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# Department of the Treasury

SCANNED AUG 1 7 2016

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BURLINGTON, VT 05401

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No 1545-0047

Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection For the 2015 calendar year, or tax year beginning and ending C Name of organization Check If applicable D Employer identification number Address change MOUNTAIN VIEW COUNTRY CLUB, INC ]Name ]change 03-0143495 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ PO BOX 97 802-533-7477 termin-ated 250,507. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GREENSBORO, VT 05841 H(a) is this a group return Applica-tion pending F Name and address of principal officer: JANET SHOWERS JYes X No for subordinates? 112 COUNTRY CLUB ROAD, GREENSBORO, VT 05841 H(b) Are all subordinates included? \_ 501(c)(3) X 501(c)( 4947(a)(1) or ) ◀ (insert no.) Tax-exempt status: L If "No," attach a list. (see instructions) J Website: ► WWW.MVCCVT.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Association L Year of formation: 1898 M State of legal domicile: VT Part | Summary Briefly describe the organization's mission or most significant activities: RECREATION & SOCIAL ACTIVITIES Activities & Governance FOR MEMBERS, GUESTS AND VISITORS. Check this box \_\_\_\_ If the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ō. 2,987. Contributions and grants (Part VIII, line 1h) 222,704. 233,742. Program service revenue (Part VIII, line 2g) 204. -1,801.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,654. 3,551. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 229,549. 235,492. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines & EIVET Π. 14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 (10))

16a Professional fundraising fees (Part IX, column (A), line 11e)

2016 0. 0. 109,102. 119,178.Ō. 0. Ο. b Total fundraising expenses (Part IX, column (D), line 25) 134,547. 130,262. Other expenses (Part IX, column (A), lines 11 a 11 d, 11 24e) 253,725. 239,364. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -24,176.-3.872.Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 725,351. 751,493. Total assets (Part X, line 16) 20 62,542 26,564. 21 Total liabilities (Part X, line 26) Net 662,809. 724,929 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge MUULS Signature of officer Sign JANET SHOWERS, TREASURER Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 06/29/16 "self-employed P01432688 JENNIFER LUCAS Paid JENNIFER LUCAS Firm's name JENNIFER LUCAS Firm's EIN Preparer

X Yes No

Form **990** (2015)

Phone no. 802-658-4080

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		<del></del>
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 142	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- · · · ·		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- U
	complete Schedule G, Part III	19 Form	gan	(2015)
		LOUD	JJU	(CI UZ)

Form 990 (2015) MOUNTAIN VIEW COUNTRY CLUB, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<del> </del>	<del></del> -
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<del>                                     </del>	-
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ł		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
-31 <del>-</del>	-Did-the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Farm	990	(001E)

Form 990 (2015) MOUNTAIN VIEW COUNTRY CLUB, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		İ	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ble gaming			
_	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.4			
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country.					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			7.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	ection?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit	_	v	
<b>L</b>	any contributions that were not tax deductible as charitable contributions?		0 .	6a	X	
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or	gifts		х	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b	Λ	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	nuege ne	rouded to the naver?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	i vices pi	ovided to the payor?	7a		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		urad	7b		
·	to file Form 8282?	as requ	illea	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		+2	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		90 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
	sponsoring organization have excess business holdings at any time during the year?	. Dy allo		8		
9	Sponsoring organizations maintaining donor advised funds.			Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did-the sponsoring organization make a distribution to a donor, donor advisor, or related person?		- <del></del>	9b	-	
10	Section 501(c)(7) organizations. Enter.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	6,811.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	5,123.			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form 990 (2015) MOUNTAIN VIEW COUNTRY CLUB, INC 03-0143495 Page

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		*					
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		i					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ĺ						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15=	Did the process for determining compensation of the following persons include a review and approval by independent		İ					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37				
	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b						
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		3					
266	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17 40	List the states with which a copy of this Form 990 is required to be filed VT							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivallab	ie					
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)							
40	, , ,	16	nie!					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iinan	ciai					
20	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records. ►							
	6 SOUTH STREET, BURLINGTON, VT 05401							

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization r	nor any related	orga	anıza	ation	COL	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<del></del>	Cei ai	10 2 0	I COLO	a/uus	lee,	from	from related	other
	(list any hours for	recto		l				the	organizations	compensation
	related	e or d	tee	l		sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	Institutional trustee		g ,	mpen		(** 27 1000 111100)		and related
	below	Individual	Itour	<u>_</u>	윹	stco	   =			organizations
	line)	hdiv	Instit	Officer	Key employee	Highest compensated employee	臣			
(1) MIKE KREIDER	1.00									-
PRESIDENT		X		Х				0.	0.	0.
(2) JANET SHOWERS	1.00									
TREASURER		X		X				0.	0.	0.
(3) KATHLEEN JENKINS RUSSOTTO	1.00									
SECRETARY OF THE BOARD		X		X				0.	0.	0.
(4) RICHARD ELY	1.00									·
VICE PRESIDENT		X		X				0.	0.	0.
(5) ROBERT PARRISH	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN STONE III	1.00							,		
DIRECTOR		X						0.	0.	0.
(7) REED IRWIN	1.00									
DIRECTOR		X						0.	0.	0.
(8)JENNIFER_RANZ	<del>- 1</del> 00-		_		_	-	1	. <del></del> -		
DIRECTOR		X						0.	0.	0.
(9) GORDON STONER	1.00									
DIRECTOR		X						0.	0.	0.
(10) ROBERT CALCAGNI	1.00									
DIRECTOR		X						0.	0.	0.
(11) PATTY SMITH	1.00									
DIRECTOR	<u> </u>	X						0.	0.	0.
(12) JEFF BENNETT	1.00									
DIRECTOR	<u>,                                      </u>	X			L		L	0.	0.	0.
(13) PHIL GRAY	1.00		ł							
SECRETARY OF THE CLUB				X	L			0.	0.	0.
	1	<u></u>			<u> </u>		<u> </u>			
			1	1						
<del> </del>		L	ļ	<u> </u>	<u>.</u>					
		1								
		<u> </u>	<u> </u>		<u> </u>	L.	_			
		1								

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) ition more rson		one th an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	ก	l	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	npensa rom the janizat d relate anizatio	e ion ed
		<u>.</u>		_									
		_		_	_	ļ	_		,				
							_						
						<u> </u>			:				
1b Sub-total c Total from continuation sheets to Part	/II, Section A			•	•		<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	0. le			0.
compensation from the organization  3 Did the organization list any former office	r director or tr	usto	0 kg		nnle	21/00	۵۲	highest companyated o	mpleyee en			Yes	No
line 1a? If "Yes," complete Schedule J for	such individual			-						j	3		х
<ul> <li>For any individual listed on line 1a, is the sand related organizations greater than \$1</li> <li>Did any person listed on line 1a receive or</li> </ul>	50,000? If "Yes	," cc	mpl	ete S	Sche	edule	e J f	for such individual			4		Х
rendered to the organization? If "Yes," co Section B. Independent Contractors							Clat				5_		Х
Complete this table for your five highest of the organization. Report compensation for	-									npens	ation	from	
(A) Name and busines			ON					(B) Description of s		С		C) nsatio	n
												_	
							_						
					-		_	<u> </u>					
2 Total number of independent contractors	-	not l	ımıte	ed to		_	sted	d above) who received r	nore than		-		
\$100,000 of compensation from the orga	nization >					0							

Form 990 (2015)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon-	se or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns 1a					
irar		Membership dues 1b					
S, G		Fundraising events 1c					
a it		Related organizations 1d					
s, C		Government grants (contributions) 1e					
r Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f					
EQ.	g	Noncash contributions included in lines 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	<b></b>				
			Business Code				
8	2 a		713910	189,423.			
او چَ	b		713910	19,438.	19,438.		
Selection	C			8,859.			
ě a	d		713910	6,811.	6,811.		
Program Service Revenue	е	VISITOR FEES	713910	5,446.		5,446.	
ا -	f	All other program service revenue	713910	3,765.	3,765.		
$\Box$	g	Total. Add lines 2a-2f	▶	233,742.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	▶ [	153.		153.	
	4	Income from investment of tax-exempt bond	d proceeds 🕨				
	5	Royalties	<b>&gt;</b>				
		(ı) Real	(II) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<b>&gt;</b>				
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory	3,600.				
	b	Less. cost or other basis					
		and sales expenses	_ 5,554.				
	С	Gain or (loss)	-1,954.				
	d	Net gain or (loss)	<b>•</b>	-1,954.	-1,954.		
0	8 a	Gross income from fundraising events (not			, , , , , , , , , , , , , , , , , , , ,		
- Pr		_including:\$of _	_  <del></del> -	<u> </u>			
Other Reve		contributions reported on line 1c). See					
<u>۳</u>		Part IV, line 18	a				
₹	b	Less. direct expenses	b				
۱	С	Net income or (loss) from fundraising events	, <b>•</b>				
- 1	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities	<b>•</b>				
	10 a	Gross sales of inventory, less returns					
1		and allowances	a 13,012.				
	b	Less, cost of goods sold	ь 9,461.				
	С	Net income or (loss) from sales of inventory	<b>•</b>	3,551.	3,423.	128.	
		Miscellaneous Revenue	Business Code				
	11 a						<u>                                     </u>
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	<u> </u>				
	12	Total revenue. See instructions.	▶ [	235,492.	229,765.	5,727.	0.

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	. <u>L</u>					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22			ļ						
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16			<del> </del>	<del></del>					
4	Benefits paid to or for members			<del></del>						
5	Compensation of current officers, directors,			į						
6	trustees, and key employees Compensation not included above, to disqualified									
ð	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	95,225.								
8	Pension plan accruals and contributions (include									
-	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	13,877.								
11	Fees for services (non-employees):	-								
а	Management									
b	Legal	0 001		ļ						
	Accounting	8,801.								
d	Lobbying		*	<del> </del>						
e	Professional fundraising services. See Part IV, line 17			<del> </del>						
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	377.								
13	Office expenses	4,659.								
14	Information technology		<del> </del>							
15	Royalties									
16	Occupancy	1,881.								
17	Travel									
<del></del> 18	=Payments-of-travel-or-entertainment-expenses=				<del>_</del> _					
	for any federal, state, or local public officials				<u></u>					
19	Conferences, conventions, and meetings	0.0		<del> </del>						
20	Interest	82.		<del> </del>						
21	Payments to affiliates	40,566.	<del></del>	<del> </del>	<del>  </del>					
22	Depreciation, depletion, and amortization	12,257.		<del> </del>						
23	Insurance Other expenses, Itemize expenses not covered	± <i>B</i> ; <i>B</i> 3/•		<del> </del>						
24	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	GOLF EXPENSE	29,428.								
b	PROPERTY TAX	16,261.	<u> </u>							
c	TENNIS EXPENSE	6,742.		1						
d	UTILITIES	5,374.								
е	All other expenses	3,834.								
25	Total functional expenses. Add lines 1 through 24e	239,364.								
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.				{					
	Check here if following SOP 98-2 (ASC 958-720)	L	L	1	1					

		Check if Schedule O contains a response or note to any line in this Part X	<del></del>		
		The second of th	(A)		(B)
	Τ.		Beginning of year		End of year
	1	Cash · non-interest-bearing	3,860.	_1_	4,117.
	2	Savings and temporary cash investments	74,237.	2	130,390.
	3	Pledges and grants receivable, net	2 240	3_	<u> </u>
	4	Accounts receivable, net	3,249.	4	780.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		_	
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1 056	7	2 012
•	8	Inventories for sale or use	4,856.	8	3,812. 3,914.
	9	Prepaid expenses and deferred charges		9	3,914.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,067,014.  458,534.	639,149.		600 400
	l		035,145.	10c	608,480.
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 Intangible assets		13	
	14	•		14	
	15	Other assets. See Part IV, line 11	725,351.	15	751 /02
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,054.	16	751,493.
	17	Accounts payable and accrued expenses	3,034.	17	-11.
	18 19	Grants payable Deferred revenue		18	830.
	20	<u> </u>		19	030.
	21	Tax-exempt bond liabilities		20	
<b>'</b> 0	22	Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees,		21	
ţį	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	:	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	29,739.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	2377331	24	- 0.
	25	Other liabilities (including federal income tax, payables to related third		24	· · · · · · · · · · · · · · · · · · ·
		=parties, and-other-habilities not-included on lines-17-24)Complete Part-X of			
		Schedule D	29,749.	25	25,811.
	26	Total liabilities. Add lines 17 through 25	62,542.	26	26,564.
		Organizations that follow SFAS 117 (ASC 958), check here	0_70		20,3021
S		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
В В	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒			
or F		and complete lines 30 through 34.			
ţţ	30	Capital stock or trust principal, or current funds	24,800.	30	24,900.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	594,336.	31	24,900. 660,229.
λtΑ	32	Retained earnings, endowment, accumulated income, or other funds	43,673.	32	39,800.
ž	33	Total net assets or fund balances	662,809.	33	724,929.
	34	Total liabilities and net assets/fund balances	725,351.	34	751,493.

	990 (2015) MOUNTAIN VIEW COUNTRY CLUB, INC	03-014	3495	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	235	,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,364.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	662	2,809.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6.5	992.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
D-	column (B))	10	724	<u>,929.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes No
1				-
٥-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.		
2a	,,		2a	<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	on a		
	separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?		2b	x
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	o bacic	20	-   A
	consolidated basis, or both:	e Dasis,		
	Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1 1	
·	review, or compilation of its financial statements and selection of an independent accountant?	c addit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	-	<del>-   -</del>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?	.5.5 / 10011	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		<del></del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
	The state of the s			990 (2015)
				•

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MOUNTAIN VIEW COUNTRY CLUB, INC

**Employer identification number** 03-0143495

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	,							
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds							
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring							
	impermissible private benefit?		Yes No							
Pa	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organization									
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area							
	Protection of natural habitat	Preservation of a cer	tified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form								
	day of the tax year.		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
ь	Total acreage restricted by conservation easements		. 2b							
С	Number of conservation easements on a certified historic str	• •	2c							
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture							
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax							
	year -									
4	Number of states where property subject to conservation ea									
5	Does the organization have a written policy regarding the per	<b>.</b>								
_	violations, and enforcement of the conservation easements		└── Yes							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year							
_										
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserve	ation easements during the year							
•	Poss and assessment as a second translated and the strong of the second	and the same of th								
0-	-Does-each-conservation-easement reported on=line 2(d) abo\ and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170								
9		ion cocomente in its revenue and evenue	Yes No							
9	In Part XIII, describe how the organization reports conservati									
	include, if applicable, the text of the footnote to the organization easements.	tions illianciai statements that describes	the organization's accounting for							
Pa	rt III   Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets							
	Complete if the organization answered "Yes" on Form		7.000.0							
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art							
144	historical treasures, or other similar assets held for public ext									
	the text of the footnote to its financial statements that descri		and of public dol vide, provide, in var vini,							
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art historical							
_	treasures, or other similar assets held for public exhibition, e									
	relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$							
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$							
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide							
_	the following amounts required to be reported under SFAS 1		g, p							
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$							
	Assets included in Form 990, Part X		<b>*</b> *							

		N VIEW COU					03	-01	43495	Page 2
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	nıficant use	of its	collection	items
	(check all that apply).									
а	Public exhibition		ı 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c							ın Par	t XIII.	
5	During the year, did the organization solicit of					ier similar a	ssets		_	
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990, Pa	art IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other as	ssets not in	ncluded		_	
	on Form 990, Part X?							L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	· · · · · · · · · · · · · · · · · · ·
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
Ť	Ending balance									1501
	Did the organization include an amount on F	•					/?	<u> </u>	J Yes	X No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b>   Endowment Funds. Complete						· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1 ai	Endownient Lands. Complete				T			, book		rana basi
10	Paginning of year balance	(a) Current year	(6) F	Prior year	(c) Two yea	IS DACK (C	) Three years	Dack	(e) Four y	ears back
ld h	Beginning of year balance Contributions									
0				<del></del>						
ن م	Net investment earnings, gains, and losses Grants or scholarships					<del></del>				
u	Other expenditures for facilities									
•	and programs									
	Administrative expenses		<del> </del>		<u> </u>		<del></del>			
'	End of year balance								<del></del>	
2	Provide the estimated percentage of the cur	rent vear end halan	re (line 1	La column (s	a)) pelq as.					
- a	Board designated or quasi-endowment	Terre year end balanc	%	rg, colariir (c	ajj ricia as.					
b	Permanent endowment	<del></del> %	_′°							
	Temporarily restricted endowment	<del></del> /0								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation th	at are held a	ind administe	ered for the	organizatio	on		
	by:	<b>y</b>					g <u>.</u>		Г	res No
	(i)—unrelated organizations ——								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment	funds.		_				
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part 1	V, line 11a. S	See Form 990	D, Part X, lır	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated		(d) Book	value
		basıs (investi	ment)		(other)	depre	eciation			
1a	Land				6,378.					,378.
b	Buildings			50	1,772.	1:	36,870	•	364	,902.
С	Leasehold improvements									
d	Equipment									
	Other				8,864.	3.2	21,664	<u>.                                     </u>		,200.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10c.)		<b>&gt;</b>	· [	608	,480.

Part VIII	Investn	nents -	Other	Securitie

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value	<del></del>	I2. st or end-of-year market value
<u> </u>	(b) Book value	(c) Method of Valuation. Co.	st or end-or-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			· · · · · · · · · · · · · · · · · · ·
(B)			
(C)			
(D)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
(E)			
(F)			
(G)		<del></del>	
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
	on Farm 000 Dort IV	luna 11a Con Form 000 Doct V luna 1	10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation. Co.	st or end-of-year market value
	(B) Book value	(e) Method of Valuation, es	ot of one of year market value
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
(9)		<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		<u> </u>	<del> </del>
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990. Part X. line	15.
	Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )	<del>.</del>	<b>•</b>
Part X Other Liabilities.	3.07		
Complete if the organization answered "Yes"	on Form 990. Part IV	line 11e or 11f. See Form 990. Part	C. line 25.
(a) Description of liability	T	(b) Book value	
(1) Federal income taxes			
(2) DUES LIABILITY	_	23,128.	
(3) GIFT CERTIFICATES		180.	
DAVIDOLL LIABILITATES		2,344.	
CATEG MAN DAVADID		59.	
GMOGW DAWADI H		100.	
(7)			
(8)			
(0)	I	i	
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )	25,811.	

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

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.lrs.gov/form990.

2015
Open to Public Inspection

Name of the organization

MOUNTAIN VIEW COUNTRY CLUB, INC

Employer identification number 03-0143495

FORM 990, PART VI, SECTION A, LINE 6:
THE TERM STOCKHOLDER IS ANY PERSON OR PERSONS WHO HOLD 20 SHARES OF CAPITAL
STOCK OF THIS ORGANIZATION. EACH STOCKHOLDER IS ENTITLED TO ONE VOTE ONLY.
MVCC HAS THE FOLLOWING CLASSES OF MEMBERSHIP: HONORARY LIFE, REGULAR,
JUNIOR, AND SOCIAL. SOCIAL MEMBERS ARE NOT REQUIRED TO, BUT MAY, HOLD
STOCK.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS CONSISTS OF TWELVE PERSONS WHO ARE ELECTED BY THE
STOCKHOLDERS OF THE CLUB AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7B:
STOCKHOLDERS VOTE ON THE ELECTION OF BOARD MEMBERS, BYLAWS CHANGES, AND
LARGE CAPITAL EXPENDITURES.
FORM 990, PART VI, SECTION A, LINE 8B:
THE EXECUTIVE COMMITTEE HAS NOT DOCUMENTED ANY MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11:
THE MVCC TREASURER WILL REVIEW FORM 990 BEFORE FILING AND SUBMIT TO THE
BOARD AND MEMBERSHIP BY THE ANNUAL MEETING IN AUGUST.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST. BYLAWS, MINUTES OF ANNUAL MEETING,
AND FINANCIAL STATEMENTS AVAILABLE ON THE CLUB'S WEBSITE.
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Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization  MOUNTAIN VIEW COUNTRY CLUB, INC	Employer identification number 03-0143495
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER CHANGES IN NET ASSETS FROM CAPITAL CAMPAIGN, NEW	
STOCKHOLDERS AND	65,992.
CAPITAL DONATED BY RESIGNING MEMBERS MINUS REDEMPTION OF	STOCK.
TOTAL TO FORM 990, PART XI, LINE 9	65,992.
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