IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

Name of exempt organization

SARASOTA SKI-A-REES INC

59-2418349

Name and title of officer

KAREN JOHNSTON

TREASURER

Parti			Information		

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b	74,330
		b Total tax (Form 1120-POL, line 22)	3b ,	
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
	101111 0000 0110011 11010 1			

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

O

fficer's PIN: check	one box c	only				
X I authorize	TIMM	& !	TIMM,	P.A.	to enter my PIN	88888 as my signatur
E3 T ddirlonzo .				ERO firm name		Enter five numbers, but do not enter all zeros
on the organ being filed w	ization's tax	k year agenc	2015 electry(ies) regul	ronically filed retur	m. If I have indicated within this return that a copart of the IRS Fed/State program, I also autho	py of the retum is rize the aforementioned

ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return
 If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

05/17/16

Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50916099999

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

Information for	Aut	horized IRS e-file P	rovide	rs for Busi	iness Retums.				
ERO's signature	•	DOUGLAS	A.	TIMM	CPA	Date	•	05/17/16	
2.100 0.9									

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Form **990-EZ**

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)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

Α	For the	2015 caleng	dar year, or tax year beginning , and ending				
В	Check if a	applicable:	C Name of organization			D Employer ide	entification number
	Address o	change				E0 045	0240
	Name cha	ange	SARASOTA SKI-A-REES INC			59-241	
	Initial retu	m	Number and street (or P.O. box, if mail is not delivered to street address)	Roo	m/suite	E Telephone nu	
	Final retu	um/terminated	PO BOX 1493				71-7481
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code			F Group Exen	•
П	Application	n pending	SARASOTA FL 34230			Number	
G	Accoun	ting Method:	X Cash Accrual Other (specify) ▶		H Chec	k 🕨 🔀 if the o	organization is not
ı	Websit	e: > SAR	ASOTASKIAREES.COM		requi	red to attach Sci	hedule B
J			heck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	(Forn	n 990, 990-EZ, o	or 990-PF).
ĸ		of organization		ner			
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets			
(Pa	rt II, colur	mn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	84,102
F	karti I	Reven	ue, Expenses, and Changes in Net Assets or Fund Ba	lances (see	the instruc	tions for Part I)
anditti	AND THE RESERVE OF THE PERSON NAMED OF THE PER	Check	if the organization used Schedule O to respond to any question	in this Part I			<u> X</u>
	1		gifts, grants, and similar amounts received				33,964
	2		vice revenue including government fees and contracts				16,046
	3	-	dues and assessments			1 . 1	14,655
	4		income				
	5a			5a			
	b			5b			
	c		from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6		fundraising events				
		•	ne from gaming (attach Schedule G if greater than				
0	. "			Sa			
Revenue	b			f contributions			
9	"		sing events reported on line 1) (attach Schedule G if the				
œ				sb			
				Sc .			
	C		or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract			
	d					6d	
	1		of inventory loss returns and allowances	7a	19,43		
	7a			7b	9,77	2005/19/2007/77	
	b		or (loss) from sales of inventory (Subtract line 7b from line 7a)			participation and	9,665
	C					1 - 1	
	8		* * * * * * * * * * * * * * * * * * * *		1	9	74,330
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O)				
	10					11	
	11	•	d to or for members			12	
es	12	-	ner compensation, and employee benefits				200
eus	13		fees and other payments to independent contractors				22,812
Expenses	14		rent, utilities, and maintenance				88
ш	1		blications, postage, and shipping				31,139
	16		nses (describe in Schedule O)			17	54,239
	17		nses. Add lines 10 through 16				20,091
S.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	aroo with			
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must a			40	24,572
As			figure reported on prior year's return)				22,312
Net Tet	20		ges in net assets or fund balances (explain in Schedule O)				44,663
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			▶ 21	24,003

Part II Balance Sheets (see the instructions for F	,				
Check if the organization used Schedule O t	o respond to any				X
			ginning of year		(B) End of year
22 Cash, savings, and investments			19,641	22	11,683
23 Land and buildings			0 4,931	23	33 000
24 Other assets (describe in Schedule O)			24,572	24	32,980 44,663
25 Total assets			24,572	25	44,003
26 Total liabilities (describe in Schedule O)			24,572	26	44,663
27 Net assets or fund balances (line 27 of column (B) must agr Part III Statement of Program Service Accom				27	44,003
Check if the organization used Schedule O to	•		· [==]		Expenses
What is the organization's primary exempt purpose?	o respond to any	question in this Fait		(Ra	quired for section
SEE SCHEDULE O				`	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three la	rgest program services			anizations; optional for
as measured by expenses. In a clear and concise manner, describ		• • •		_	ers.)
persons benefited, and other relevant information for each program	•	,		•	J. J.,
28 PROMOTION OF WATER SKIING AND WATER SKIING S		N.			
(Grants \$) If this amount includes				28a	11,089
29					
(Grants \$) If this amount includes	foreign grants, che	ck here		29a	
30					
(Grants \$) If this amount includes	foreign grants, che	ck here		30a	
(Grants \$) If this amount includes				31a	11,089
32 Total program service expenses (add lines 28a through 31a Part V List of Officers, Directors, Trustees, and Key E	mplovees (list ead	h one even if not compe	nsated see the	32	
Check if the organization used Schedule O to resp	ond to any questio	n in this Part IV			
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath ben contributions to e	mplóyee	(e) Estimated amount of
(a) Harris and	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred comper	and rsation	other compensation
RYAN BOULEY					
PRESIDENT	4.00	0		0	0
JOHN LACIVITA					
VICE PRESIDENT	4.00	0		0	0
KAREN JOHNSTON					
TREASURER	4.00	0		0	0
ADAM WAXLER					
DIRECTOR	1.00				0
LANCE ROBBINS	1.00	0		0	
DIRECTOR	1.00	0		0	0
CHRISTINA BOULEY	1.00	0		0	
CHRISTINA BOULEY DIRECTOR					
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0
CHRISTINA BOULEY DIRECTOR TODD JOHNSON	1.00	0		0	0

Pa	Other Information (Note the Schedule A and personal benefit contract statement re instructions for Part V) Check if the organization used Schedule O to respond to any quantum statement.	quirements in the restion in this Part V		
	institutions for Part V) Check if the organization used Coneduce C to respond to any qu	account in the Fact V	Yes	No
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	+-	X
34				
	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	┼	X
35a	· · · · · · · · · · · · · · · · · · ·	l l		4.5
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		+-	X
b	· · · · · · · · · · · · · · · · · · ·		+	┼──
C				x
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	+-	<u> </u>
36		36		X
	during the year? If "Yes," complete applicable parts of Schedule N Finter amount of political expenditures, direct or indirect, as described in the instructions	36	Z Dia con	22
37a		37b	17.1 (47.140 (PATPA))	X
b	CO C at a tempto on the complete of the comple			
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	propinition in	X
b	206			
39		The state of the s		
а	1 W. J. W. Care traded on Eng. O			
b	206			
40a	and the control of th			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	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		X
С	c 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	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	April 1		
	40c reimbursed by the organization			
0	· · · · · · · · · · · · · · · · · · ·	40-		X
	transaction? If "Yes," complete Form 8886-T			<u> </u>
41		elephone no. > 941-37	71 - 7	481
42a	a The digalizations books are in said of p	elephone no.	. 	
	1602 KEN THOMPSON PKWY Located at ► SARASOTA FL	ZIP + 4 ▶ 34236-	-849	3
	b At any time during the calendar year, did the organization have an interest in or a signature or other authorit	*************		No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account	int)?		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank at	nd		
	Financial Accounts (FBAR).			46.00
C				X
	If "Yes," enter the name of the foreign country: ▶			
43		k		
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	T.,	Т.,
		20000000000000000000000000000000000000	Yes	No
44a		44a		X
	completed instead of Form 990-EZ	440		
b		44b		X
	completed instead of Form 990-EZ			X
ç	and the second s			
d	explanation in Schedule O		1	
45a	The state of the s	450		X
45a b	The state of the s			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	456	1	X

									Ye	s N	lo
46		he organization engage, directly or indirectly, in political									
Pa	nt VI	ndidates for public office? If "Yes," complete Schedule C Section 501(c)(3) organizations only	ر					4	5	3	-
	W.M.A.E	All section 501(c)(3) organizations must answ	ver questions 47	–49b an	d 52, and cor	nplete the	tables for li	nes			
		50 and 51.								Г	٦
		Check if the organization used Schedule O to	respond to any	questio	n in this Part	VI				$\overline{}$	_
47	Did th	ne organization engage in lobbying activities or have a s	section 501(h) elec	tion in eff	ect during the t	ax			Ye	s N	0
		If "Yes," complete Schedule C, Part II						4	7	X	
48	is the	e organization a school as described in section 170(b)(1))(A)(ii)? If "Yes," c	omplete S	Schedule E			41	3	X	
49a	Did th	ne organization make any transfers to an exempt non-ch	haritable related o	rganizatio	n?					K	<u>.</u>
b		es," was the related organization a section 527 organization						49	b		_
50		plete this table for the organization's five highest compen oyees) who each received more than \$100,000 of components					•				
	Citipic	yeas) who cach received more than \$100,000 or comp	(b) Average		Reportable		Ith benefits,	T			_
		(a) Name and title of each employee	hours per week devoted to position	con	npensation W-2/1099-MISC)	contribution	ns to employee plans, and compensation	(e) Estima other c			Æ
NO	ONE			·							
f	Total	number of other employees paid over \$100,000			>						_
51		elete this table for the organization's five highest comper			tors who each	received m	ore than				
	\$100,0	000 of compensation from the organization. If there is n (a) Name and business address of each independent contr			(b) Type	e of service		(c) Com	neneati	on :	-
NO	ME	(a) Haine and business address of each independent contr	iactor		(6) 192	or service		(6) 00111	Delisation	JII	-
											_
<i>.</i>											
											_
											-
ď	Total	number of other independent contractors each receiving	over \$100,000	🕨							_
52		ne organization complete Schedule A? Note: All section	501(c)(3) organiza	ations mu	st attach a				_	1	
Lindor		eted Schedule A es of perjury, I declare that I have examined this return, includi						X Ye		No	_
		and complete. Declaration of preparer (other than officer) is ba						age and be	nei, it s	5	
											_
Sign		Signature of officer			Da						
Here		Type or print name and title			TREASURE	K					_
		· · · · · · · · · · · · · · · · · · ·	arer's signature			Date		PT	IN		-
Paid				ממי			Check self-em	if		71	
Prep	arer	Firm's name TIMM & TIMM, P.A.	GLAS A. TIMM (_FA			17/16 Sell-em	90-0	04372 978 9		-
	Only	Firm's address 7131 CURTISS AVE S	STE 4								-
			31-8002				Phone no. 94	<u>41-95</u>	-	200	_
May	the IRS	S discuss this return with the preparer shown above? Se	ee instructions					► X	Yes	No	้

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2015**

Employer identification number

Open to Public Inspection

59-2418349 SARASOTA SKI-A-REES INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (iv) Is the organization (iii) Type of organization (ii) EIN (i) Name of supported support (see other support (see listed in your governing organization (described on lines 1-9 document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D)

(E)

Page 2

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.)

Sec	tion A. Public Support					·····	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			24,935	29,635	33,964	88,534
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					400	
4	Total. Add lines 1 through 3			24,935	29,635	33,964	88,534
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)			77			
6	Public support. Subtract line 5 from line 4.				gent E.C.		88,534
	tion B. Total Support	2 12 12 12 12 12 12 12 12 12 12 12 12 12					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			24,935	29,635	33,964	88,534
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						- day
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						88,534
12	Gross receipts from related activities, etc.	(see instructions)					50,138
13	First five years. If the Form 990 is for the	e organization's firs	st, second, third, fo	urth, or fifth tax yea	ar as a section 501	I(c)(3)	. —
	organization, check this box and stop her						P
Sec	tion C. Computation of Public S						
14	Public support percentage for 2015 (line 6	6, column (f) divide	d by line 11, colum	nn (f))			100.00%
15	Public support percentage from 2014 Sch	edule A, Part II, lir	ne 14			15	%
16a	33 1/3% support test—2015. If the organ						⊾ ਓ
	box and stop here. The organization qua	lifies as a publicly	supported organiza	ation			▶ 🗓
b	33 1/3% support test—2014. If the organ						► □
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—20	15. If the organizat	ion did not check a	box on line 13, 16	sa, or 16b, and line	14 IS	
	10% or more, and if the organization mee	ets the "facts-and-o	ircumstances" test	, check this box ar	a stop nere. Expl	am m	
	Part VI how the organization meets the "organization						>
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization	n meets the "facts-	and-circumstances	rest, check this b	oox and stop nere.	ublick	
	Explain in Part VI how the organization m	4					▶ □
	supported organization				not this have and a		
18	Private foundation. If the organization di						▶ □
	instructions						

Page 3

Schedule A (Form 990 or 990-EZ) 2015 SARASOTA SKI-A-REES INC Part III Support Schedule for Organizations Described in Section 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.)

	ii ii io organii atti tame ta	7					
	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		γ		т		
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,]	
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop her	=			ar as a section 50		>
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2015 (line 8	3, column (f) divide	d by line 13, colum	nn (f))		15	%
16	Public support percentage from 2014 Sch			<u> </u>			%_
Sec	tion D. Computation of Investme			<u> </u>			
17	Investment income percentage for 2015 (<u>%</u>
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2015. If the orga						
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a pub	licly supported orga	anization	🏲 🗀
b	33 1/3% support tests—2014. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	▶ □
	line 18 is not more than 33 1/3%, check the						5 H
20	PERCOTA TAURASTION IT TOO OFGEDITATION OF		COLUMN 144 12521 OF		VA 0114 335 11181146		

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
. 2-2		
	AT ACH EMPEROR TO THE	
1		
12		
TOWNSHIP IN	(in Halamageneers regul	LANGUAGE DE POSTORES
2		
		Michigan Alberta
3a		
	BERNEST N.	
aliket is		
	SMSMMEDIE.	
3b		
	Programme and	AND THE RESERVE OF THE PERSON NAMED IN
3с	10121111111111111111111111111111111111	Megaricalitica
. 1	comment fill (i)	PRESINSPREMENTAL DE
4a		
	III dan	
100		January Hold
	garripestiktetiki	AND THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS NAMED IN COLUMN TO PERSON NAMED IN CO
4b		
SZF COLOR		
	SOCIETA CONTRACTOR CONT.	
4c		
i in		grandi.
5a		
	23	A PROPERTY OF
5b		
70		
5c		
	1.000	
	,	
6	104.000001197	Harris State of State
6		
6		
6		
7		
7		
7		
7		
7		
7		
7		
7		
7 8 9a		
7 8 9a 9b		
7 8 9a 9b 9c		
7 8 9a 9b 9c		

	tiv Supporting Organizations (continued)	
ı cı	Supporting Organizations (continued)	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	article in the state of
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
а	below, the governing body of a supported organization?	11a
h	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3
C4	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
1	The organization satisfied the Activities Test. Complete line 2 below.	,.
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).
•	The organization supported a governmental strain, possible and an array of the strain	•
2 /	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Scriedule A (Form 990 of 990-EZ) 2013 SIMMINOTE: SIME IN THE SIME			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
other Type III non-functionally integrated supporting organizations must complete Sec			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	***		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	10.000	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	15 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integr	rated Type	III supporting organization	(see
instructions).			

00100	3677 (101111 000 01 000 EE) E010			
Par	EV Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	itions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		and the second	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			AND THE PARTY OF T
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2015:			
a				
<u>b</u>				
	From 2013		English State Park	
	From 2014			
	Total of lines 3a through e	t same management to the same a		
	Applied to underdistributions of prior years		Digital Company of the Company of th	STATE STATE
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	(A)		
4	Distributions for 2015 from Section			
•	D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	And the second s		
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			The second s
A	Excess from 2015	Silgery Co.		I SANGER SANGER

Schadula A (F	orm 990 or 990-E7) 20	ons SARASOTA	SKI-A-REES	INC	59-2418349	Page 8
Part VI	Supplemental III, line 12; Part III, lines 1 and 2; 3a and 3b: Part III	I nformation. Provid V, Section A, lines Part IV, Section C, V. line 1: Part V, Se	le the explanations 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Se ection B, line 1e; P	s required by Part II, lind c, 5a, 6, 9a, 9b, 9c, 11a ection D, lines 2 and 3;	e 10; Part II, line 17a or 17I a, 11b, and 11c; Part IV, Se Part IV, Section E, lines 1c, 5, 6, and 8; and Part V, Sec	o; Part ction 2a, 2b,
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	, ,			***************************************	,	
					,	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		,				
					• • • • • • • • • • • • • • • • • • • •	
					.,	
*						
		,,				
•						
,						

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.

► 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SARASOTA SKI-A-REES INC

59-2418349

SARASOIA SKI-A-REES INC	,		33 232	0047
FORM 990-EZ, PART I, LINE 16 - OTH	ER EXP	ENSES		
DESCRIPTION		AMOUNT		
EXPENSES				
ADVERTISING	\$	3,572		
INSURANCE	\$	5,764		
SUPPLIES	\$	297	***************************************	
DUES & SUBS.	\$	1,200		
TELEPHONE & ANS. SVC.	\$	1,585		
SHOW EXPENSES	\$	11,089		
PROGRAMS	\$	3,236		
NON-INVESTMENT DEPRECIATION	\$	4,396		
TOTA	L \$	31,139		
FORM 990-EZ, PART II, LINE 24 - OTD DESCRIPTION	THER AS		. OF YEAR	END OF YEAR
		\$	28,454	60,89
LESS ACCUMULATED DEPRECIATION		\$	23,523	27,91
		TOTAL \$	4,931	32,98
FORM 990-EZ, PART III - PRIMARY E	KEMPT I	PURPOSE		
PROMOTE THE SPORT OF WATER SKIING	THROUG	SH SPONSORING	CHARITABLE	E EVENTS,
	e Dete	LOP AND MAIN	TAIN FACIL	ITIES;
EXHIBITIONS, SHOWS AND TOURNAMENTS), DEVE			
EXHIBITIONS, SHOWS AND TOURNAMENTS STIMULATE INTEREST IN WATER SKIING				

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

SARASOTA SKI-A-REES INC

Identifying number 59-2418349

	ss or activity to which this form relates NDIRECT DEPRECIA	TION							
Pa		ense Certain Prop							
	Note: If you have	any listed property	<u>, complete Part \</u>	V befo	ore you c	omplete Part	1.		
1	Maximum amount (see instruction	ons)						1	500,000
2	2 Total cost of section 179 property placed in service (see instructions)								
3	Threshold cost of section 179 p	roperty before reduction	n in limitation (see in	structio	ns)			3	2,000,000
4	Reduction in limitation. Subtract							4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zero o	or less, enter -0 If marri	ied filing	separately, s			5	Parkering Plans - The State of
6	(a) Descripti	ion of property		(b) Cost	(business use o	only) (c)	Elected cost		
			L						
7	Listed property. Enter the amour					7			
8	Total elected cost of section 179							8	
9	Tentative deduction. Enter the s							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Ente						ns)	11	
12	Section 179 expense deduction.					1		12	
13	Carryover of disallowed deduction			<u></u>		13			
THE SPECIAL SECTION AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO	Do not use Part II or Part III bel	tion Allowance a		oiatio	n (Do no	t include list	ed prope	rty)	(See instructions)
							eu prope	ity.j	Oce manachoria.)
14	Special depreciation allowance f							14	
	during the tax year (see instruct	ions)						15	
15	Property subject to section 168(16	
16 Da	Other depreciation (including AC	ation (Do not inclu							
	MACKS Deprecia	AUDIT (DO HOE HICK	Section		CC IIIOII G	<u> </u>			
17	MACRS deductions for assets p	laced in service in tax y	vears beginning befo	re 201	5			17	2,407
18	If you are electing to group any assets place						▶ □		
10	Section B-	-Assets Placed in Ser	vice During 2015 Ta	ax Yea	r Using the	General Depr	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment uponly-see instructions	tion use	(d) Recovery period	(e) Convention	(f) Metho		(g) Depreciation deduction
19a	3-year property	36,716	orky ood mondation	-					
b	5-year property		7.1	191	5.0	HY	S/	L	720
	7-year property		11,2		7.0	HY	s/		802
	10-year property								
	15-year property		14,0	023	15.0	HY	S/	L	467
	20-year property								
	25-year property				25 yrs.		S/L		
	Residential rental		_		27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property					MM	S/L		
	Section C—A	Assets Placed in Servi	ice During 2015 Tax	x Year	Using the	Alternative De	preciation	Syste	m
20a	Class life						S/L		
b	12-year				12 yrs.		S/L		
Total Control Control	40-year				40 yrs.	ММ	S/L		
Pa	rt IV Summary (See i	nstructions.)						r	
21	Listed property. Enter amount fr							21	
22	Total. Add amounts from line 12								
	here and on the appropriate line				–see instru	ctions		22	4,396
23	For assets shown above and pla	=	he current year, ente	er the					
	portion of the basis attributable					23			_ AECO
For I	Paperwork Reduction Act Notic	ce, see separate instru	uctions.						Form 4562 (2015)

SARASOTA SKI-A-REES INC PO BOX 1493 SARASOTA, FL 34230

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.

59	2/	14	ഠാ	40
: 1:7	-/-	.	ר.ח	43

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	_	Amount
DUES	INCOME	\$	14,655
	TOTAL	\$	14,655

59-2418349	Federal Statemen	ts
	Schedule A. Part II. Line	<u>1(e)</u>
	Description	Amount
DONATION INCOME TOTAL		\$ <u>33,964</u> \$ <u>33,964</u>
	Schedule A. Part II. Line	12
	Description	Amount
PROGRAM SERVICE INCOME DUES INCOME SALES TOTAL		\$ 16,046 14,655 19,437 \$ 50,138

Timm & Timm, P.A. 7131 Curtiss Ave Ste 4 Sarasota, FL 34231-8002 941-951-2200

May 17, 2016

CONFIDENTIAL

SARASOTA SKI-A-REES INC PO BOX 1493 SARASOTA, FL 34230

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Timm & Timm, P.A.

Filing Instructions

SARASOTA SKI-A-REES INC

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2015

Date Due:

August 15, 2016

Remittance:

None is required. Your Form 990-EZ for the tax year ended 12/31/15 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and fax, email or mail the

signed Authorization (only) as soon as possible to:

(F) 941-955-4573

Doug Timm dtimm@croytimmcpa.com

Timm & Timm, P.A. 7131 Curtiss Ave Ste 4 Sarasota, FL 34231-8002

Other:

Initial and date the copies of the IRS e-file Signature Authorization and the Form

990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

CLIENT COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMP	No	1545-1878
OMB	NO.	1040-10/6

Department of the Treasury Internal Revenue Service		Do not s	inning	our records.		2015
Name of exempt organization					Employer identificati	
	SARASOTA S		INC		59-24183	19
	KAREN JOHN	ISTON				
and the second s	TREASURER	hama la fa ma ati a m	(Mhala Dallara Only)			
			(Whole Dollars Only)		16 16 1	
			-EO and enter the applicab			
			on that line for the return be			
			not enter -0-). But, if you ent	erea -o- on the reta	m, then enter -o- on	
the applicable line below.				lino 12\	1h	
1a Form 990 check here 2a Form 990-EZ check he			n 990, Part VIII, column (A) Form 990-EZ, line 9)			
3a Form 1120-POL check			D-POL, line 22)			
4a Form 990-PF check he			nt income (Form 990-PF, F			
			Part I, line 3c or Part II, line			
Ou Tolli 0000 Greak here	Damino	o buo (romi cocc, i	are i, into oo or i are ii, iii.o			
Part II Declarat	ion and Signati	ure Authorizatio	n of Officer			
organization's 2015 electro are true, correct, and comp organization's electronic re to send the organization's it the transmission, (b) the re authorize the U.S. Treasur financial institution account return, and the financial ins Agent at 1-888-353-4537 m involved in the processing resolve issues related to the electronic return and, if app Officer's PIN: check one X I authorize TI on the organization being filed with a se	nic return and accomplete. I further declare turn. I consent to allow return to the IRS and eason for any delay in y and its designated indicated in the tax stitution to debit the eason later than 2 busine of the electronic pay the payment. I have splicable, the organization of the transplicable, the organization of the electronic pay the payment. I have splicable, the organization only the transplicable of the electronic payment. I have splicable, the organization only the transplicable of the electronic payment. I have splicable, the organization of the transplicable of the electronic payment. I have splicable, the organization of the electronic payment. I have splicable	panying schedules a that the amount in Fow my intermediate so to receive from the in processing the return Financial Agent to impreparation software entry to this account. The session of the ment of taxes to receive the detected a personal ideation's consent to elected a personal ideation in the ideation in	i. If I have indicated within t art of the IRS Fed/State pro	pest of my knowledgeshown on the copy of t	ge and belief, they of the noriginator (ERO) on for rejection of applicable, I sit) entry to the owed on this Treasury Financial financial institutions er inquiries and the organization's 88888 as mathematical as mathematical institutions er inquiries and the organization's as mathematical institutions er inquiries and the organization's as mathematical institutions er inquiries and the organization's as mathematical institutions as mathematical institutions are inquiries and the organization of the	
As an officer of the	e organization, I will e within this return that	enter my PIN as my : a copy of the return	signature on the organization is being filed with a state and or disclosure consent screen	igency(ies) regulatin	lectronically filed return g charities as part of	1.
Officer's signature				Date	05/17/16	
CONTRACTOR DE LA CONTRA	tion and Authe	entication				
ERO's EFIN/PIN. Enter you number (EFIN) followed by	•					916099999 not enter all zeros
	that I am submitting	this return in accorda	ure on the 2015 electronical ance with the requirements s.			
ERO's signature DO	UGLAS A. T	IMM CPA		Date	05/17/16	
	Do Not		tain This Form—See rm To the IRS Unless		Do So	
						0070 FO

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990-EZ**

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)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

Α	For the	2015 calend	dar year, or tax year beginning , and ending	_		
В	Check if a	applicable:	D	D Employer identification number		
	Address o	change				
	Name cha	ange	SARASOTA SKI-A-REES INC		59-2418	3349
\neg	Initial retu	ım	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E	Telephone num	
\neg	Final retu	ım/terminated	PO BOX 1493		941-371	7481
٦	Amended	retum	City or town, state or province, country, and ZIP or foreign postal code	F	Group Exemp	tion
┪	Application	n pending	SARASOTA FL 34230		Number >	
— G	Accoun	ting Method:	X Cash	heck >	X if the org	janization is not
1				equired	to attach Sche	dule B
J			heck only one) — X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 (F	orm 99	0, 990-EZ, or	990-PF).
		f organization				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
⊷ (Pai	rt ii colur	mn (B) below) :	are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	84,102
_	Paint I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I)	
	211.51	Check	if the organization used Schedule O to respond to any question in this Part I			X
	1		gifts, grants, and similar amounts received	- 1	1	33,964
	2		rvice revenue including government fees and contracts		2	16,046
	3	•		····· [3	14,655
	4		dues and assessments income		4	
	1 1		int from sale of assets other than inventory 5a	2		
	5a		or other basis and sales expenses 5b			
	b		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	C	, ,			******	
	6	•	I fundraising events			
-	а		ne from gaming (attach Schedule G if greater than			
Revenue	١.					
Ş.	b		To Holl fallacions overla (not messens)			
ď			sing events reported on line 1) (attach Schedule G if the	1		
	1		T gross moonie and sommodule execute the second sec			
	С		expenses from gaming and fantarationing events			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		64	
				127	6d	
	7a			437 772		
	b		7 goods sold		70	9,665
	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)	- 1	7c	9,000
	8	Other reven	ue (describe in Schedule O)	···· <u>·</u>	9	74,330
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 1	10	7=,550
	10		similar amounts paid (list in Schedule O)		11	
	11		d to or for members	·····	12	
8	12		her compensation, and employee benefits	·····	13	200
SUS.	13		I fees and other payments to independent contractors		14	22,812
Expenses	14		rent, utilities, and maintenance			88
Ш	1		blications, postage, and shipping		15	31,139
	16		nses (describe in Schedule O)		16	
	17		nses. Add lines 10 through 16		17	54,239
w	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,091
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			04 570
Ass	1	•	figure reported on prior year's return)		19	24,572
let	20	Other chang	ges in net assets or fund balances (explain in Schedule O)		20	44 666
Z	24	Net assets	or fund balances at end of year. Combine lines 18 through 20	•	21	44,663

Part II Balance Sheets (see the instructions for P							
Check if the organization used Schedule O to	o respond to any	question in the					
		-	(A) Be	ginning of ye		 	(B) End of year
22 Cash, savings, and investments				19,		_	11,683
23 Land and buildings				4	0		20.000
24 Other assets (describe in Schedule O)					931		32,980
25 Total assets				24,			44,663
26 Total liabilities (describe in Schedule O)				04.1	0		44 663
27 Net assets or fund balances (line 27 of column (B) must agr				24,	0/2	27	44,663
Part III Statement of Program Service Accom	•				X		P
Check if the organization used Schedule O to	o respond to any	question in tr	iis Paπ	III	2	٦ ا	Expenses
What is the organization's primary exempt purpose?						1 `	equired for section
SEE SCHEDULE O	and of its three le	rand program	non door			1	1(c)(3) and 501(c)(4) ganizations; optional for
Describe the organization's program service accomplishments for eas measured by expenses. In a clear and concise manner, describ						1	•
persons benefited, and other relevant information for each program	•	vided, the name	ei oi			Our	ners.)
28 PROMOTION OF WATER SKIING AND WATER SKIING SA	AFETY EDUCATIO	N.					
(Grants \$) If this amount includes	foreign grante, che				П.	28a	11,089
						Lua	22/003
29							
(Grants \$) If this amount includes					Щ.	29a	
00						200	
30				• • • • • • • • • • •			
(Grants \$) If this amount includes		ck here			Ш.	30a	
31 Other program services (describe in Schedule O)						1	
(Grants \$) If this amount includes					<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a)					-	32	11,089
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if n	ot compe	nsated — s	ee th	e instru	
Check if the organization used Schedule O to resp	ond to any questio	n in this Part IV (c) Reporta	·	(d) Hea			
(a) Name and title	(b) Average hours per week	compensar (Forms W-2/10	ion	contribution	s to	employe	
	devoted to position	(if not paid, e		benefit deferred			other compensation
RYAN BOULEY							
PRESIDENT	4.00		0			-	o
JOHN LACIVITA							
VICE PRESIDENT	4.00		0			1	0 0
KAREN JOHNSTON							
TREASURER	4.00		0				0 0
ADAM WAXLER							
DIRECTOR	1.00		0				0 0
LANCE ROBBINS							
DIRECTOR	1.00		0				0 0
CHRISTINA BOULEY							
DIRECTOR	4.00		0				0 0
TODD JOHNSON							
DIRECTOR	1.00		0				0 0
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

PE	int V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
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		X
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		X
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		X
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		-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			77
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			7.7
	during the year? If "Yes," complete applicable parts of Schedule N	. 36	ar univ	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			v
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			v
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 Cross receipts, included on line 9 for public use of club facilities.			
b	Gloss receipts, included on line 9, for public use or old blackfulles			
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	40b		x
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	_		
а				
_	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
е		40e	N. (CRIMINALISES)	X
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE			
41 42a	The organization's books are in care of ▶ KAREN JOHNSTON Telephone no. ▶ 94	41-37	1-7	481
444	1602 KEN THOMPSON PKWY			
	Located at ▶ SARASOTA FL ZIP + 4 ▶ 3	4236-	849	3
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes" enter the name of the foreign country:	_		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country: ▶			L [
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			LNa
	0.000		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		X
	completed instead of Form 990-EZ	44a		
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b		X
	completed instead of Form 990-EZ			X
C	Did the organization receive any payments for indoor tanning services during the year?	44C		
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		T	T
	·	450		x
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			H
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b	- CONTRACTOR	X
DAA	Form 990-EZ (see instructions)	Form 99	0-EZ	

										Yes	No
46	Did the	organization engage, directly or indirectly, in political	campaign activities	s on behalf	of or in oppo	sition					
9-1		didates for public office? If "Yes," complete Schedule (C, Part I					<u> </u>	46		X
Pai	t VI	Section 501(c)(3) organizations only		40h and	EO and con	anlata tha	tables for li	inon			
		All section 501(c)(3) organizations must answ 50 and 51.	ver questions 47	-490 anu	52, and con	iipiete trie	tables tot i	1169			
		Check if the organization used Schedule O to	respond to any	question	in this Part \	√ I					
										Yes	No
47		e organization engage in lobbying activities or have a	section 501(h) elec	tion in effe	ct during the t	ax			47		x
40		f "Yes," complete Schedule C, Part II	\/A\/ii\? If "Voo." o						48	\dashv	X
48 49a		organization a school as described in section 170(b)(1 organization make any transfers to an exempt non-c							49a	\neg	X
b		" was the related organization a section 527 organiza	C0		·				49b		
50		ete this table for the organization's five highest compe		(other tha	n officers, dire	ctors, truste	ees and key			-	
		ees) who each received more than \$100,000 of comp									
		(a) Name and title of each employee	(b) Average hours per week devoted to position	comp	eportable ensation -2/1099-MISC)	contributions benefit	th benefits, s to employee plans, and		stimated er comp		
) TIE					deferred o	ompensation	\vdash			
NO	NE										
								├─			
					·			 			
f	Total n	umber of other employees paid over \$100,000									
51	Comple	ete this table for the organization's five highest compe	nsated independer	nt contracto	ors who each	received m	ore than				
	\$100,0	00 of compensation from the organization. If there is i			(h) Typ	e of service		(c)	Compen	eation	
		(a) Name and business address of each independent con	tractor		(ы) тур	e or service		(0)	Joinpen	sation	
NOI	NE										
		The state of the s									
				,							
d	Total n	umber of other independent contractors each receivin	g over \$100,000	•							
52		organization complete Schedule A? Note: All section		ations mus	t attach a						
		ted Schedule A					<u></u>	<u> </u>	Yes		No
Under	penaltie	s of perjury, I declare that I have examined this return, includend complete. Declaration of preparer (other than officer) is b	ding accompanying se	chedules and	d statements, ar	nd to the bes	st of my knowle	edge an	ıd belief,	it is	
true, c	orrect, a	nd complete. Declaration of preparer (other than officer) is b	ased on all information	on or which	preparer rias an	iy kilowledge	•				
Sign		Signature of officer			l Da	te					
Here		KAREN JOHNSTON		T	REASURE	R					
		Type or print name and title									
	T	Print/Type preparer's name Pre	parer's signature			Date	Check	if	PTIN		
Paid	Į.	DOUGLAS A. TIMM CPA DOU	JGLAS A. TIMM	CPA		05/3	7/16 self-er	mployed	P0043		
Prep	. 1-	Firm's name TIMM & TIMM, P.A.					Firm's EIN ▶	90	-097	897	16
Use	Only		STE 4				^	.41 =	051	221	10
N.4	460 100		31-8002				Phone no. 9		951- X Yes		No
iviay	ule IKS	discuss this return with the preparer shown above? S	DEC INSUBUCIONS	<u> </u>					100		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Employer identification number

Hanne	01 616	or garnization	SARA	SOTA	SKI	-A-	REES	INC					59-241	.8349	
Pa	71	Reaso							ations	must co	mplete	this part.)	See instruction	ons.	
		ization is not													
1		A church, cor													
2		A school des													
3	Н	A hospital or										iii).			
4	Н	A medical res	search orga	nization	operated	in co	njunction	with a h	ospital o	lescribed	in sectio	n 170(b)(1)(/	A)(iii). Enter the	hospital's name,	
•	ш	city, and state			•										
5	\Box			for the	benefit o	of a co	llege or u	iniversity	owned	or operate	ed by a g	overnmental	unit described in		
•	ш	section 170					•	·							
6		A federal, sta					nental ur	nit describ	ed in s	ection 17	70(b)(1)(A	\)(v).			
7	X												the general publ	ic	
•	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									ete Part	II.)					
9	The second secon														
		receipts from	activities re	elated to	its exem	pt fun	ctions—s	ubject to	certain	exception	s, and (2) no more that	n 33 1/3% of its	3	
		support from	gross inves	tment in	come an	nd unre	elated bu	siness ta	xable in	come (les	s section	1 511 tax) fro	n businesses		
		acquired by t													
10		An organizati	on organize	d and o	perated e	exclus	ively to te	est for pu	blic safe	ty. See s	ection 5	09(a)(4).		_	
11		An organization	on organize	d and or	perated e	exclusi	vely for t	he benefi	t of, to	perform th	e function	ns of, or to ca	arry out the purp	oses of	
		one or more	publicly sup	ported o	organizati	ions d	escribed	in section	n 509(a)(1) or se	ction 50	9(a)(2). See s	ection 509(a)(3). Check	
		the box in line	es 11a throi	ugh 11d	that des	cribes	the type	of suppo	rting org	janization 	and com	iplete lines 11	e, 11f, and 11g.		
а	Ш	Type I. A sur	porting org	anization	n operate	d, sur	pervised,	or contro	lled by	its suppo	ned orgai	nization(s), ty	oically by giving	n.a.	
									ect a ma	ajority of t	ne airect	ors or trustee:	s of the supporti	ng	
	_	organization.										organization/	a) by baying		
b	Ш	Type II. A su													
										: persons	ulat com	uoi oi illallay	e the supported		
	\Box	organization(s								connection	n with ar	nd functionally	integrated with		
С	Ш	its supported	tionally in	egrated	. A supp	orung	Vou	et compl	loto Dar	IV Sect	ione A I	nand F	integrated with,		
	\Box	its supported	organizatio	li(S) (Sei	e msuuc	eunno	rting org	anization	onerate	d in conn	ection wit	th its support	ed organization(s	s)	
d	Ш	Type III non	-runcuonal nationally in	toarstad	The ere	ouppo raniza	tion gene	anization arally mus	t estich	a distrib	ution real	irement and	an attentiveness	i	
		requirement													
		Check this bo											l, Type III		
е	ш	functionally in										. , , , , , , , , , , , , , , , , , , ,			
f	Fnt	er the number					,								
g		vide the follow				upport	ed organ	ization(s)	•						
		e of supported		(II) EIN				of organization		(iv) Is the	organization		int of monetary	(vi) Amour	
	org	anization					•	on lines 1-			ur governing ment?	1	port (see tructions)	other suppor instruction	•
							above (se	instruction:	5))	uccu	i Kont:	""	a dolor la j	(1100 0000)	,
										Yes	No				
(A)															
											ļ				
(B)															
(C)															
(D)															
(E)															
Tota	ı										Part His				

Schedule A (Form 990 or 990-EZ) 2015 SARASOTA SKI-A-REES INC

Part II Support Schedule for Organizations Described in Section 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			24,935	29,635	33,964	88,534
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			24,935	29,635	33,964	88,534
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.		September 1981			ALD The state of the state of t	88,534
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			24,935	29,635	33,964	88,534
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						88,534
12	Gross receipts from related activities, etc.					12	50,138
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						<u></u>
Sec	tion C. Computation of Public S						
14	Public support percentage for 2015 (line 6						100.00%
15	Public support percentage from 2014 Sch	edule A, Part II, lin	e 14				%_
l6a	33 1/3% support test—2015. If the organ				33 1/3% or more, o	check this	⊾ च
	box and stop here. The organization qual						> X
b	33 1/3% support test—2014. If the organ				5 is 33 1/3% or mo	ore,	. □
	check this box and stop here. The organi						
17a							
	10% or more, and if the organization mee						
	Part VI how the organization meets the "forganization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						⊾ ┌┐
	supported organization						▶ ⊔
18	Private foundation. If the organization die						▶ □
	instructions						<u> </u>

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.)

Sec	tion A. Public Support	quality arrass to		,		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(4) 4011	(2, 20.2	1-7-2	,,==-		
2	grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	7.00					
8	Public support. (Subtract line 7c from line 6.)			Part of the second seco		The part of the Property of th	
Sec	tion B. Total Support	,			T		(D. T. I. I
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						·
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						l pir.
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her				ear as a section 50		
Sec	tion C. Computation of Public S						
15	Public support percentage for 2015 (line 8			nn (f))		15	%%
16	Public support percentage from 2014 Sch						%_
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (3, column (f))			<u>%</u>
18	Investment income percentage from 2014	Schedule A, Part	III, line 17		, ,	18	<u>%</u>
19a	33 1/3% support tests-2015. If the orga	anization did not cl	heck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a pub	olicly supported org	anization	▶ ∟
b	33 1/3% support tests—2014. If the orga	anization did not cl	heck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check t	his box and stop l	here. The organiza	ition qualifies as a	publicly supported	organization	🟲 📙
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, o	r 19b, check this b	oox and see instruc	tions	P

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	,		
		Yes	No
1	jumetra jas		
- 1			
- 1	1		
H	ULTUE CIDAM	ESTATION STREET	2721 manual
- 1			
- 1	2		
ŀ			le sil e si
			P.T.
- 1			
- 1	3a		an and the last section of the
			i i i i i i i i i i i i i i i i i i i
- 1	3b		
- 1	JU		
- 1			
- 1		CACCO CONTRACTOR CONTRACTOR	LESCHMENT HARMAN TOURS
Į	3c		PARTITION OF THE PARTIT
- [
- 1		ramidata as Philippa	pysocopowerski pri pri pri pri pri pri pri pri pri pr
- 1	4a		
- 1			
ı			
- 1			
- 1		constants Nillia	Brodenberg grant (1)
- 1	4b		
- 1			
	u are		100
- 1	200		
		Canana A	
	4 - 1		
	40	eroe Mkanne	
		Lorens III	
	<u>5a</u>	rana taman da baka	SANSON TO LOCALIS
		MARCH CONTROL CONTROL	Sometic Attraction to Line
- 1	5b		
ļ	5c		
	CONTRACTOR OF THE CONTRACTOR O	W/	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR
		POZNIKA POMONIKA	NAMES AND POST OF THE PARTY OF
	6		
		l	l
	7	and the second	CONTROL OF THE PARTY OF THE PAR
			reserver diliberation
	8		
			1
	9a		
		Torquia mappinedo).	
	9b	- Management	100000000000000000000000000000000000000
	1		
	9c	1	
		1	
		T	
	10a		- Constant
	ł .	a constantial for	HASSIANISH - CON
	10b		

201101111111111111111111111111111111111	die A (Foilit 990 di 990-EZ) 2015 DARADOTA BRI A REED TRC	JJ 2310333		raye o
Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Bartin I.	
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	111		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part \	/I. 11c		
	on B. Type I Supporting Organizations	*		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Automobile (1886)
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	O PROGRESSION AND	MENORMANIAN ARRAMANI
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			en Handarija
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	U1 21102040808080808	PERMITTER STATES
Secti	on C. Type II Supporting Organizations	1 4	1	
occu	on o. Type is supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		1986aBani(Tis@YlyNys
Secti	on D. All Type III Supporting Organizations			
9001	on by An Type in eapperang enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	· tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		See Committee of the	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	eri erin presenti di erita in ancantipa d):01:1200##6701511x:11x(1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	HILL CONTROL OF THE C	E-08000 XXX880CB 1.1111111
Secti	on E. Type III Functionally-integrated Supporting Organizations		<u></u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	see instructions):		
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions)		
·	The digmination deposited a governmental study.	,		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	in a		
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i de la companya de l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	₩.s.le		
	that these activities constituted substantially all of its activities.	2a		o por interior (1) According count
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
2	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	21:		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•4	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	and activities of a	ach		
		,		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2015 SARASOTA SKI-A-REES	5 INC	39-2418.	349 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qual	lifying trust on Nov. 20, 19	70. See instructions. All	
other Type III non-functionally integrated supporting organizations mus	t complete Sections A thro	ugh E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	ar in the second		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater an	nount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		***
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	Fig. 10 Fig. 1	
5 Income tax imposed in prior year	5	alaga i i i i i i i i i i i i i i i i i i	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-fun	ctionally-integrated Type III	supporting organization	(see
instructions).	· · · · · · · · · · · · · · · · · · ·		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Sect	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpor	ses								
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations								
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organizations	tion is responsive								
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2015 from Section C, line 6	MANAGEMENT .								
10	Line 8 amount divided by Line 9 amount									
		(i) Excess Distributions	(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	Underdistributions	Distributable							
···		Pre-2015	Amount for 2015							
1	Distributable amount for 2015 from Section C, line 6		Party of the second	in The Marie						
2	Underdistributions, if any, for years prior to 2015									
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2015:									
<u>a</u>										
b										
C										
	From 2013									
-	From 2014									
	Total of lines 3a through e Applied to underdistributions of prior years									
	Applied to 2015 distributable amount	F177		2000						
	Carryover from 2010 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	LIS MARCHANIA COMPINE								
4	Distributions for 2015 from Section									
•	D, line 7:									
a	Applied to underdistributions of prior years									
	Applied to 2015 distributable amount									
	Remainder, Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2015, if									
	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2015. Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see									
	instructions).									
7	Excess distributions carryover to 2016. Add lines 3j	rus au Silveriore de la company								
	and 4c.									
8	Breakdown of line 7:									
a										
b										
	c Excess from 2013									
	Excess from 2014									
	Excess from 2015									

Schedule A (Fe	orm 990 or 990-EZ)	2015	SARASOTA	A SKI	-A-REES	INC		59-2418349	Page 8
Part VI	Supplemental III, line 12; Par B, lines 1 and 3a and 3b; Par	Inforn t IV, Se 2; Part rt V, line	nation. Provection A, line IV, Section 6 1; Part V,	vide the s 1, 2, 3 C, line 1 Section	explanations 3b, 3c, 4b, 4d 1; Part IV, Se B, line 1e; Pa	required b c, 5a, 6, 9a ection D, lin art V, Secti	i, 9b, 9c, 11a, 1 es 2 and 3; Pa	0; Part II, line 17a or 1b, and 11c; Part IV rt IV, Section E, lines 5, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
•									
•									
			· · · · · · · · · · · · · · · · · · · ·						• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •						.,			
•								,,,,,,	
•									
,									
								,	
•									
•									
		,							
•									
	. , ,								
						,,,,,,,,,,,,,,,,			
• • • • • • • • • • • • • • • • • • • •									

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.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

59-2418349 SARASOTA SKI-A-REES INC FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES AMOUNT DESCRIPTION **EXPENSES** 3,572 ADVERTISING 5,764 INSURANCE 297 SUPPLIES 1,200 DUES & SUBS. 1,585 TELEPHONE & ANS. SVC. 11,089 SHOW EXPENSES 3,236 **PROGRAMS** 4,396 NON-INVESTMENT DEPRECIATION TOTAL \$ 31,139 FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS BEG. OF YEAR END OF YEAR DESCRIPTION 28,454 \$ 60,899 23,523 \$ 27,919 LESS ACCUMULATED DEPRECIATION 32,980 TOTAL \$ 4,931 \$ FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE PROMOTE THE SPORT OF WATER SKIING THROUGH SPONSORING CHARITABLE EVENTS, EXHIBITIONS, SHOWS AND TOURNAMENTS; DEVELOP AND MAINTAIN FACILITIES; STIMULATE INTEREST IN WATER SKIING AMONG NON-SKIERS; AND TO WORK FOR GREATER SAFETY IN WATER SKIING.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

Identifying number 59-2418349

	SARASUT	A SKI-A-KE	ES INC				39-2	41.	3349
	ss or activity to which this form relates								
Cristian upacy	NDIRECT DEPRECIAT: Int Election To Expen		orty Under Co	otion	170				
Fe	rt I Election To Expen Note: If you have a					omplete Par	f I		
1	Maximum amount (see instruction						1	1	500,000
2	Total cost of section 179 property		e instructions)					2	
3	Threshold cost of section 179 property							3	2,000,000
4	Reduction in limitation. Subtract lin							4	
5	Dollar limitation for tax year. Subtract lin	e 4 from line 1. If zero o	or less enter -0 If m	arried filin	g separately.	see instructions		5	
6	(a) Description		in today antar a . ii ii		t (business use) Elected cost		
		,							
7	Listed property. Enter the amount	from line 29				7			
8	Total elected cost of section 179 p							8	
9	Tentative deduction. Enter the sm		•					9	
10	Carryover of disallowed deduction	from line 13 of your					- 1	10	
11	Business income limitation. Enter t	he smaller of busine	ss income (not les	s than z	ero) or line	5 (see instruction	ons)	11	
12	Section 179 expense deduction. A	dd lines 9 and 10, bu	t do not enter moi	re than li	ne 11			12	
13	Carryover of disallowed deduction					13			
Note	Do not use Part II or Part III below								
Pa	rt II Special Depreciation						ted propert	y.) (See instructions.)
14	Special depreciation allowance for	qualified property (of	ther than listed pro	operty) p	laced in ser	vice			
	during the tax year (see instruction							14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACR							16	
Pa	rt III MACRS Depreciati	on (Do not inclu			See instru	ctions.)			
				ion A				1	0.407
17	MACRS deductions for assets place						1000	17	2,407
18	If you are electing to group any assets placed	in service during the tax ye	ar into one or more gen	eral asset	accounts, check	Conoral Don	rociation Sys	tom	
	Section B—A	ssets Placed in Ser	(c) Basis for depre			e General Dep	Teclaudii Sys	sterri	
	(a) Classification of property	(b) Month and year placed in service	(business/investmer only-see instruct	nt use	(d) Recovery period	(e) Convention	(f) Method		(g) Depredation deduction
19a	3-year property		-	404			0/7		700
b	5-year property			<u>,191</u>	5.0	HY	S/I		720
С	7-year property		11	,231	7.0	HY	S/I	-	802
<u>d</u>	10-year property		1.4	000	15 0	7737	C/T		467
<u>e</u>	15-year property		14	,023	15.0	HY	S/L	4	407
f	20-year property						- C/I		
<u>g</u>					25 yrs.	1414	S/L S/L		
h	Residential rental property				27.5 yrs.	MM			
					27.5 yrs.	MM MM	S/L S/L	-	
i	Nonresidential real property				39 yrs.	MM	S/L	\dashv	
		sets Placed in Servi	ce During 2015 1	Tax Year	Using the			yster	n
20a	Class life		<u> </u>			l	S/L		
	12-year				12 yrs.		S/L		
					40 yrs.	ММ	S/L		
	40-year rt IV Summary (See ins	tructions)			, , , , , ,				
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, I		ines 19 and 20 in	column	(g), and line	21. Enter			
	here and on the appropriate lines							22	4,396
23	For assets shown above and place								
	portion of the basis attributable to					23			

SARASOTA SKI-A-REES INC PO BOX 1493 SARASOTA, FL 34230

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.

59.	2/	119	221	IO

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		 Amount	
DUES	INCOME		\$ 14,655
	TOTAL		\$ 14,655

59-2418349 Federal Statements				
	Calcadula A. Davit II. Lina 4/a)			
	Schedule A. Part II, Line 1(e)			
Description		Amount		
OONATION INCOME TOTAL		\$33,964 \$\$33,964		
TOTAL		33,364		
	Schedule A. Part II. Line 12			
	Description	Amount		
PROGRAM SERVICE INCOME		\$ 16,046		
DUES INCOME SALES		14,655 19,437		
TOTAL		\$ 50,138		

Timm & Timm, P.A. 7131 Curtiss Ave Ste 4 Sarasota, FL 34231-8002 941-951-2200

May 17, 2016

CONFIDENTIAL

SARASOTA SKI-A-REES INC PO BOX 1493 SARASOTA, FL 34230

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/15.

Amount due

575.00