>				
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	7-1-1			0100 000						· · · · · · ·		
d 52		number of other independent contra	_		. ▶	<u> </u>	-441					
<b>JZ</b>		the organization complete Schedu pleted Schedule A , / .	/	Ction 501(c)(3) 0	_			a ►∐ Yes	ا 🗖 ا	No		
Under pe	nalties	of perjury, I declare that I have examiner this rd complete. Declaration of preparer (other than	etum, iocluding accompan	ying schedules and stat	tements, and	to the best o						
	Т	May Markey						10-15-16				
Sign Here	Signature of officer  Brian Kirkpatrick, Treasurer											
		Type or print name and title										
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		eck [] if f-employee		<del></del> .			
Use (		Firm's name				Firm's EIN	<b>.</b>					
May + +h	O IDC	Firm's address ► discuss this return with the preparer	shows shows? Sas i	notructions		Phone no						
iviay ill	らっしつ	anacuss tins return with the preparer	SHOWII ADOVE FORE	nauuvuvii\$			🚩	Yes	5 1 1 1	No		

Form 990-EZ (2015)

Page 4

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

## Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					Employer Identification number
Mountain Laurel Skie	rs, Inc.	<u></u>	····		06-6070961
Other revenue: line 8	Advertising In	come \$218			
Other expenses: Line	16				
		,	*******************************	***************************************	/
SC Ski Racing:	4036				
lisc Administration:	840				
iablity Insurance:	1257				
lisc supples:	372				
SC fees:	1854				
fleeting night costs:	1334		~~~~		***************************************
Bank Charges:	29				
Incategorized:	133		***************************************		
lisc expenses:	229				,
otal Line 16	33254				·
ine 26 Liabilies:					
Year Notes:	47600				
ank Loan	297014			***************************************	
oTal Libilities	344614			***************************************	
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