### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation oversight hearing on "Outdoor Recreation Opportunities on State, Local and Federal Lands"

Thursday, June 27, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * * *
For Witnesses Representing Organizations:  1. Name: Alexis C. Nelson
2. Name of Organization(s) You are Representing at the Hearing:
The Vermont Association of Snow Travelers, Inc (VAST)
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

#### For all Witnesses

Name/Organization: Alexis Nelson/Vermont Association of Snow Travelers
Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on
"Outdoor Recreation Opportunities on State, Local and Federal Lands"
Thursday, June 27, 2013

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Graduated from the Vermont Leadership Institute 2008. Snelling Center for Government University of Vermont
  - Received Bachelors of Science Degree from the University of Montana in Forest Resources Management, 1999
  - Received Associates of Applied Science Degree from the State University of New York, College of Environmental Science and Forestry, New York State Ranger School in Forest Technology, 1997
  - Received Associated Degree from the State University of New York, Cobleskill in Environmental Studies, 1996
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### None

- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Executive Director of the Vermont Association of Snow Travelers, Inc (VAST) since January 2012
  - Trails Administrator of VAST from July 2001 January 2012
  - Chair of the International Association of Snowmobile Administrators (IASA), 2007-2009
  - Chair of the Northeast Chapter of the International Association of Snowmobile Administrators (IASA), 2006-2007, 2010-2012
  - Treasurer of the Vermont Trails & Greenways Council, 2006-2011
- d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

No

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous

four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

### **Witnesses Representing Organizations**

Name/Organization: Alexis Nelson/Vermont Association of Snow Travelers
Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on
"Outdoor Recreation Opportunities on State, Local and Federal Lands"
Thursday, June 27, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Director of VAST.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

#### None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

### None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Will send (email) as an attachment with written testimony.

### Form 990

### **Return of Organization Exempt From Income Tax**

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

20**08** 

Open to Public

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

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<u>A</u>	For t	he 2008 ca	alendar	year, or tax y	ear beginning O	CT 1	, 2008, a	and ending	gSEPT :	30	, 20 0 9	
В (	Check if	f applicable:	Please	C Name of orga	nization VERMON	T ASSOC OF	SNOW TR	RAVELER	S, INC	D Emplo	yer identification	number
_		s change	use IRS label or	Doing Busine	ss As					<b>1</b> 23-7:	157363	
			print or	Number and str	eet (or P.O. box if mail	is not delivered to str	eet address)	Room/sul	te		one number	
		change	type,		LANE - F						229-0005	
	nitial re		See Specific							002-	229-0003	
	Termina		Instruc-		state or country, an	d ZIP + 4						
	Amend	ed return	tions.		VT 05641					G Gross r	eceipts \$ 5 , 157	,396
		ion pending	F Nan	ne and address o	of principal officer:				H(a) Is thi	s a group retur	n for affiliates? <b>Yes</b>	XNo
		, ,	BRY	ANT WATS	ON - EXEC	DIRECTO	R				included? Tyes	
ī	Tax-ex	xempt status		501(c) (3 ) <b>∢</b> (in		and the same of th					list. (see Instruction	
				ast.org	iselt lib.) 194	7(a)(1) 01 02						ons)
					1					exemption nu		m
				oration L Trust L	Association Ott	ner ►	L Year	r of formation	W:TA6.1	M State of	f legal domicile: V	<u>f.</u>
Pa	art I	Summ						_ ^	111	6	///	11
	1	Briefly de	escribe	the organizat	tion's mission o	r most significa	ant activities	STAT	EMIDE	SNOWM	OBIDE TR	AZLS
		PROGR	AM.	TRAILS (	CONSTRUCT	ION. RID	ER EDUC	NOT'PA'	AND S	AFETY	11	<i>/</i>
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J.							44	11/7/7	-40	٠٠٠,٠٠٠)		
Activities & Governance	2	Check this	box ►	if the organ	ization discontinue	d its operations o	r disposed of	more than	25% of its a	ssets.		
ಷ	3	Number (	of votir	ng members o	of the governing	body (Part VI,	line (a).	· . /		. 3		19
es S				_	g members of	35 534=	11 11	/L line 1b	1///	4		19
Ę					Part V, line 2a)		Man.		//.	5		11
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	7a	Total gro	ss unre	elated busines	s revenue from	Part Will lines	13 column	(C)/)	$( \smile )$	. 7a		
-	D	Net unrei	lated b	usiness taxab	le income from	Form 990-1, 11	ne 34.	( ) · ·		. 7b		,651
					~	11 110	$^{\vee}$ // ,	1/	Prior Y		Current Ye	
	8	Contribut	tions ar	nd grants (Pa	rt VIII, line<√n)		1111	) P. L		3,210	10,99	8.00
Revenue					rt VIII, line 2g)	DV.	11 )1		4,43	5,358	4,945,88	0.00
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æ	10	Other rev	in inco	Ded VIII selv	COLUMN TRANSPORT	64 9- 0- 40	444	• • • -		1,715		
	11 12	Total rove	renue (i	Part VIII, Colu	mi (A) lines 5,	00, 80, 90, 100	and Tre)	130 6				
_					ough 11 (must e		11	ie iz) ±			4,969,01	
	13	Grants ar	nd simi	ilar amounts	paid (Part IX, ¢c	lumn (A), lines	1–3) > .		2,39	3,164	2,603,76	0.00
	14	Benefits	paid to	or for memb	ers (Part IX, co	lumn (A), line 4	Y/					0
S	15	Salaries, o	other co	ompensation,	mployee benefit	s Part IX. colun	nn (A), lines s	5–10)	41	8,599	473,89	7.00
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Ü									1 72	9 184	1,255,53	2 00
					ımn (A), lines 1			• • •				
	18	Total exp	enses.	Add lines 13	17 (must equa	Part IX, colun	nn (A), line 2	25) 🖰			4,348,84	
		Revenue	less ex	penses. Subtra	act line 18 from	line 12				20.00	620,16	8.00
Net Assets or Fund Balances				~ //					Beginning		End of Yea	
ilan	20	Total ass	ets (Pa	art X, line 16)	\\/			В	,119,4	96.00	3,728,02	0.00
ASS	21			Part X, line 26	S. //				21.5	17.00	2,03	7.00
E det	22				Subtract line 2	1 from line 20					3,725,98	
	rt II				Subtract line 2	1 HOITI MIE 20.	· · · ·	· · · · ·	103113	, ,	3,723,30	3.00
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	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	THE PURPOSE OF VAST IS TO COORDINATE THE DEVELOPMENT, MAINTENANCE, AND
	MANAGEMENT OF VERMONT'S STATE WIDE TRAILS SYSTEM AS WELL AS TO EDUCATE
	VERMONT SNOWMOBILERS ABOUT SAFE RESPONSIBLE OPERATION OF SNOWMOBILES
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 713990 ) (Expenses \$ 1,590,386 including grants of \$ 1,590,386) (Revenue \$ 1,516,780)
	VAST OVERSEES THE STATE WIDE TRAILS GROOMING PROGRAM WHICH IS COMPRISED
	OF MORE THAN 6000 MILES OF INTERCONNECTED SNOWMOBILE TRAILS THAT
	EXTEND FROM THE CANADIAN BORDER IN THE NORTH TO THE MASSACHUSETTS
	BORDER IN THE SOUTH AND FROM THE NEW HAMPSHIRE BORDER IN THE EAST TO
	THE NEW YORK BORDER IN THE WEST
	14016. (( // )
_	
4b	(Code:713990 ) (Expenses \$ 596,564 Including grants of \$ 534,049 ) (Revenue \$ 0) VAST HAS A GRANTS-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR
	VAST HAS A GRANTS-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR
	GROOMING EQUIPMENT USED BY THE CLUBS IN THE GROOMING OPERATIONS
40	(Code:713990 ) (Expenses \$ 658,110 including grants of \$ 211,804 ) (Revenue \$ 0)
70	VAST RUNS GRANT-IN AID PROGRAMS WHICH INCLUDE TRAIL CONSTRUCTION
	MAINTENANCE SIGNING AND DEBRUSHING ON THE STATEWIDE TRAILS SYSTEM
	<del></del>
_	
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 985,540 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses \\$ \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Ves," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a	_	_X_
þ	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the united states? If "Yes, complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X_
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		_ <u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III.	27		x

	Checklist of Required Schedules (continued)			-
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	(Table)		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R Part	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 5 (2b)(13)? If "Ves," complete Schedule R, Part V, line 2	35		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Form 990 (2008)

L	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	(100)		100
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	N. 851
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	A SECTION		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		機構	12.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	at it is
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		$\supset$	77
	account)?	4a	SHR24	X
b	If "Yes," enter the name of the foreign country: ▶	14	N.	
	See the instructions for exceptions and filing requirements for Form 10 F.90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	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?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c		x
62	Regarding Prohibited Tax Shelter Transaction?	6a	-	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	E SES	San Carlos
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	25.20	是次次次	X
	\$75?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year		統綱	0.00
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property did the organization file Form 8899 as required? .	<b>7</b> g		-
h	For contributions of cars, boats airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		Х
_	required?	直接		21
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			No.
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1, 22	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		11-16	15 21
а	Initiation fees and capital contributions included on Part VIII, line 12.			310
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders			Project Comments
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	07/30	<i>a</i>	
12-	amounts due or received from them.)	12a	-	BMET/A
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	120		

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			100
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X/	_
b	Are any decisions of the governing body subject to approval by members, stockholders or other persons?	7b	A.	321.376
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	9a	X	
9a h	Does the organization have local chapters, branches, or affiliates.	Ja	4.5	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40		v
4.4	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		_X
11	Is there any officer, director or trustee, or key employed listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sec	tion B. Policies			- 72
000	tion B. I onoics		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule Q how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	2000	X
15	Did the process for determining compensation of the following persons include a review and approval by		94	en.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		Seine.	1,238
	The organization's CEO, Executive Director, or top management official?	15a	9	X
b	Other officers or key employees of the organization?	15b	Company of the Compan	X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement	16a	WAY BUT	X
	with a taxable entity during the year?	TO a	POCK!	200 mg
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	2000 Selection of	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	/\-/-		
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	

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

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

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

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

Check this box if the organization did not co		any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)				3)		$\overline{}$	(19/1)	(E)	(F)
Name and Title	Average		ion (	-		that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee <a> </a> or director	Institutional trustee	Officer /	Key employee	Highest compensated employee	Pormey	compensation from the organization (W-2/10'99 MISC)	cempensation from related organizations (N-2/1099 MISC)	amount of other compensation from the organization and related organizations
CONRAD STEWARD		1	1	R		6	1	2	0	_
DIRECTOR/ADDISON	7	130	1	3	> <	1	-	0	0	0
JOHN PERKINS		11/1	ľ	P,		1//		$\cup$		_
DIRECTOR/BENNINGTON		/X	L.,		1		1	0	0	0
KEN GAMMELL DIRECTOR/CALEDONIA	(C) 2/V	X	5			1	1)>	0	0	0
JEFF FAY					1	7				
DIRECTOR/CHITTENDEN	2	X		-	-		_	0	0	0
RAY DUBREYIL DIRECTOR/ESSEX		x						o	0	0
JOHN ROSS		1		V	7					
DIRECTOR/FRANKLIN (		X		$\leq$	_			0	0	0
DAVID LADD DIRECTOR/GRAND ISLE	1///	x				1		0	o	0
BRIAN CURRIER		A	-	-		+				
DIRECTOR/LAMOILLE	$\langle \ \rangle \rangle$	X						0	0	0
LARRY TROTTIER										
DIRECTOR/ORANGE		X	_		_			0	0	0
MILO DAY DIRECTOR/ORLEANS		x						0	o	0
MERRITT BUDD			-	-	-	-		0		-
DIRECTOR/RUTLAND)		X		1				О	o	0
JOHN LYNDS										
DIRECTOR/WASHINGTON		X						0	0	0
TOM BALTRUS										
DIRECTOR/WINDHAM		X	_			-		0	0	0
BRUCE MURRAY										
DIRECTOR/WINDSOR		X	<u> </u>	-		-		0	0	0
JIM HILL PRESIDENT			ļ	x		1		0	o	0
BONNIE HOLBROOK			-	A	-	-				
REC. SECRETARY				x		1		0	0	0
MARK ELLINGWOOD										
TREASURER				X				0	0	0

Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ntinued)
(A)	(B)	D "	/-	•	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOE CICIA VP				x				0	0	
BRYANT WATSON EXECUTIVE DIRECTOR					х			68,262	Q	
ALEXIS NELSON TRAILS ADMINISTRATION					х			50,346	(6	
KENT GARDNER VAST NEWS MANAGER						Х		\$5,000		
KATHLEEN DUPREY ADMINISTRATION						X	1	45,376		
MATTHEW TETREAULT FRAILS					$\Diamond$	13/	1	442541		
CYNTHIA JUNES RECEPTIONIST			6	1		X	Ĭ	36,414	0	
JESSICA HUDSON SPECIAL PROGRAMS MGR				(j		X.		34,530	o	
URINING DE CONTROL DE			3	5	> <				// 	
			<	7			3			
	100 v		_			)				
	80									
		1								
1b Total	din 191 wh		eine		nore	than	\$1	334,469.00		ation from the
organization ► 0										
<ul> <li>Did the organization list any former office employee on line 1a? If "Yes," complete S</li> <li>For any individual listed on line 1a, is the the organization and related organizations individual.</li> </ul>	Schedule J Sum of repo greater tha	for su ortabl an \$15	ich e co 50,0	indi omp 100?	vidu ens If "	<i>ial</i> sation Yes,"	and	d other compe	nsation from le J for such	yes No
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete	Sch	edu	on i	rom I for s	any such	unrelated org	anization for	5 X
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	cto	rs that receive	d more than \$10	00,000 of
(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
NONE										
		_								
					_	_				
2 Total number of independent contractors compensation from the organization ▶	(including t	those	in O	1) w	ho	recei	ved	more than \$1	00,000 in	

### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990

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

OMB No. 1545-0047 Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury ► Attach to Form 990.

VT ASSOCIATION OF SNOW TRAVELERS, INC 23-7157363 Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF INTEREST ISSUES. Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING.

J.	30 (2)								rage o
	VII	Statement of Re	venue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1a	Federated campaigns		1a	0				
Contributions, gifts, grants and other similar amounts	ł	Membership dues		1b	0				
	ı	Fundraising events .		1c	0				
gift	1	Related organizations		1d	0	MARKET STREET			
S, E		Government grants (contr	ibutions)	1e	0				
tion	l .	All other contributions, gifts, g	-						
the	'	and similar amounts not inclu	granto, ided above	1f	10,998				
d d	٦	Noncash contributions include							
an Co		Total. Add lines 1a-1f			2 2 2 2	10,998.00			
					Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES			713990	3,163,787	3,163,787		A Second
ě		TIN OR NIEWIC		*****	541800	150,215		150,215	11
93	b	CDANTE			713990	1,500,300	1,500,300	7	$\langle - \rangle \rangle$
ž	C.	VAST INCOME			713990	57,823	57,823		
Š	a	IN-KIND SERVICE		•••••	713990	73,755	73,755		
Гап	e	All other program servi			713990	13,733	13,133	7-41	
õ		Total. Add lines 2a-2f		ue ,		4 945, 880.00			
	9			-		47842,880.00	SECTION AND ADDRESS OF	1	
	3	Investment income (inc	_		. 9	26, 304	26 300	$\Diamond$	
		other similar amounts)			A 1	7110	26,304	<b>&gt;</b>	~~~~~
	4	Income from investment of	of tax-exer	npt bon	d proceeds	0	H H		
	5	Royalties	6.5		(ii) Personal				aleman se la carat
			(i) R	eai	(II) Personal	大 多 合於		B. C. S.	
	6a	Gross Rents			19/1/1/1	2 V VV S	$\mathcal{L}_{\mathcal{I}}$		
		Less: rental expenses			KH 1/1/1				a dell'unit
		Rental income or (loss)		0.00	D 1/2000			[] [[] [[] [] [] [] [[] [] [] [] [] [] [	<b>美华城市</b>
	d	Net rental income or (lo		1.1.	X(1) X	9,00	con- serious de marties	er a ser	The second residual con-
	7a	Gross amount from sales of	(i) Secur	Ties /	(ii) Other				
	1	assets other than inventory	- 67,	7((-)	129,458				
	b	Less: cost or other basis	0	15					
	1	and sales expenses .	50 J	<u>/</u> /	137,894				
		Gain or (loss) .	110	0.00	(18,436,00		<b>新发生的基金</b>		
	d	Net gain or (loss)	V)	. (.)	· /· · · /	(8,436.00	(8,436		
Æ	8a	Gross income from	fundrai	sing				<b>医伊斯米尔</b>	
en.		events (not including) \$		/					
ě		of contributions reporte	d on line	1c). 🔇	1 ))	The Both of the A			
Other Reve		See Part IV, line 18	(·/· ·	· a	1/0				
<del>1</del>		Less: direct expenses	. //.	, b		The state of the s			是他的人。这个人
0	C	Net income or (loss) from	om tundr	aising e	events •	0.00	Total Control of the Control		THE COLUMN TWO IS NOT THE OWNER.
	9a	Gross income from gam	ning activi	ities.	)	The stop of the			
		See Part IV, line 19 .	2. N. X	/. a	0				<b>想要是不是</b>
	b	Less: direct expenses.	J	, b	Lacronia.	96日本 学数		<b>新华。李州的是300</b> 年	Company of
	10	Net income or (loss) fro	~		vities	0.00		THE THE PARTY OF T	County and warrant and the
	10a	Gross sales of inve		less	la c	and carried and			
		returns and allowances		а		26年10年10年			
		Less: cost of goods so		b					
	C	Net income or (loss) from	rinvent		(14,153.00	(14,153		TO THE REPORT OF THE PARTY.	
		Miscellaneous Rev	enue		Business Code				
	11a	ANNUAL MEETING			713990	3,336	3,336		
	b	MISCELLANEOUS			713990	5,084	5,084		
	С			*****	ļ				
	d	All other revenue	. 1067 - 30				The state of the s	and the second second second	
	е	Total. Add lines 11a-1	1d			8,420.00		E HE STATE OF STATE O	<b>河東西東京市</b>
	12	Total Revenue. Add lin	nes 1h, 2	g, 3, 4	, 5, 6d, 7d, 8c,	4.969.013.00	4,807,800.00	150,215.00	

### t IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete connot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,462,054	2,462,054		36
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	141,706	141,706		
3	Grants and other assistance to governments, organizations, and individuals outside the	0			
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members		0		
5	Compensation of current officers, directors, trustees, and key employees	118,608	50,346	68,262	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	
7	Other salaries and wages	239,017	106,088	132,929	) 0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,087	o Mario	17,087	0
9	Other employee benefits	69,897	0	69,897	0
10	Payroll taxes	29,28	0	29, 288	0
11	Fees for services (non-employees):	, d()		110	
	Management		(5)	1 5 010	
b	Legal	84,546	1 11	7,242	0
С	Accounting	1 2,000	0	9,000	0
	Lobbying	21,293		0	15 656
	Professional fundraising services. See Part IV, line 17	15,656			15,656
	Investment management fees		0	0	0
_	Other	13,679	13,679	0	0
12	Advertising and promotion	103,817	40,865	62,952	0
13	Office expenses	6,570	40,003	6,570	Ö
14	Information technology	9,570	0	0,5,0	0
15	Royalties	26,512	0	26,512	0
16	Occupancy	11,685		0	0
17	Travel	177	11,000		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		0	0	0
19	Conferences, conventions, and meetings	>> 45,760	0	45,760	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion and amortization.	60,443	46,162	14,281	0
23	Insurance	141,122		3,650	0
24	Other expenses. Itemize expenses not				37.5
	covered above. (Expenses) grouped together and labeled miscellaneous may not exceed				
а	5% of total expenses shown on line 25 below) SCHEDULE ATACHED	731,105	721,946	9,159	0
b c					
d	1.4		324		
е	***************************************			N.	
f 25	All other expenses	4,348,845.00	3,830,600.00	502,589.00	15,656.00
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				5 990 (coop)

	MONT ASSOCIATION EMBER 30, 2009 INCO					23-7157363
		<del> </del>	-			
Part 1X - Line 24 - Other Exp	penses					Management
			_			&
		Total	-	Program	_	General
Officers expenses		22,381		13,222		9,159
Safety Education		4,057		4,057		0
Special programs		22,291		22,291		Q
Trails aid fund		354,135		354,135		0
In-Kind Services		73,755		73,755	(	0
Scholarships		3,000	3	3,000	Ž	0
Snowmobile		6,801	2	6,801	D	0
Law enforcement		128,550		128,550		0
Vast news		116,135	7	116,135		0
		731,105		721,946		9,159

	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,542,019	1	3,447,319
	2	Savings and temporary cash investments	69,975	2	70,291
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
					and the second
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
3	7	Notes and loans receivable, net	100,000	7	$\triangle$
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	3,508	9	
	10a	Land, buildings, and equipment: cost basis 10a	KAKE FIFE		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	403,994	10c	2,104,100
	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	a 4/1/0	13	
1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	(3,119,496	16	3,728,020
	17	Accounts payable and accrued expenses	4 540	17	2,037
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	$\sim$	20	
es	21	Escrow account liability. Complete Part V of Schedule D.		21	
<b>≝</b>	22	Payables to current and former officers, directors, trustees, key			allow the state of
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and toans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	16,977	25	
_	26	Total liabilities, Add lines 17 through 25	21,517.00	26	2,037.00
nces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	3,097,979	27	3,725,983
Ba	28	Temporarily restricted net assets		28	
힐	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne le	33	Total net assets or fund balances	3,097,979	33	3,725,983
	34	Total liabilities and net assets/fund balances	3,119,496	34	3,728,020
Pa	rt XI	Financial Statements and Reporting			
			_		Yes No
1		ounting method used to prepare the Form 990: 🔲 Cash 🛮 🔲 Accrua			
2a		e the organization's financial statements compiled or reviewed by an inc		t? .	
b		e the organization's financial statements audited by an independent acc			2b X
C	lf "Y	es" to lines 2a or 2b, does the organization have a committee that assumes	responsibility for over	sight (	of
		audit, review, or compilation of its financial statements and selection of an in			
3a		a result of a federal award, was the organization required to undergo an		torth	1 . 1
L.		Single Audit Act and OMB Circular A-133?			3a X
L I	11 1	ca. VIV LIC VIVANICAUVII UNUCIUV LIIC IEUVIICU AUVIL VI AUVILA! . 🐃 🖘	그들이 사람이 되었다. 함께 보다 되었다. 그는		· 1.00 1.45 1

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

▶ Attach this form to your return.

OMB No. 1545-0172

2008

Name(s) shown on return

► See Separate Instructions.

Attachments Sequence No.

Business or activity to which this form relates

**Identifying number** 

VA	ST		SNOWMOBI	LE ORGANIZ	ATTON			23-71757363
P 僧			Property Under					÷
11	Maximum amount. See the ins			5.11	-		1	250,00
2	Total cost of section 179 prope		*	-			2	4,75
	Threshold cost of section 179			•			3	800,00
4	Reduction in limitation. Subtract				<		4	1"
5	Dollar limitation for tax year. Su							77
37	see Instructions						5	250,00
6	(a) Description of a	property		(b) Cost (business	use only) (C)	Elected cost		<b>∠</b> /^\
W								
t.				No.				<u> </u>
7	Listed property. Enter the amou	unt from line 29			T. Chillian	(1	$\hookrightarrow$	<b>/</b> ///////////////////////////////////
8	Total elected cost of section 17	'9 property. Add am	nounts in column (c), line	s6and7	U. [[. A.		8	
9	Tentative deduction. Enter the	smaller of line 5 or l	line 8		$\dots \langle \mathcal{C},   \mathcal{U}_h$	.(.(.)	9	1)
10	Carryover of disallowed deducti	•		17111	::::::::::::::::::::::::::::::::::::::	70,	10	
11	Business income limitation. Ent	ter the smaller of bu	usiness income (not less	than zero) or line	5 (see instruction	S. J. Kar	11	250,000
12	Section 179 expense deduction		•		<u> </u>	4/	12	
13	Carryover of disallowed deducti				13	11 .		
Not			perty. Instead, use Part ner Depreciation (Do n		sted property.) (	Soo instruct	ione \	
						See mandor	10115.)	7
14	Special depreciation allowance			arty) placed in ser	vice during	<i>)</i> )		2,376
45	the tax year (see instructions).		4// ////	(3) p. 1. 1. 1.	···)	٠)٠	14	
15	Property subject to section 1686 Other depreciation (including A			(.)//	(Y.)		15	46,936
16	TIII MACRS Depreciation		sterl property / (See ins	tructions	<del>)</del>	•••	10	10/330
	Miles Depresation		ection A		L	· - · · ·		399
17	MACRS deductions for assets	placed in service in	tax years beginning befo	ore 2008	me ename ena		17	8,690
18	If you are electing to group any	A 11	1/1/1	/		2		1
	general asset accounts, check t	nere	X /	//	S 100 1 100 1	▶ □		
	Section B - Assets Pla	ced in Service Du	ring 2008 Tax Year Usi	ng the General I	Depreciation Sy	stem		
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19a	3-year property	$\mathcal{D}_{\mathcal{C}}$		3 yrs.	HY			
b	5-year property	) <u>H</u>	2,211	5 yrs.	HY	2001	DB	442
С	7-year property		165	7 yrs.	HY	2001	)B	24
d	10-year property	_/\$\		10 yrs.	HY			
е	15-year property	7 //		15 yrs.	HY			
f	20-year property	<b>-</b> 4	<b>\</b>	20 yrs.	HY			-,
g	25-year property	<u> </u>	<b>/</b>	25 yrs.	HY	S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
_	property	1		27.5 yrs.	MM	S/L		
į.	Nonresidential real	) <del>  \                                  </del>	<u> </u>	39 yrs.	MM	S/L		
	Section C - Assets Place	and in Country Day	1 0000 T V H-1	39 yrs.	I MM I	S/L		
2		ed in Service Dui	ing 2008 Tax Year Usi	ng the Alternativ	e Depreciation		-	
0a_	Class life	-				S/L		
	12-year	(4.4)		12 yrs.	100	S/L		
	40-year t IV Summary (See instruc	tions \	4	40 yrs.	MM	S/L	-	3
							24	1,975
21 22	Listed Property. Enter amount fr Total. Add amounts from line 12					nd l	21	1,513
	on the appropriate lines of your r	eturn. Partnerships	and S Corporations-se	e instructions	21. Enter nere a		22	60,443
23	For assets shown above and pla							0 8 6
	of the basis attributable to section	n 263A costs			23			

Fon	1 V Listed		T - 23			certain	other v	ehicles c	ellular te	lenhone	es certa	ain compu	ters ar	nd age
	property Note: For	used f	or enter	tainmen ch you are	t, recre	ation, or standard	amuse mileage ra	ment.)				only 24a, 24b,		
-						ction C if a		ns for limits for	or naccond	er automo	hlies )			
	ction A - Depreciat						Yes	X No		es." is the		written?	Yes	X N
248	Do you have evidence (a)	0.0	rt the busine b)	ess/investm (c) Busines	4	aimed? (d)		(e)	240 n r	(g)		(h)	T	(i)
	Type of property	Date p	lace in	investme		Cost or othe	r d	Basis for epreciation (business/ nvestment	Recovery	Meth	- 1	Depreciation		ected on 179
1.15	list vehicles first)	ser		use percenta	age	, basis		use muy)	period	Conve	ntion	Deduction		ost
25	Special depreciation		Access to the second	All I Tolk			The contract of			- o				
	year and used more	than 50	% in a qual	lified busin	ess use	see instruc	ctions)	سيبينين		22.1	25			
_	Property use more 03 GMAC	05/28			0 %	33,8	77	33,877	5 1170	200DB	T	1,975		
20	US GMAC	05/26	703	10	%	33,0	,,,	33,011	J YES	ZUUDE		4 ^	1-	
W					%	100	-	13				$\rightarrow \wedge$	1	
27	Property use 50%	or less in	a qualified	business		- 1			-	-		-(	1	
	1	<u> </u>	o quamou	1,11	%	16				S/L-		- 11		
-	· 1		*************		%		3	h &		5/1-		211	1 8	<b>V</b>
-	1 11				%	15				E)i	11	111	/	
28	Add amounts in co	lumn (h).	lines 25 th	rough 27.	Enter the	total here a	and on line	e 21, page 1	CIII.	5	28	1,975		
29	Add amounts in co				here and	on line 7,	page 1 .		11/4/	<i>.</i>	$\langle \langle \rangle \rangle$	29		1150
					Section	n B - Info	rmation o	n Use of Ve		(	V.	) ]		
Cor	nplete this section for r employees, first an	or vehicles	s used by a	sole prop	rietor, pa	rtner, or oth	ner "more	than 5% own	ner," or rela	ted persor	those vet	royided venici itcles	es to	
you	r employees, mst an	SVVEI LITE					I CAUCO	Carlo contib		11	1		15	
30	Total bus./investment	miles	(a) Vehic			(b) hicle 2	100	ehicle 3	11 2000	d) nicle 4	Ve	(e) hicle 5	(f Vehi	) cle 6
	driven during the year	•	Verno	nc i	-	Anolo &	16.	Allera A	11	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	include commuting m	iles)	<b>-</b>	-	-		111/	2 6	1/2	<del></del>	1			
31	Total commuting mile					1	1833	17:01	11		V			
	driven during the year					11/1/N	D .	~//						
)2	Total other personal ( commuting) miles dri				. 0	11 11	, v	11 1			1	1		
33	Total miles driven du				(40)	1/1/2	4 /	111	M				=====	
	the year. Add lines 30				1/1/	S) ~	*	1//	ľ					
	through 32		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available personal use during of		Or I	0//	2)0			(1)						
	hours?		(		K				) 2/II.					
5	Was the vehicle used			3 ))	0			<b>&gt;</b>						
	primarily by a more the owner or related person		000		_ \		$\chi \sim$	X =						
6	Is another vehicle ava	1	1110	2)	11	V	1							
•	for personal use?	0	100		.//	$\mathcal{N}$	<i>Y/</i>							
-		Secti	on C - Qu	estions fo	r Emplo	yers Who	Provide '	Vehicles for	Use by T	heir Empl	oyees			
Nns	wer these questions ers or related persor	to determ	nine if you i	meet an ex	ception t	o completir	g Section	B for vehicle	es used by	employees	s who are	not more that	า 5%	
VVII	ers or related person	is face in	Sti uctions)	1	-	<del>//.</del> _					~		Yes	No
7	Do you maintain a	a written r	noliny etate	mont that	nrohihite :	all nerenna	luse of ve	hicles inclu	dina comm	uting		-	100	110
•	by your employee			mem men										
8	Do you maintain a			ment that	v /						0	-	-	
_	See the instruction													
9	Do you treat all us	11/	/ 4 / )											
		111	11	17	•									
0	Do you provide m vehicles, and reta											28/4		
	Do you meet the	1.1												
1	Note: If your ans	equireme	7 38 39 4	ning quaii 10. o <i>r 41 is</i>	"Yes." d	noble dem	onstration dete Secti	ion B for the	covered ve	hicles.	(E) E558 (M///F	.		
<sub>a</sub>	rt VI Amortiza	The second second									1.09			
	10 m 7040			1	-1	T	(a)		الداد		(6	e)	/A	
	(a) Description	of coets			b) ortization	Δ.	(c) mortizable		(d) Códe	,	Amort	ization	(f) Amortiza	tion
	Dearipion	o, overe		1	gins	_ ^	amount		sectio			od or Intage	for this ye	
2	Amortization of co	sts that b	egins duri			ar (see ins					perce			
			2	1		1		-						

Amortization of costs that began before your 2008 tax year.

Total. Add amounts in column (f). See the instructions for where to report.

43

43

44

### Sale of Business Property

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

Form

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b(2))

► Attach to your return.

► See Separate Instructions.

OMB No. 1545-0184

2008

Attachments Sequence No. 27

Identifying number

VAST		10			23-71	75736	53
1 Enter the gross proceeds from					DC .		
	ou are including on line 2, 10, o					1	
	ges of Property Used in a T			onversions Fro	m Other Thai	n Casu	alty or
I neπ - Most Pro	perty Held More Than 1 Yea	r (See Instruction	ons.)	(e) Depreciation	(f) Cost or ot	her T	1.
(a) Description	(b) Date acquired	(C) Date sold	(d) Gross	allowed or	basis, plus	- "	(g) GAIN or (LOSS) Subtract (f) from the
of property	(mo., day, yr,)	(mo., day, yr,)	sales price	allowable since acquisition	improvements expense of s		sum of (d) and (e)
2 1 PB200	01/04/02	10/29/08	4,949			,027	-3,838
2PB100 & 1 PB200	11/28/03	12/01/08	124,509			496	-4,598
				^	3-11 <del>/21</del> -3-1-1		1
	Fig. v			MIN		44	-//-
3 Gain if any from 4684 line	e 39			14/1/2	-(-	13/	
	tallment sales from Form 6252		THE RESERVE OF STREET STREET,			*	
	from like-kind exchanges fron		. 111		.().	5	
6 Gain, if any, from line 32, fr	om other than casualty or thef	t	[M	D	~ ))	6	
	a a		11 0 11 A)	(1)	$// \odot$		
7 Combine lines 2 through 6	. Enter gain or (loss) here, and	i on the appropria	ite line as follows:	· · · · · · / /.		7	-8,436
	cting large partnerships) and Schedule K, line 10, or Form			gain or (loss) foll 3, 9, 11, and 12 b			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	orporation shareholders, ar		If line 7 is zero or	13 11			
from line 7 on line 11 below	and skip lines 8 and 9. If line	7 is a gain and y			)		
1231 losses, or they were re	ecaptured in an earlier year, er	nter the gain from	fine)7 as a long-term	capital gain			AT S
on the Schedule D filed with	n your return and skip lines 8,	9,11, and 12 belo	ow. (     / /		1		
8 Nonrecaptured net section	1231 losses from prior years	see instructions)	(1. 11. 12.			8	
9 Subtract line 8 from line 7.	If zero or less, enter -0 It line	9 is zero, enter t	he gain from line 7 on	line 12 below.	Ì		<del></del>
If line 9 is more than zero, e	enter the amount from line 8 or e Schedule D filed with your re	Hine 12 below ar	nd enter the gain from	line 9 as a	1	9	
	s and Losses see instruc	the same of the sa	10115)			9	
10 Ordinary gains and losses n			norty hold 1 year or le	ee).			
To Ordinary game and losses t	lot included on mes 1 tanong	in to (stolade pro	perty neid i year or te	,			
		<del>( ////</del>	<del>-//</del>				
	1 ( CHH )	4				-	
	11/13/11	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	<b></b>				<b></b>
	(A) (A)					- 44	0.406
11 Loss, if any, from line 7	~ /	/		i wana wana wa s		11	-8,436
12 Gain, if any, from line 7 or a		: <i>./. /</i>			N/A	12	
13 Gain, if any, from line 31		(. <i>j</i>	a kara kuka kubata		តាម ខ	13	
14 Net gain or (loss) from Form	1 4684, lines 37 and 44a	A	RECORDED OF SERVICE	* * * * * * * * * * * * * * * * * * *	09 X	14	
15 Ordinary gain from installme					#5 €	15	
16 Ordinary gain or (loss) from		n 8824	nes wes sins thes	\$100 \$100 \$100 \$100 K		16	
17 Combine lines 10 through				a <sup>®</sup> amerasa	BEER 1	17	-8,436
18 For all except individual return			priate line of your retu	ırn and skip			
	vidual returns, complete lines						
a If the loss on line 11 include	s a loss from Form 4664, line opperty on Sci						
loss from property used as a	in employee on Schedule A (F	orm 1040). line 2	3. Identify as from "F	orm 4797. line	f		
					20.8 2	18a	
b Redetermine the gain or (loss					1		
	<u> </u>				(8) (B)	18b	

### SCHEDULE A in 990 or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

23-7157363 VERMONT ASSOC OF SNOW TRAVELERS, INC Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section (₹0(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part 10) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 500(a)(2). (Complete Rait III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II a 🔲 Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box-Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of organization (iv) is the organization (vii) Amount of (i) Name of supported (ii) EJĄ (v) Did you notify (vi) Is the the organization in organization in col. support organization (described on lines 1-9 in col. (i) listed in your (i) organized in the above or IRC section governing document? col. (i) of your U.S.? support? (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2008

0.00

Total

	Support Schedule for Org (Complete only if you chec	<b>ganizations</b> l ked the box	Described in on line 5, 7, c	Sections 17 or 8 of Part I.	70(b)(1)(A)(iv )	) and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		CHISTOTIC TO THE STREET			(/)	
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)				24-1		<u>&gt;</u>
_		2 2 2	Printed Tolling	Le House	Jan Jan Jan	1/100000	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d)(2007	(e) 2008	(f) Total
7	Amounts from line 4	(a) 2004	(b) 2000	16X5000	10)/2007	(e) 2000	(i) iotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					<b>&gt;</b>	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		Messile 1				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10 V		25,2			
11	Total support. Add lines 7 through 10	10					
12	Gross receipts from related activities, etc.	(see instruction	ns) (./.)	* * * * *	34 341 342 348	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	n's first, second	third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Su	pport Percei	ntage				
14	Public support percentage for 2008 (line 6			, column (f))	3 3 3 3	14	%
15	Public support percentage from 2007 Sch				6 5 5 50	15	%
	331/3% support test-2008. If the organiz			n line 13. and	line 14 is 331/39	6 or more, che	ck this box
	and stop here. The organization qualifies						
b	331/3% support test-2007. If the organiz	ation did not c	heck a box on I	ine 13 or 16a,	and line 15 is 3	331/3% or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported o	rganization			▶ 🗆
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the forganization meets the facts-and-circums	8. If the organizacts-and-circum tances" test. Th	zation did not ch astances" test, c ie organization c	eck a box on li heck this box a qualifies as a p	ne 13, 16a, or 1 and <b>stop here.</b> ublicly supporte	Explain in Part d organization	IV how the
b 18	10%-facts-and-circumstances test 2007. more, and if the organization meets the "facts-and-circumstances test 2007. Private foundation. If the organization did	acts-and-circum ices" test. The o	stances" test, ch rganization qualit	neck this box a fies as a publicly	nd <b>stop here.</b> I v supported orga	Explain in Part I	V how the

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	Ed the Box on	TITIC 5 OF FEE	C 1. /			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	, (	(4) 200	(1) 2000	(0) 2000	(4) 2001	(0) 2000	(1) 10101
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2,625,399	2,313,533	2,036,843	3,126,906	4,675,085	14,777,766
2	Gross receipts from admissions, merchandise	2,025,555	2,313,333	2,030,043	3,120,300	4,073,003	14,777,700
~	sold or services performed, or facilities						
	furnished in any activity that is related to the	190,092	154,440	82,908	126,572	57,823	611,835
	organization's tax-exempt purpose	130,032	134,440	62,306	120,572	37,623	611,635
3	Gross receipts from activities that are not an	519,895	619,980	697,674	1,121,084	51,166	3,009,799
	unrelated trade or business under section 513	313,633	613,360	0912014	1,121,004	21,166	3,003,733
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					((.	//
	its behalf	0	0	0	0	- 10	0.00
5	The value of services or facilities						))
	furnished by a governmental unit to the		ا			(( )))	$\mathcal{I}$
	organization without charge	0	0	1/1/2		<del>/// )</del>	0.00
6	Total. Add lines 1-5	3,335,386	3,087,953	2,817,435	¥4,374,562	4, 784, 074	18,399,400
7a	Amounts included on lines 1, 2, and 3			UNION		_ ))	
	received from disqualified persons	0	7/0	5 ///// 0	1.1 /8	0	0.00
b	Amounts included on lines 2 and 3			10	=/// ,	$\diamond$	
	received from other than disqualified persons that exceed the greater of 1% of			)) ((	1111		
	the total of lines 9, 10c, 11, and 12 for the		(1/1)	$\sim 1$	11		2000
	year or \$5,000	0	11/10	100	) 0	0	0.00
C	Add lines 7a and 7b	0.00	0.00	(0.00)	0)00	0.00	0.00
8	Public support (Subtract line 7c from	A A			- CORT - ST. #17-04-01A-17		
C	line 6.)		Con Contract	K STATES	er the who have see		18,399,400
	tion B. Total Support	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	11,000	1 2000	44) 0007	4 > 0000	(D Tatal
Ca	lendar year (or fiscal year beginning in) ▶	(a)/2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	3,335,386	3,087,953	2,817,425	4,374,562	4,784,074	18,399,400
10a	Gross income from interest, dividends, payments received on securities loans,	()/0"	<u> </u>				
	rents, royalties and income from similar						
	sources	28,043	(52,205	52,860	49,596	26,304	209,008
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		11 -				
	acquired after June 30, 1975)	1/10	<del></del> 0	0	0	0	0.00
	Add lines 10a and 10b	28,043	52,205	52,860	49,596	26,304	209,008
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	✓ 0	0	0	D	0	0.00
12	Other income. Do not include gain or						
	loss from the sale of capital assets	<b> </b>					
	(Explain in Part IV)	6,608	9,044	4,890	1,715	8,420	30,677.00
13	Total support. (Add lines 9, 10c, 11,		(SSENTENIA PROTE	NATIONAL PROPERTY.	action (Carlomana)	arthurer a result	
	and 12.)	<b>建建建造</b>		TO THE REAL PROPERTY.	w 在 & 200/20	AVIETO COST	18,639,085
14	First five years. The Form 990 is for						501(c)(3)
<u></u>	organization, check this box and stop			<del></del>	· · · · · ·		
Sec	tion C. Computation of Public Su						9/
15	Public support percentage for 2008 (line				f))	15	98.71 %
16	Public support percentage from 2007 S			g		16	98.30 %
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2008	8 (line 10c, col	umn (f) divided	by line 13, co	olumn (f))	17	1.12 %
18	Investment income percentage from 20					18	1.44 %
19a							
	17 is not more than 331/4%, check this bo						
b	331/3% support tests-2007. If the organ	ization did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	331/3%, and
	line 18 is not more than 331/3%, check this <b>Private foundation.</b> If the organization	•	-	-			

Supplemental Information. Part II, line 17a or 17b; or Pa	Complete this part to proving III, line 12. Provide any c	de the explanation re ther additional inform	quired by Part II, lination. (see instruction
Takin, mie 17a o. tro, et 1	,	an a second	101-100
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#### Schedule B (F 990, 990-EZ, or sed-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization Employer identification number VERMONT ASSOC OF SNOW TRAVELERS, 23-7157363 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ≤ 501(c)(3) ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-bZ, that met the 331/3% support test of the regulations under sections 509(a)(1)(17(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990. Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts and ID For a section 501(c)(7), (8), or (10) organization thing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

990-EZ, or 990-PF).

Employer identification number 23 - 7157363

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALAN ROBERTSON  PO BOX 31  SHEFFIELD, VT 05866	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	Type of contribution
		\$ AND C	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	Aggregate contributions	(d) Type of contribution
		3	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part I) if there is a noncash contribution.)

#### SCHEDULE C 1 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number VERMONT ASSOC OF SNOW TRAVELERS, INC 23-7157363 To be completed by all organizations exempt under section 50 (c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures . . . . . 21,293 2 Volunteer hours To be completed by all organizations exempt under section 501(c)(3) See the instructions for Schedule C for details. ō Enter the amount of any excise tax incurred by the organization under section 4955 ō Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes X No If "Yes," describe in Part IV b Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details. Enter the amount directly expended by the tiling organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ... Total of direct and indirect exempt function expenditures. Add-lines 1 and 2 and enter here and on Form 1120-POL, line 17b. Did the filing organization file Form 1120-PQL for this year? Yes State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate in the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAS). If additional space is needed, provide information in Part IV. (a) Name (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

	Check ► ☐ if the filing organizat				2 2	F.
B (	Check ▶ ☐ if the filing organiza			control" provis	1	
	Limits on (The term "expenditures	Lobbying Expend " means amoun		d.)	(a) Filing organization's totals	(b) Affiliate group total
1a b c d e f	Total lobbying expenditures to influte Total lobbying expenditures to influte Total lobbying expenditures (add lied). Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enter columns.	ence a legislative nes 1a and 1b) s	body (direct lobby	ring)		
	If the amount on line 1e, column (a) or (b Not over \$500,000	1	nontaxable amoun	t is:		
Ī	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500.000.		
	Over \$1,000,000 but not over \$1,500,00		s 10% of the excess			(x, y, y)
	Over \$1,500,000 but not over \$17,000,0		s 5% of the excess of			
	Over \$17,000,000	\$1,000,000.		14/1/2		
g h i j		-0- if line g is more on either line 1h	ore than line a. re than line c. or line 1i, did the o		orm 4720 reporting	☐ Yes ☐
_	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below.	-0- if line g is more on either line 1h	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a th	ction 501(h) o not have to co	omplete all of the instructions.)	
_	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below.	-0- if line g is more on either line 1h	ore than line a . The than line c . The than line a . The than lin	ction 501(h) o not have to co	omplete all of the instructions.)	
_	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below.	-0- if line g is more on either line 1h	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a th	ction 501(h) o not have to co	omplete all of the instructions.)	five
h i j	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below.  Lobb Calendar year (or fiscal year	-0- if line g is more on either line 1h.  4-Year Averaging made a section see the instruction	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a the	otion 501(h) o not have to co grough 2f of the Averaging Perio	omplete all of the instructions.)	five
h i j	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below.  Lobb Calendar year (or fiscal year beginning in)	-0- if line g is more on either line 1h.  4-Year Averaging made a section see the instruction	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a the	otion 501(h) o not have to co grough 2f of the Averaging Perio	omplete all of the instructions.)	five
h i j	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below. Subtractions that columns that	-0- if line g is more on either line 1h.  4-Year Averaging made a section see the instruction	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a the	otion 501(h) o not have to co grough 2f of the Averaging Perio	omplete all of the instructions.)	five
h i j	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below. Subtractions that columns that colum	-0- if line g is more on either line 1h.  4-Year Averaging made a section see the instruction	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a the	otion 501(h) o not have to co grough 2f of the Averaging Perio	omplete all of the instructions.)	five
h i j	Subtract line 1g from line 1a. Enter Subtract line 1f from line 1c. Enter If there is an amount other than zero section 4911 tax for this year?  (Some organizations that columns below. Subtractions that columns that	-0- if line g is more on either line 1h.  4-Year Averaging made a section see the instruction	ore than line a re than line c or line 1i, did the o g Period Under Se 501(h) election dons for lines 2a the	otion 501(h) o not have to co grough 2f of the Averaging Perio	omplete all of the instructions.)	Yes [

	To be completed by organizations exempt under section 501(c)(3) that has 5768 (election under section 501(h)). See the instructions for Schedule C for			iled Form
-		(a		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b	Volunteers?	X		
d	Media advertisements?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X/,	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	-	21,293
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	6	X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			21,293.00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			0
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			0
Pai	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion	501(	c)(5), or
				Yes No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		٠	2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3.5	0 990	3
Pai	rt III-B  To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." See Schedule C instructions for details.	tion OR	501(d if Pa	c)(5), or rt III-A,
1	Dues, assessments and similar amounts from members	2.	1	
2	Section 162(e) non-deductible tobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of		
а	Current year	Se3	2a	
b	Carryover from last year	311	2b	
С	Total	100	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4		the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying		
	and pointed experience year.	(340)		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	
Pai	t IV Supplemental Information			
Also	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I , complete this part for any additional information. ST HIRES A GOVERNMENT RELATIONS FIRM TO TRACK LEGISLATI			
PA	RTIALLY IMPACT THE OPERATIONS OF VAST. THIS ORGANIZATION	N R	EPR	ESENTS
VA	ST'S POSITION ON SUCH LEGISLATION BEFORE APPROPRIATE AL	MIN	IST	RATION
OF	FICIALS, LEGISLATORS AND LEGISLATIVE COMMITTEES. VAST'S	EX	ECU	TIVE
DI	RECTOR MONITORS THE ABOVE FIRM TO ENSURE THEY ARE WORK	NG	ON	OUR BEHALF
AN	D HAS CONTACT WITH ADMINISTRATIVE OFFICIALS, LEGISLATOR	RS A	ND	LEGISLATIVE
CO	MMITTEES WHEN ASKED AND AS NECESSARY. THE VAST EXECUTIV	E C	OMM	ITTEE

t IV Supplemental Information (continued)
HOSTS AN ANNUAL COFFEE FOR LEGISLATORS, AT THIS TIME LEGISLATORS ARE
ADVISED OF VAST POSITIONS AND PRIORITIES.
TENTED OF THE POLITICAL TRUE TRUE TO THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU
To the telephone
(O) No C

### SCHEDULE D a 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	e of the organization  DMONT ACCOC OF CNOW TRAVELEDS INC	Employer identification number
	RMONT ASSOC OF SNOW TRAVELERS, INC	23-7157363
Fa	Organizations Maintaining Donor Advised Funds or Other Similar I the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 he funds are the organization's property, subject to the organization's exclusive legal con	ntrol? 🔲 Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that or used only for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	or or other Yes No
Pa	rt II Conservation Easements. Complete if the organization answered Yes	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of open space	n of an historically important land area on of certified historic structure
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the on the last day of the tax year.	form of a conservation easement  Held at the End of the Year
а	Total number of conservation easements .	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/05	2d
3	Number of conservation easements modified, transferred, released, extinguished, or to the taxable year ▶	erminated by the organization during
4	Number of states where property subject to conservation easement is located	U22.752
5	Does the organization have a written policy regarding the periodic monitoring, inspect enforcement of the conservation easements it holds?	ion, violations, and
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements duri	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requiremen 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ts of section
9	In Part XIV, describe how the organization reports conservation easements in its reve balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	nue and expense statement, and financial statements that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete of the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	esearch in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	search in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	• \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	r assets for financial gain, provide the
	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

-	the c		
	a.	ПE	

	Organizations Maintaining Collections of Art, Histo	orical Treasure	s, or Other Similar	Assets (continued)
3	Using the organization's accession and other records, check any items (check all that apply):	of the following t	that are a significant	use of its collection
а	Public exhibition d		ange programs	
b		Other		
C	— Cross ration for later of gone rations			
4	Provide a description of the organization's collections and explain Part XIV.			empt purpose in
5	During the year, did the organization solicit or receive donations of art assets to be sold to raise funds rather than to be maintained as part of	, historical treasur of the organization	res, or other similar o's collection?	. Tyes No
Pai	Trust, Escrow and Custodial Arrangements. Comple Part IV, line 9, or reported an amount on Form 990, P	ete if organization		o Form 990,
	a Is the organization an agent, trustee, custodian or other intermedi included on Form 990, Part X?		ons or other assets n	ot ves 🗆 No
b	b If "Yes," explain the arrangement in Part XIV and complete the fol	lowing table:	^F-F	1
c d	c Beginning balance		Te Td	Ampunt
е	e Distributions during the year		1e	<u> </u>
f	f Ending balance	CHEN!	. 47	П. П.
2a b	Did the organization include an amount on Form 990, Part X, line of "Yes," explain the arrangement in Part XIV.	545 11:00 .	· 1.( · 1/10)	. Yes No
Pai	art V Endowment Funds. Complete if organization answ			
	(a) Current year (b) Prior ye	a (c) Two year	s back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance		<u>'                                    </u>	
b	Contributions	2 4 1/2 2		
C	c Investment earnings or losses			
d	d Grants or scholarships			
е	Other expenditures for facilities and programs			
f g	f Administrative expenses g End of year balance			
2	Provide the estimated percentage of the year end balance held as	i,		
а		>>		
b	( )			
C				
3a	Are there endowment funds not in the possession of the organization organization by:	n that are held ar	nd administered for the	Yes No
	(i) unrelated organizations			. 3a(i)
	(ii) related organizations			. 3a(ii)
b	o If "Yes" to 3a(ii), are the related organizations listed as required or	n Schedule R?	* * * * * *	. 3b
4	Describe in Part XIV the intended uses of the organization's endor		2-4 V 1: 40	
Par	art VI Investments Land, Buildings, and Equipment. S			
	Description of investment (a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	a Land	56,000	FA 763	56,000.00
b	Buildings	168,942	50,703	118,239.00
C	Leasehold improvements	692 466	653,239	29,227.00
d	Equipment	682,466 47,033	40,089	6,944.00
e Tata	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			210,410.00
ota	tal. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column	(b), line 10(c).),		210,410.00

ASSET D ECIATION SHORT REPORT

/AST Sep. 30, 2009

Sorted: ASSET A/C#

. . . .

Method: 1-FEDERAL-Std Conv Applied

Range: BUILDING - VEHICLES

Include: All assets

				W I work to				ncludes Section	
Date Acq	Description		Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Deg
	: GROOMERS - GROOM	ERS	_					0.00	207 200
12/22/00	2PB100'S		SL/ 7.00	207,060.00	0.00	207,060.00	207,060.00	0.00	207,060.0
)1/04/02 D	1 PB200		SL/7.00	123,027.00	0.00	123,027.00	114,239.50	0.00	114,239.5
11/02/02	3 PB1005 GROOMERS	5	SL/7.00	323,136.00	0.00	323,136.00	253,891.00	46,162.00	300,053.0
11/28/03 D	2PB100 & 1 PB200		SL/ 7.00	361,496.00	0.00	361,496.00	232,389.00	0.00	232,389.0
Grand totals:	GROOMERS - GROOME	RS (4 assets)		1,014,719.00	0.00	1,014,719.00	807,579.50	46,162.00	853,741.5
_ess: 2 Dispo	osed assets (Current Dep	reciation: \$0.00)		484,523.00	0.00	484,523.00	346,628.50		346,628.5
Net totals: GF	ROOMERS - GROOMERS	(2 assets)		530,196.00	0.00	530,196.00	460,951.00	46,162.00	507,113.0
	: LAND - LAND				8				
01/15/97	LAND		LAND/ 0.00	56,000.00	0.00	56,000.00	0.00	0.00	0.0
Grand totals:	LAND - LAND (1 assets)			56,000.00	0.00	56,000,00	0.00	0.00	0.0
	: SOFTWARE - SOFTWA			*		0.0000000000000000000000000000000000000	5-35273-00		\
1/13/97	COMPUTER SOFTWAI		AMORT/ 5.00	382.80	0.00	382.80	382.80	0.00	382.8
04/20/00	SOFTWARE ADDITION	IS	AMORT/ 3.00	2,524.11	0.00	2,524,11	2,524.11	0.00	2,524.1
1/18/01	SOFTWARE		SL/ 3.00	169.96	0.00	(168.96)	169.96	// 0.00	169.9
08/16/01	SOFTWARE		SL/ 3.00	98.94	0.00	98.94	98.94	0.00	98.9
9/13/01	SOFTWARE		SL/ 3.00	363.65	000	363.65	( 363,65	0.00	363.6
09/20/01	SOFTWARE		SL/ 3.00	2,000.77	(0.00	2,000.77	2,000.77	0.00	2,000.7
6/20/02	ADDITIONS		AMORT/ 3.00	2,641.40	( 0 0,00°	2,641,40 (	2,641.40	0.00	2,641.4
4/01/03	SOFTWARE ADDITION		SL/ 3.00	604.82	0.00	604.82	604.82	0.00	604.8
4/01/04	SOFTWARE ADDITION	IS	SL/3.00	422.14	1 10.00	422.14	422,14	0.00	422.1
3/15/05	SOFTWARE		SL/3.00	1,625.49	0.00	(1,625.49	7,625.49	0.00	1,625.4
06/21/07	SOFTWARE	1	SL/ 3.00	1,600:86	0.00	1,600.86	801.00	534.00	1,335.0
9/18/08	SOFTWARE		SL/3.00	720.70	0.00	720.70	120.00	240.00	360.0
Rand totals:	SOFTWARE - SOFTWAR	RE (12 assets)		13,155.64	190.00	13,155.64	//11,755.08	774.00	12,529.0
	VEHICLES - VEHICLES			3/////	V ///				
5/28/03	2003 GMAC 2500 HD C	REW CAB	M*200/ 5.00	33,876.75	(0.00	33,876.75	25,585.00	1,975.00	27,560.0
arand totals:	VEHICLES - VEHICLES (	1 assets)	×40	38,876,75	0:00	33,876.75	25,585.00	1,975.00	27,560.00
Grand to	tals for all accounts: (69	assets)	1/1/2	1,438,963,09	0.00	1,438,963.09	1,030,217.26	60,442.64	1,090,659.90
Less: 2 D	Disposed assets (Curre	ent Depreciation: \$0	(( X00.	484,523:00	0.00	484,523.00	346,628.50		346,628.50
Net totals	s for all accounts: (67 as	sets)	0// Ilo	954,440.09	0.00	954,440.09	683,588.76	60,442.64	744,031.40
	9.0	6	1 12	1			Cost	Curr Depr	Ending A/Dep
		Depreciable Assets	(64 assets)		))		948,891.78	60,442.64	738,483.09
		mortizable Assets	(3 assets)	( ////	//		5,548.31	0.00	5,548.31
odes that m	ay appear next to the dat	e acquired include;	A - Addition D	Disposal, T-Trade	ed, MQ - Mid Qua	rter Applied			
	al Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Va
	Totals for All Assets	438,963.09	0.00	0.00	1,438,963.09	1,030,217.26	60,442.64	1,090,659.90	348,303.19
	Less: Inactive Assets	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00
	Disposed Assets	484,523.00	0.00	// 0.00	484,523.00	346,628.50	0.00	346,628.50	137,894.50
9	Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net T	otals (Active Assets)	954,440.09	0.00	0.00	954,440.09	683,588.76	60,442.64	744,031.40	210,408.69
	Total Additional First Year	7		0.00					
	otal Additional First Year	~ // //	> /	2,376.00		80		" will	£1
- /		nal First Year Depre	(/	2,376.00				č.	

ASSET D ECIATION SHORT REPORT /AST Sep. 30, 2009

Sorted: ASSET A/C#

Method: 1-FEDERAL-Std Conv Applied

Range: BUILDING - VEHICLES

Include: All assets

	8	Ŷ.	%	3		25	cludes Section 179	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
	C#: BUILDING - BUILDING	Wich I Line		Cooling 175		3		
11/15/97	BUILDING	MSL/39.00	135,383.90	0.00	135,383.90	40,640.00	3,471.00	44,111.00
11/08/98	BUILDING FINAL PAYMENT SUMMITT COI	214	4,965.03	0.00	4,965.03	1,360.00	127.00	1,487.00
)3/19/98	BASEMENT HEATING SYSTEM	MSL/39.00	2,347.89	0.00	2,347.89	633.00	60.00	693.00
09/19/02	SIDING	MACRS/39.00	2,400.00	0.00	2,400.00	375.00	62.00	437.00
)5/24/07	PAVING	MSL/15.00	23,845.00	0.00	23,845.00	2,385.00	1,590.00	3,975.00
	ls: BUILDING - BUILDING (5 assets)	3	168,941.82	0.00	168,941.82	45,393.00	5,310.00	50,703.00
	C#: EQUIPMENT - FURNITURE & EQUIPMENT	<del></del>		-				
)1/15/97	EQUIP & FURNISHINGS	MSL/ 7.00	40,715.71	0.00	40,715.71	40,715.71	0.00	40,715,71
)4/30/98	FURNITURE (BOISE CASCADE)	M*200/ 7.00	3,160.00	0.00	3,160.00	3,160.00	0.00	3,160.00
15/04/98	COMPUTERS	M*200/ 5.00	3,409.90	0.00	3,409.90	3,409.90	0.00	3,409.90
12/23/98	MQ EQUIPMENT	M*200/ 7.00	190.67	0.00	190.67	190.67	0.00	190.67
12/25/90	MQSTORAGE BUILDING	M*200/ 7.00	3,595.00	0.00	3,595.00	3,595.00	0.00	3,595.00
)3/25/99	MQ COMPUTERS COMPUTER ASSISTANCE	M*200/ 5.00	2,400.00	0.00	2,400.00	2,400:00	0.00	2,400.00
16/03/99	MQ EQUIPMENT	M*200/ 7.00	329.99	0.00	329.99	329.99	0.00	329.99
)8/12/99	MQCOPIER	M*200/ 7.00	14,405.15	0.00	114,405.15	14,405.15	0.00	14,405.15
)8/13/99	MQEQUIPMENT	M*200/ 7.00	180.00	0.00	180.00	189,00	0.00	180.00
10/01/99	MQ CHAMPION GPS	M*200/ 5.00	2,983.00	0.00	2.983.00	2,983.00	0.00	2,983.00
11/18/99	MQCOMPUTERS	M*200/ 5.00	2,023.00	nova	2,023.00	2,023.00	0.00	2,023.00
12/30/99	MQ COMPUTER ASSIS	M*200/ 5.00	99.00	7 00.00	99.08	99.00	0.00	99.00
)1/13/00	MQ COMPUTER EQUIP	M*200/ 5.00	4,724.50	0.00	4,724.50	4,724.50	0.00	4,724.50
34/27/00	MQ COMPUTER EQUIPMENT	M*200/ 5.00	509.99	0.00	509.99	509.99	0.00	509.99
12/28/00	MODEM	M*200/ 5.00	100.98	0.00	100.98	100.98	0.00	100.98
)2/22/01	COMPUTER EQUIP	M*200/ 5.00	5,285.23	0.00	5,285.23	5,285.23	0.00	5,285.23
)5/03/01	VACCUM CLEANER	M*200/ 7.00	218.95	0.00	218.95	218.95	0.00	218.95
07/05/01	OIL PAINTING	M*200/ 7.00	650.00	0.00	650.00	650.00	0.00	650.00
)7/26/01	COLOR PRINTER	M*200/ 7.00	450.00	0.80	460.00	460.00	0.00	460.00
09/13/01	SAFETY TRAILER	M*200/ 7.00	16,961.15	0.00	16,961.15	16,961.15	0.00	16,961.15
39/13/01	COMPUTER EQUIP	M*200/ 5.00	2,671.00	8.00	2,671.00	2,671.00	0.00	2,671.00
)5/02/02	G4	M*200/ 5.00	2,198,00	0.00	2,198.00	2,198.00	0.00	F3
)5/02/02 )5/16/02	COMPUTER BACKUP	MA200/ 5.00	1,373.00	0.00	1,373.00	1,373.00	0.00	2,198.00
)6/10/02	IMAC	MA200/ 5:00	1,399.00	0.00	1,399.00	a 1,399.00	0.00	1,373.00 ° 1,399.00
)7/05/02	COMPUTER	MA2007 5:00	3,350.00	0.00	3,350.00	3,350.00	0.00	3,350.00
)7/05/02 )7/05/02	COMPUTER	MA200/ 5.00	822,00/	0.00	822.00	822.00	0.00	822.00
38/15/02	FIRE FILE	M200/7.00	1,516.50	0.00	1,516.50	1,440.00	76.50	1,516.50
11/07/02	BULLETIN BOARDS	M*200/7.00	293.50	0.00	293.50	254.00	26.00	280.00
04/10/03	KEYBOARD	M*200/ 5.00	79.00	0.00	79.00	79.00	0.00	79.00
35/29/03	NETWORK HUB	M*200/ 5.00	1,520,92	0.00	1,520.92	1,520.92	0.00	1,520.92
07/03/03	DELL LATITUDE	M*200/ 5.00	2,393.64	0.00	2,393.54	2,393.54	0.00	2,393.54
07/31/03	CD/RW	M*200/ 5.00	1,455.00	0.00	1,455.00	1,455.00	0.00	1,455.00
38/21/03	REFRIGERATOR	M*200/ 7.00	529.97	0.00	529.97	459.00	47.00	506.00
09/18/03	WET/DRY VAC	M*200/ 7.00	83.99	0.00	83.99	73.00	7.00	80.00
11/20/03	FURNITURE	M*200/ 7.00	828.00	0.00	828.00	643.00	74.00	717.00
04/14/04	SUPERWAREHOUSE	M*200/ 5.00	701.37	0.00	701.37	661.00	40.37	701.37
06/17/04	PALM PILOTS	M*200/ 5.00	869.77	0.00	869.77	820.00	49.77	869.77
37/08/04	ORMSBYS	M*200/5.00	289.00	0.00	289.00	272.00	17.00	289.00
11/18/04	COMPUTER	M*200/ 5.00	2,171.89	0.00	2,171.89	1,796.00	251.00	
01/06/05	PALM PILOTS	M*200/ 5.00	994.95	0.00	994.95			2,047.00
03/17/05	CDI/CHOKO DESIGN	M*200/ 5.00	995.00	0.00	995.00	823.00 823.00	115.00	938.00
10/27/05	JAMAR COUNTERS	MA200/ 5.00	15,741.69	0.00	15,741.69		115.00	938.00
06/21/07	COMPUTE EQUIPMENT	MA200/ 5.00 MA200/ 5.00	1,253.61	0.00	1,253.61	11,208.00	1,813.00	13,021.00
10/18/07	COMPUTER EQUIPMENT	MA200/ 5.00 MA200/ 5.00	1,584.94	0.00	1,584.94	652,00	241.00	893.00
)4/01/09 A	ADDITIONS	MA200/ 5.00	4,422.04	0.00	4,422.04	317.00	507.00	824.00
)8/07/09 A	ADDITIONS	MA200/ 5.00 MA200/ 7.00	329.98	0.00	329.98	0.00	2,653.00	2,653.00
						0.00	189.00	189.00
SIETO OUES	:: EQUIPMENT - FURNITURE & EQUIPMENT (46	ದಾಶಕಣ)	152,269.88	0.00	152,269.88	139,904.68	6,221.64	146,126.32

### SCHEDULE G (Fc→ 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

ant of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number Name of the organization 23-7157363 VERMONT ASSOC OF SNOW TRAVELERS, INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Solicitation of government grants **Email solicitations** Special fundraising events Phone solicitations d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (i) Name of individual (ii) Activity custody or control of contributions? (or retained by) (or retained by) from activity or entity (fundraiser) cor (i) Yes No 0 X 565 656 KEN HOEPPNER FUNRAISEF 15,656.00 5,565.00 0.00 Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing:

li.	Л	Fundraising Events. Commore than \$15,000 on F								
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Revenue										
eve	1	Gross receipts								
œ	2	Less: Charitable								
	3	contributions								
		minus line 2)								
	4	Cash prizes	1-1111							
es	5	Non-cash prizes								
Sens	-		=======================================							
Ext	6	Rent/facility costs			14/1/2					
Direct Expenses	7	Other direct expenses		(						
Ճ	•	3 2		Ms	11/2 (1)					
	8	Direct expense summary. Ad Net income summary. Combi			3. · 4 (1/5	)				
Pa	9 rt II		he organization answ	vered "Yes" to Form	90. Part IV. line 19.	or reported more				
		than \$15,000 on Form		40/02						
ne			(a) Bingo	(b) Pull tabs/Instant binge/progressive binge	(c) Other garning	(d) Total gaming (Add col. (a) through col. (c))				
Revenue				Algebrack suits	1					
Re	1	Gross revenue		Va 0 1111	$\cup$	7-3				
					>:					
ses	2	Cash prizes	100							
ben	3	Non-cash prizes	(							
Ť.	3	Non-cash prizes ,	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\							
Direct Expenses	4	Rent/facility costs		$\longleftrightarrow$						
	5	Other direct expenses								
-		7 T	☐ Yes // %	□ Yes %	☐ Yes%					
	6	Volunteer labor	□ No	No	□ No	in the second				
			(/ <u>)</u> /	V		( )				
	7	Direct expense summary. Ac	ld lines 2 through 5 in 6	olumn (d)						
	8	Net gaming income summary	. Combine lines 1 and	7 in column (d)						
		1 12				Yes No				
9		nter the state(s) in which the	1, ( )							
a b		the organization licensed to c "No," Explain:	perate gaming activitie	s in each of these state	Sf we see s					
J		II NO, Explain								
		10a								
10a		were any of the organization's gaming licenses revoked, suspended or terminated during the tax years								
b	IŤ	"Yes," Explain:								
11	Do	oes the organization operate of	gaming activities with n	onmembers?		11				
12	ls fo	the organization a grantor, be rmed to administer charitable	eneticiary or trustee of gaming?	a trust or a member of		12				
_	-10	to definition originable			Schedule G	Form 990 or 990-EZ) 2008				

7		Yes	No
13	Indicate the percentage of gaming activity operated in:		7- 1
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address:		
	Name ►		
	Address ►		(000)
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided	7	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	JANGE / IN	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \( \sigma \)	<i>y</i>	
	Schedule G (Form 990 or	990-E	Z) 2008

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

n 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047	2006	Open to Public	Inspection
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Schedule I (Form 990) 2008 ŝ (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-Y (Form 990) if additional space is needed Employer identification number Yes × 23-7157363 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance . (d) Amount of each grant  $\Diamond$ 3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. . (c) IRC section if applicable Enter total number of 501(c)(3) and government organizations General Information on Grants and Assistance the selection criteria used to award the grants or assistance? INC TRAVELERS, (b) EIN SNOW 1 (a) Name and address of organization VERMONT ASSOC OF or government ATTACHED Name of the organization Part I SEE

SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the US

Vermont Association of Snow Travelers, Inc. Employer ID #23-7157363

Proceedings   Procession   Pr	Club	Address	city	State	ZIp	(b) EIN (C)IRC Section	(d) Amount of Cash Grant	(e) Non Cash Assistance	(f) Method of Valuation	(g) Description of non-cash Assistance	_
Po Obs. 17   Wildermitterin	Barre Town Thunder Chic.	34 Goldsbury Woods Road	Barre	ĮΤΛ	05641						Grooming, Construction, Signing
Trigory Viller (2006)	town Moonshiners	PO Box 731	Williamstown	5	62950						Grooming, Consruction, Signing
Comparison   Com	Bridport Sno-Birds	7497 VT RK. 22A	Addison	T	05491						Grooming
Fig. Number		((>///									Debrushing, Equip. Grant, Plowing, S
Set   With degree   Set   Se	Brighton Snmbl. Club	PO'Box 446	Island Pond		05846		1				Bulua
122   Burnary   Groom   VT   Godes   5   15574   155	okfield Trail Blazers	85 Willdw Grove Lane	E. Randolph	TV	05041						Grooming
10	Buckaroos of 302	482 Lakeside Dr.	Groton	IX /	05046	5					Debrushing, Construction, Signing
Second Continuent	Buzzy's Grooming	234 Buzzy's Way	Groton	(MA)	05046						Grooming
September   September   Cardison   Vitro   Capital   September	Collect Name Of Col	BO Box 34 °	Fact Haven	)/A	05837						Signing, Construction
Second Color	Cy Silition Trails Clain	Communication of the communica	TOWN TOWN								Grooming, Construction,
15 Participa Lines   Froctorarile   VT   CapTa   5 22,056     17 Catego Road   Categorida   VT   CapTa   5 32,056     17 Catego Road   Categorida   VT   CapTa   5 32,056     17 Catego Road   Categorida   VT   CapTa   5 32,056     18 Categorida   Categorida   VT   CapTa   5 32,056     18 Categorida   Categorida   VT   CapTa   5 32,056     18 Categorida   Categorida   VT   CapTa   Categorida   S 19,451     18 Categorida   Categorida   VT   CapTa   Categorida   S 19,451     18 Categorida   Categorida   VT   Categorida   S 19,452     18 Categorida   Categorida   VT   Categorida   S 19,453     18 Categorida   Categorida   VT   Categorida   S 19,453     18 Categorida   Categorida   VT   Categorida   S 19,453     18 Categorida   Categorida   VT   Categorida   S 19,454     18 Categorida   Categorida   VT   Categorida   S 19,454     18 Categ	Canaan Border Riders	549 Christian Hiti	Canaan	\$ P	(05913						Equip Grant
17 Calesy Read   Stouthwick   WA   Chick   State   Stouthwick   WA   Chick   State   Stouthwick   WA   Chick   State	vendish Gr Mtn Snow Fleas	16 Parker Avenue	Proctorsville		05/83						Grooming, Construction
17. Cassey, Road	sster Snowmobile Club	13 Partridge Lane	Southwick	MA	01077						Construction, Grademing, Prowing
10 Strategy	denden Demostra	>	Chittonder	\$ <	1. Order	<					Debrushing
Pob Box 37   California	Hallow Barons	370 St Pleme Rd	Frosburg Pake	74	08450	1					Grooming, Construction
Cub   POD Box 15   Cub   Cub   POD Box 15   Cub   POD Box 15   Cub   POD Box 15   Cub   POD Box 15   Cub   POD Box 17   Cub   POD Box 17   Cub   POD Box 17   Cub   POD Box 17   Cub   POD Box 14   POD Box 17   POD Box 18   POD Box 18   POD Box 19   PO					78	\(\(\)					Grooming, Construction,
Pober 175   Pobe	n.Valley Sno-Riders	PO 80x 33	Guidhall		cosco						Debrushing.Construction,Groomin
PO Box 175   Monthopmerity   VIT   055170   \$ 19,419	intry Riders	5876 VT Rt. 105	Newport Ctr.	15	05857-9541					-	g.Signing
153 Part View Rd	ered Bridge Snmbl. Club	PO Box 175	Montpomery	/ VT	05470						Grooming, Construction
Po Box 141   W. Denville   Yr   06979   \$ 110,360   \$ 10,360   \$ 15 Sanawage Rct   Cochester   Cg7   06475   \$ 110,360   \$ 10,080   \$ 1	) Grooming	153 Farr View Rd	E.Hardwick	EX.	05836	10/1/2					Grooming Grooming Construction
Si Sianavage Rd.   Cochester   Cyt   Cothester   Cyt	wills C. Cul Mos	DO Box 141	W Danville	7	05873						Equip.Grant
P. O. Boox 439   Londonderry   Virginity   O. Sec. 64   P. O. Boox 439   P. O. Boox 430   P. O. Boox 442	field Valley Strimo, himo	31 Stanavade Rd	Colchester	13	06475		¥				Grooming.Construction,
sters         PO Box 439         Debty         VT         7,6523         \$ 44,751           pers         4,992 V Roule 144         East Burke         VT         0,6523         \$ 26,014           spect         4,992 V Roule 144         East Burke         VT         0,6523         \$ 26,041           mpbeller Gully Limp         1811 Hound the Micon Rd.         Montpeller         VT         0,6672         \$ 26,041           Rough Riders         6,55 Ruga Road         East Fairfield         VT         0,6672         \$ 26,657           Roth Sion Travelers         2,257 Rover Road         Invest Road         NA University         NA UNIVERSITY         NA UNIVERSITY           Oct Sione Road         1,000 Road         E.Continh         VT         0,6573         \$ 10,706           Oct Sione Road         1,000 Road         Na Institute         VT         0,6573         \$ 10,706           Crail Winders         1,000 Road         VT         0,6573         \$ 14,756         \$ 14,756           Ann Flaciens         1,000 Road         VT         0,6572         \$ 26,604         \$ 26,604           Institutions         1,000 Road         VT         0,6572         \$ 26,604         \$ 26,604           Institutions         1,000 Road	y Sted Dogs	P O Box 674	Londonderry	V.T.	05148						Grooming, Equip, Grant
1952 VT Route 114   East Burke   VT   05832   5,541		000	) orbi	\(\frac{1}{2}\)	V / 05820	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_ (				Groming, Construction, Debrushing
Action   A	Uusters	1050 VT Pouts 114	Fact Rurks	5	05832						Grooming.Construction
Prough Ridges   SES Ruga Road   East Fairfield   VT   C6648   S. 14/364   S.	S.T.	42 Conkey Hill Rd.	Orwell	NT.	09290		1				Grooming
SEG Ruga Road   East Fairfield   VT   0.6548   \$ 14,385   \$ 14,385   \$ 12,385   \$ 12,385   \$ 12,385   \$ 12,385   \$ 12,385   \$ 15,280   \$ 12,385   \$ 13,280   \$ 12,385   \$ 13,280   \$ 12,385   \$ 13,280   \$ 12,385   \$ 13,380   \$ 12,385   \$ 13,380   \$ 12,385   \$ 13,380   \$ 12,385   \$ 13,380   \$ 12,385   \$ 13,380   \$ 12,385   \$ 13,380   \$ 12,385   \$ 12,082   \$ 12,0	Montpelier Gully Jump.	1811 Horn of the Moon Rd.	Montpelier	ΔŁΛ	05602		N				Grooming, Signing
2567 Fugat Road   Least Faitheid   VT   05478   \$ 26,000     2567 Fugat Road   Least Faitheid   VT   05478   \$ 6,000     2567 Fugat Road   Least R	i			1/4	DEAM		Star 44	<			Grooming, Construction, Debrushing
15T Holyake Farm Rd,   St. Albans   VT   05478   S   5,662     6 Upper Village Rd   Chelesa   VT   05638   S   10,706     6 Upper Village Rd   Chelesa   VT   05636   S   10,706     6 Upper Village Rd   Chelesa   VT   05656   S   10,706     1579 Beividere Road   West Glover   VT   05656   S   33,504     1579 Beividere Road   West Glover   VT   05676   S   33,504     1579 Beividere Road   West Glover   VT   05676   S   34,728     1579 Beividere Road   West Glover   VT   05676   S   34,728     1579 Beividere Road   Manchester   VT   05676   S   14,726     1579 Beividere Road   Manchester   VT   05661   S   14,726     1579 Beividere Road   Manchester   VT   05648   S   14,326     1570 Beividere Road   Manchester   VT   05648   S   14,3418     1570 Beividere Road   Manchester   VT   05648   S   14,4418     1570 Beividere Road   Manchester	Cher Rough Riders	2257 Diver Road	New Haven	5	05472		P	1			Construction, Grooming, Signing
6 Upper Village Rd.   Chelsea	Willia Chy Snow Boiders	167 Holyake Farm Rd	St Albans	5	05478			9			Grooming, Signing
9643 Route 25   E.Corinth   VT   05036   5   19.4 PC     2680 Theodore Roosevalt Hwy, Waterbury   VT   05876   5   21.062     2680 Theodore Roosevalt Hwy, Waterbury   VT   05876   5   21.062     PO Box 19	d Frost Fighters	6 Upper Willage Rd.	Chelsea	TV	05038	11 111	Ì				Construction
1579 Belvidere Road   Eden   VT   05652   \$ 21,052	Trail Grooming	9643 Route 25	E.Corinth	Υ	05035			11111			Grooming
1579 Belvidere Road   Eden   VT   05875   \$ 33,564	e Armstrona Excavatina	2680 Theodore Roosevelt Hwy.	Waterbury	7	92990		\$ 21.062				Grooming
PO Box 16         West Glover         VT         05875         \$ 28 045           P O Box 12         Grafton         VT         05146         \$ 28 045           F O Box 12         Grafton         VT         05146         \$ 25656           664 Hawkins Road         Manchesier         VT         05565         \$ 25656           6 Ko Wideawake Road         Manchesier         VT         05661         \$ 25640           8 Funners         498 Harrell St.         Morrisville         VT         05548         \$ 26408           9 PO Box 53         Hartland         VT         05548         \$ 14,465           9 PO Box 63         Hartland         VT         05548         \$ 14,465           9 PO Box 122         Lowell         VT         05542         \$ 30,554           1720 Baltimore Rd.         White River Jct.         VT         05001         \$ 66,951           1720 Baltimore Rd.         White River Jct.         VT         05001         \$ 9,765           1720 Baltimore Rd.         VT         05001         \$ 9,765         \$ 9,765           1720 Baltimore Rd.         VT         05001         \$ 8,765         \$ 9,765           1720 Baltimore Rd.         VT         05075         \$ 9	on Trak Packers	1579 Belvidere Road	Eden	7	05652	)			2		Grooming, Construction, Signing
P.O.Box 19   West clover   VT   05146   S   9,383			0 40 04	5	37030	<	\	7 / //	4		Debrushing, Construction, Groomin a. Slanina
F. D. Bush   Road   East Wallingford   VT   05742   S   14,754   S	ver Trail Winders	PO Box 16	west Glover	5	05146			1			Grooming.Construction
Second Flammars road   Construction   Constructio	Ton Cuting Club	P C 600 12	Cleanur Total Mailland	5	05740		/				Debrushing, Construction, Groomin a
660 Wideawake Road         Manchester         VT         05651         \$ 25650           a Runners         498 Harrell St.         Morrisville         VT         05661         \$ 26/4/3           a T20 Battimore Rd.         NA Springfield         VT         05548         \$ 30,564           ub         PO Box 142         Lowell         VT         05847         \$ 30,564           PO Box 432         Jack serville         VT         056001         \$ 9,766           PO Box 432         Thetfood Cir.         VT         05075         \$ 46,941	en min. Snow riyers	DEGL HEWKITS NOW	Edst Wellington	!	72.00						Signing, Construction,
Age Runners         498 Harrell St.         Morrisville         VT         05661         \$ 26,429           PO Box 53         Harland         VT         05048         \$ 11,465           piers         120 Battmore Rd.         N. Springfield         VT         05150         \$ 10,638           Club         PO Box 142         Lowell         VT         05807         \$ 56,961           rs         PO Box 142         White River Jet.         VT         05501         \$ 66,961           rs         PO Box 142         Jacksonville         VT         05501         \$ 56,961           rs         4088 Rt 132         Therford Clr.         VT         05075         \$ 46,941           p.         A088 Rt 132         Therford Clr.         VT         05075         \$ 46,941	en Mtn. Trail Blazers	660 Wideawake Road	Manchester	IA I	02550		\$ 75,030				Grooming Construction.
PO Box 533   Harland   VT   05048   \$ 11,385	dwick Snoffake Ridge Runners		Morrisville	5	05661		$\langle  $		1		Debrushing
120 Battimore Rd.   N. Springfield   VT   06150   \$ 18,638     PO Box 142   Lowell   VT   05847   \$ 30,564     S 6,961     S	tland Hill Hoppers	PO Box 53	Hartland	5	05048			1	1		Gradoming
PO Box 142   Lowell   VT   05847   \$ 30,564	wks Mtn. Ridge Riders	120 Battimore Rd.	N. Springfield	Α.	05150		1	1			Debrushing, Construction, Groomin
785 Neal Rd.         White River Jct.         VT         05001         \$ 56,951           PO Box 432         Jacksonville         VT         05342         \$ 9,765           4088 Rt. 132         Therford Cit.         VT         09075         \$ 46,941	en's Notch Snmbi Club	PO Box 142	Lowell	TV	05847						g,Signing
PO Box 432         Jacksonville         VT         05342         \$ 9,765           4098 Rt. 132         Theitford Cit.         VT         09075         \$ 46,941	ricane Riders	785 Neal Rd.	White River Jcf.	TV	05001						Equip Grant, Grooming
4088 Rt. 132 Thetford Cit. VT 000/6 \$ 46,941	ksonville E-Z Riders	PO Box 432	Jacksonville	5	05342		1				Grooming.Construction
	din Morrill Drift Sklp.	4088 Rt. 132	Thetford Cir.	5	05075		1				Grooming Equip Static

SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the US

Vermont Association of Snow Travelers, Inc. Employer ID #23-7157363

unenburg Polar Bears	298 Colby Road	Lunenburg	1	90800			5 42,679	50	Construction, Grooming, Signing
Lyndon Sno Cruisers	654 Crestwood Rd.	Lyndonville	W	05851			\$ 25,489	6	Grooming, Construction, Signing
M&M Grooming	904 Goose Green Rd	Bradford	ŢŲ	05033			\$ 14,428	8	Grooming
Mad River Ridge Runners	271 Pine Brook Rd.	Waltsfield	17	05673			\$ 10,837	7	Construction
Mailetts Bav Lakers	42 Browe Court	Burlington	7	05408			\$ 6.692	2	Grooming.Construction
Middle Valley Potar Bears	IPO Box 274	E. Randolph	7	05041			\$ 21,103	2	Grooming
Missisquol Bearcats	778 West Jay Road	Richford	77	05476			\$ 21,874	4	Grooming, Construction
Moose River Rock Dodgers	PØ Bóx 26	Granby	TV VI	05840			\$ 21,078		Debrushing, Grooming, Signing
Mountain Tamers	72500 Dog Pond Rd	East Calais	IN V	02920			\$ 18,788	82	Grooming, Construction, Signing
Mt. Abe Snow Sports	/ 1990 Hardscrabble Road	Bristol	TV \	05443			\$ 8,221	-	Grooming
Newbury Border Riders	2698 Lehahton Hill Rd.	Wells River	IX //	05081			\$ 5.228	99	Grooming, Eglup, Grant
News Grooming	5327 Monument Hill Rd	Castleton	TA O	05735			ľ	8	Grooming
North Country Mountaineers	783 Vance Hill Road	Newport Center	IN // P	05857			\$ 28,361		Grooming, Signing
Northfield Snowmobilers	152 TerracarRd	Noxthfield	XXX	05663				2	Grooming, Construction, Signing
Northwest Riders	24 Bluff Låné	St. Albans	) VI	// 05478				4	Grooming, Construction, Signing
Orleans Snow Stormers	48 Natural Hill	Newbort	3	05855-8798			\$ 31,768	90	Groaming, Construction, Signing
Pant Grooming	192 N.Pasture Lane	Charlotte	TV.	05445			\$ 6.370	0.	Grooming
Plymouth Snow Sneakers	PO Box 140	Plymouth	TV	95050 //	<		\$ 26,234	4	Graoming.Construction
Poultney Valley Snmbl. Devils	1783 Hamoshire Hollow Rd.	Pouttney	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	05764	7		\$ 49.317	7	Debrushing, Construction, Groomin a, Plowing, Equip, Grant, Starling
Ridge Runners Snow Grooming	PO Box 324	Waitsfield	X	0,6673			\$ 67,507	12	Grooming.Equip.Grant
Roy-L-Family Sno-Travelers	114 Steeple Vlew Way	Putney	TA	05346					
Rt. 100 Snow Travelers	238 South Hollow Lane	Rochester	/ VI	A9250	Î S		\$ 19,971	1	Grooming.Construction
Shrewsbury Sno-Birds	PO Box 365	Cultingsville		> / 05738	1	_	\$ 6,490	0	Debrushing, Grooming, Signing
Sidehill Conchers	PO Box 222	) udlow	1	05149		(1	\$ 40.605	100	Grooming, Construction, Debrushing, Signing, Equip, Grant
Skitchewaug Trail Riders	75 Route 5	Springfield	X	05156		1/4/			
Smuggler's Notch Snmbi Club	9553 VT Route 15	Jeffersonville	THE CONTRACT OF THE CONTRACT O	05464		1111	\$ 92,128	83	Equip.Grant,Grooming, Construction,Signing
Sno-Bees of Barre	60 Westwood Parkway	Barre	*	05641		11/1/2	\$ 15,056	99	Construction, Grooming
Sterling Snow Riders	376 Maple Hill Road	Johnson	<b>.</b> 5	95950	$\diamond$	11/2/	\$ 69,663	S.	Construction, Grooming, Debrushing, Signing, Equip, Grant
Trackmakers Snmbl. Club	2069 Elm St.	Montpeller	N.	05802	11 /		8 25,071		Grooming, Construction, Signing
Trl-Town Trail Travelers	62 Town Farm Rd.	Tunbridge	M	22050	11	//	\$ //12/390	00	Grooming
Tweed Valley Travelers	2834 Rt. 100	Pittsfield	5	05782		<del>ال</del>	\$ 40.367		Construction, Grooming, Debrushing, Signing
Twinfield Snow Travelers	P. O. Box 275	Plainfield	72	19990	7		\$ 80,082	(120	Equip.Grant,ConstructionGroomin
Upper Valley Snow Packers	50 Austin Rd	West Fairles	7	05083				( // //8	Grooming.Construction
Washington Snow Flyers	PO Box 128	Washington	5	05675		//		(0)	Grooming. Plowing
Waterford Ridge Runners	303 Walsh Road	Waterford	5	05819			\$ 5,359		Grooming, Construction, Signing
Weathersfield Pathfinders	37 Reservoir Road	Springfield	5	05156			\$ 11,945	15 1 1 1 1	Grooming
Weybridge Trail Blazers	2989 Weybridge Road	Middlebury	5	05757	,		\$ 6,140	10 (////////////////////////////////////	Grooming
White River Valley Remblers	2361 Route 107	Bethel	5	05032		4	\$/ 16,612	2 / ////	Grooming, Construction
White River Valley Sno Goers	2912 Riford Brook Rd.	Braintnee	5	09090			\$ 24,853	- F	Grooming, Construction
Willston Hill Hawks	P O Box 152	Williston	5	05495		7	\$ /27,967		Grooming, Construction, Equip, Grant
Windsor Civ. Shimbl. Club	7056 RT 131	Perkinsville	5	05151					Debrushing Construction, Groomin
									2

### SCHEDULE O (F~m 990)

### **Supplemental Information to Form 990**

2008
Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

OMB No. 1545-0047

VERMONT ASSOC OF SNOW TRAVELERS, INC	23-7157363
PART III-LINE 2 VAST HAS RECEIVED A FEDERAL	HIGH PRIORITY GRANT FOR
THE CREATION OF A 93 MILE LONG FOUR-SEASON RE	CREATIONAL TRAIL ON THE
LAMOILLE VALLEY RAILROAD BED. THE FEDERAL GRA	ND REQUIRES THAT VAST
CONTRIBUTE A 209 MATCH FOR THE PROJECT. THE P	ROJECT IS PROJECTED TO COST
IN EXCESS OF \$6.4 MILLION DOLLARS. VAST MEMBE	RSHIP HAS APPROVED LENDING
UP TO \$850,000 TOWARDS THE PROJECT. THE GRANT	AMOUNT IS \$4.93 MIDITION
DOLLARS. THE BALANCE OF \$620,000 WILL HAVE TO	BE RAISED THROUGH
FUNDRAISING.	1/2 ((/5)
PART III-LINE 4D OTHER PROGRAM SERVICES IN	CLUDE SPECIAL PROGRAMS RIDER
SAFETY EDUCATION, LAW ENFOREMENT COSTS FOR TR	ALL SAFETY, AND A MEMBERSHIP
NEWSLETTER.	))>
PART VI-SECTION B-LINE 12C VAST MONITORS	ON A MONTHLY BASIS ANY
POTENTIAL CONFLICT OF INTEREST ISSUES	
	)
(0)//2	

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2009 cal	endar ye	ar, or tax year beginning	10/1/20	09 <b>, an</b> o	d ending	9/30	)/2010	
В	Check if ap	oplicable:	Please use IRS	C Name of organization	VT ASSOCIATION (	OF SNOW TRAV	/ELERS, I	D Employeri	identification	number
	Address o	change	label or	Doing Business As				23-7157363		
	Name cha	ange	print or	Number and street (or P.O.	box if mail is not delivered	to street address)	Room/suite	E Telephone	number	
$\Box$	Initial retu	ırn	type. See	26 VAST LANE		•		(802) 229-00	005	
П	Terminate	ed	Specific	City or town, state or count	rv. and ZIP + 4		1	(002) 220 0		
=	Amended		Instruc- tions.	BARRE	**	T 05641	1	G Gross recei	ints \$	4,257,599
		on pending		ame and address of princip					<del>///</del>	
ш	, ibbirantia			-		DDE 15 05044	· ·	this a group retur	/ / /	
				T WATSON - EXEC DIF				e all affiliates incl		X Yes No
Τ.	Tax-exer	mpt status	: X 50	)1(c) ( 3) <b>∢</b> (insert r	io.) 4947(a)(1)	or 527	_ <u>_</u>	"No," attach a list	. (see instruct	tions)
<u>J</u> '	Website	: 🕨 wwv	v.vast.or	rg			H(c) Gi	oup exemption in	umber 🕨	
Kı	orm of o	rganization:	X co	prporation Trust A	ssociation Other		Year of forma	ation: 1967	M State o	f legal domicile: VT
	art I	Sur	nmary				//	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
	1			the organization's missic	n or most significant	activities: STAT	FWIDE S	NOWMOBILE	TRAILS	PROGRAM
				TRUCTION, RIDER EDI	-	( /		.122111141111		1110010101
8		2-172702						-(~)		
nau										
Ver	2	Chock th		▶  if the organizatio	n discontinued its one	rotiona or donda	ad of mor	othor SEN	fita not co	
တိ	3			g members of the govern			ea or mor	E 111511/20 10	3	
ο <u>ς</u>	4	Number	of inder	pendent voting members	of the governing bed	W Part II I to 1h	' (. <u>.                                </u>	· (	4	19 19
vitíc	5			employees (Part V, line		y (Fan VI, III)e IQ	X //.	))	5	. 10
Activities & Governance	6			volunteers (estimate if n		· · · · · · · · · · · (	, <i>, , , , , , , , , , , , , , , , , , </i>	<i>.</i>	6	. 10
_	7a			lated business revenue:	* * * * * * * * * * * * * * * * * * * *	VC) line 12	(/ ))> ~	• • • •	7a	136,285
	b			usiness taxable income f					7b	-56,058
	- <del></del>	NOC CITIE	nated bt	isiness taxable income i	on sain sact, ine	34	<del>}</del>	Prior Year	ומו	Current Year
	8	Contribu	itions an	nd grants (Part VIII, line 1	h) \		` <del> </del>		0,998	5,711
ne				revenue (Part VIII, line		* {///. /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		4,945		4,122,706
Revenue	10	Investm	ent inco	me (Part VIII, column (A)	lines 3 4 and 7d				7,868	87,851
Re	11	Other re	venue (i	Part VIII, column (A), line	5 6H 8c 9c 48c				5,733	-6,525
	12			Id lines 8 through 11 (must)				4,969		4,209,743
	13			lar amounts paid (Part IX			·	2,603		654,800
	14			or for members (Part-IX,		· · · · · · · · · · · · · · · · · · ·	<del></del>	2,000	,,,,,,,,	054,000
	15			compensation, employee		ımn (A) lines 5-	10)	A73	3,897	486,076
Expenses	16a			draising fees (Part IX, co			'°'		5,656	400,070
ben	b	Total fur	ndraisinc	expenses (Part IX, colu	non (TV) line 25)		Charles to the second			
짚	17	Other ex	nenses	(Part IX, column (A) line	11d 11f-24f		· · · · · · · · · · · · · · · · · · ·	1,255		2,787,180
	18	Total ex	penses	Add lines 13-17 (must e	aval Part IX column	(A) line 25)		4,348		3,928,056
		Revenue	a lass as	penses. Subtract line	from line 12	(1), 1110 20)			0,168	281,687
- i	B ····		11/	11/1		· · · · · · · · · · · · · · · · · · ·	Begin	ning of Current		End of Year
ets	20	Total as	sets (Pa	ort X, line 16)				3,728		4,010,131
Ass	21	Total lial	bilities (F						2,037	2,461
Net Assets or	22			nd balances. Subtract lin				3,725		4,007,670
	art II		nature				<u>`                                    </u>		7,000	1,001,010
		Unde	r penalties	of perjury, I declare that I have	examined this return, includ	ng accompanying sch	edules and s	tatements, and to	the best of n	ny knowledge
		and b	elief, it is t	rue, correct, and complete. Dec	aration of preparer (other th	an officer) is based on	all information	on of which prepa	irer has any k	nowledge.
		1.		· ·				r		
Sig	an	• .								
He	-	7	Signature	of officer				Date		
		<del></del>		int name and title	· · · · · · · · · · · · · · · · · · ·	In I	T at : :-	<del></del>		
D-1	:l	Prepa signa				Date	Check if self-	- -	Preparer's id (see instructio	dentifying number
Pai			<b>-</b>			8/10/2011	employed	<b>►</b> X	P0010485	•
	eparer's	l Filmis	s name (or		I FTT PI I C	J. 10.MO11	1 ,,	T	27-37549	
US	e Only		employed	),		44				
A 4 :	11 177		ess, and ZI		AD, BARRE, VT 0564			Phone no.		
ivia	y the IF			turn with the preparer sh	own above? (see ins	tructions)				X Yes No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: THE PURPOSE OF VAST IS TO COORDINATE THE DEVELOPMENT, MAINTENANCE, ANDMANAGEMENT OF VERMONT'S STATEWIDE TRAILS SYSTEM AS WELL AS TO EDUCATE VERMONT SNOWMOBILERS ABOUT SAFE RESPONSIBLE OPERATION OF SNOWMOBILES.
	OPERATION OF SNOWWOODILES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,182,521 including grants of \$ ) (Revenue \$ 792,247)  VAST OVERSEES THE STATEWIDE TRAILS GROOMING PROGRAM WHICH IS COMPRISED OF MORE THAN 6000 MILES  OF INTER-CONNECTED SNOWMOBILE TRAILS THAT EXTEND FROM THE CANADIAN BORDER IN THE NORTH TO THE  MASSACHUSSETS BORDER IN THE SOUTH AND FROM THE NEW HAMPSHIRE BORDER IN THE EAST TO THE NEW  YORK BORDER IN THE WEST
4b	(Code: ) (Expenses \$ 568,170 Including grants of \$ 440,936 ) (Revenue \$ 440,936 ) VAST HAS A GRANT-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR GROOMING EQUIPMENT USED BY THE CLUBS IN THE GROOMONG OPERATIONS
40	(Code: ) (Expenses \$ 474,525 including grants of \$ ) (Revenue \$ 274,206)
4c	(Code: ) ) (Expenses \$ 474,525 including grants of \$ ) (Revenue \$ 274,206)  VAST RUNS GRANT-IN-AID PROGRAMS WHICH INCLUDE TRAIL CONSTRUCTION, MAINTENANCE, SIGNING AND  DEBRUSHING ON THE SATEWIDE TRAILS SYSTEM
	***************************************
. <u>.</u>	Other was are a series (December in Calculute C.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 1,236,597 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,461,813

**Checklist of Required Schedules** 

Part IV

			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	3	х	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	х	-
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
J	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts? If the state of amounts in such funds or accounts?	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	'		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
●,	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete			
	Schedule D, Part VI.		9/2	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		100	
	of its total assets reported in Part X, line 16? If "Xes," complete Schedule D Part VID			
•	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.			tigara£.
•	Did the organization report an amount for other assets in Part X, fine 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		100	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that		100 F/	100.72
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	Section 2	A.L.	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Park Track	SUMBLE	
	Schedule D, Parts XI, XI, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	este a		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		ŀ	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
00	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	22		
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
≜-TU	\$100,000 as of the 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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^</del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-, ,	·
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Partyl	26		ı.X
27	Did the organization provide a grant or other assistance to an officer director trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties; see Schedule L,	27	Televices	X
	Part IV instructions for applicable filling thresholds conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete, schedule L, Part IV	28a	E TORYIC	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del>  ^`</del>
	Schedule L, Part IV	28b		x
¢	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
	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	<u> </u>	X
31	Did the organization liquidate terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		
32	Part I	31		X
JŁ	If "Yes," complete Schedule N, Parti	32		l 🗸
33	Bid the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<u>X</u>
	sections 301.7701-2 and 301.7701-3? It "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<del>  ^``</del>
	III, IV, and V, liné 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	:		
20	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	20		
	10. Notes 7 th 1 cm 1000 meta are required to complete achiedule C	38	X	(2000)

Par	V Statements Regarding Other IRS Filings and Tax Compliance		<u>-</u>	
		.,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			**
•	gaming (gambling) winnings to prize winners?	1c	Χ	JAC BROSS
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	300 A 1	€ e nteumo	
a	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	- 20	100	F/8/13
	instructions)			
2-	,	444		SWITE S
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		and de
	this return?	3b	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	SD	^-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		,
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	144		
	See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1		
	Prohibited Tax Shelter Transaction?	<u>5c</u>		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the		•	
	organization solicit any contributions that were not tax-deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		12	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? . \\ \\. \\. \\. \\. \\. \\. \\. \\	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			:
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			1000
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Х	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	· # . # .		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1000
	organization, have excess business holdings at any time during the year?	8	I Manni Primo	***************************************
9	Sponsoring organizations maintaining donor advised funds.			016
а	Did the organization make any taxable distributions under section 4966?	9a	indide.wo	2012000
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	5614		Maria.
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	T [		
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
. ~	against amounts due or received from them.)		197 P	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1123	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		<b>12</b> 14	

Part VI

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

Sect	on A. Governing Body and Management		*****			
		١.	ı	i a la management de la companya de	Yes	No
1a	Enter the number of voting members of the governing body	1a		19		
b	Enter the number of voting members that are independent	1b	<u> </u>	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		nip with		11-2-12-2	
	any other officer, director, trustee, or key employee?		:<: · · · ·	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or					
	supervision of officers, directors or trustees, or key employees to a management company of			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form			4		X
5	Did the organization become aware during the year of a material diversion of the organization	n's ast	ets?	> 5		X
6	Does the organization have members or stockholders?	(5//	$\langle \cdot ( \cdot ) \rangle \rangle$	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one of	more i	uempera			
	of the governing body?	· ://	. >>	. 7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or o			. 7b	Χ	TOTAL SECULIA
8	Did the organization contemporaneously document the meetings held or written actions und	ertakei	n during	į, į		
	the year by the following:	, 🗸		34		
а	The governing body?	(	~····	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 4.0	(.),	_8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Rart VII, Section A, who cann		eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul	le O	<u> </u>	. 9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	he Inte	rnal			
Reve	enue Code.)	<u>))                                   </u>				
				<b></b>	Yes	No
	Does the organization have local chapters, branches, or affiliates?			. <u>10a</u>		X
b	If "Yes," does the organization have written policies and procedures governing the activities	of sucl	n chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	ion?.		. 10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the			
	form?			. 11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 99	0				1 4 4 5
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po	olicy? I	f "Yes,"			
	describe in Schedule O how this is done			. 12c	X	
13	Does the organization have a written whistleblower policy?			. 13		Х
14	Does the organization have a written document retention and destruction policy?			. 14		Х
15	Did the process for determining compensation of the following persons include a review and	appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	eration	and decision	?	Als a	
а	The organization's CEO, Executive Director, or top management official			. 15a		Х
b	Other officers or key employees of the organization			. 15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrang	jement			<i>1777</i>
	with a taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization			2705	113.7	1
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	eps to	safeguard	2.4		1,0
	the organization's exempt status with respect to such arrangements?				***************************************	
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed			-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 99	0-T (501(c)(3	)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.		. , , , ,			
	Own website Another's website X Upon request					•
19	Describe in Schedule O whether (and if so, how), the organization makes its governing doct	ıments	, conflict of in	nterest		
	policy, and financial statements available to the public.		,			
20	State the name, physical address, and telephone number of the person who possesses the	books	and records	of the		
	organization: ► KATHY DUPREY		(0.00) 0.0			
	26 VAST LANE, BERLIN, VT 05641		7: EEATEE.			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 \$1,00,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compe	ensate any curre	ent office	r, dir	ector, or	tru	ıstee.		
(A)	(B)		<(c)	$\langle \rangle$		(D)	(E)	(F)
Name and Title	Average hours per week	Institutional trustee Individual frustee Ordifector		Highest compensated the property of the proper	Former //	Reportable compensation from the organization (W-2/1009-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CONRAD STEWART						J,		
DIRECTOR/ADDISON	2.	XY			2			
JOHN PERKINS	4 // //	) <b>,</b>	M		1			
DIRECTOR/BENNINGTON	2.	X	64	<del>\\\\</del>	$\dashv$			
KEN GAMMELL DIRECTOR/CALEDONIA		MX.		>\				
JEFF FAY								
DIRECTOR/CHITTENDEN \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2.	X	Ц					
RAY DUBREUIL	4							
DIRECTOR/ESSEX \	2	X						
JOHN ROSS DIRECTOR/FRANKLIN		x						
DAVID LADD	1711/11/2		$\vdash$	-				
DIRECTOR/GRAND (SLE	2.	х						
BRIAN CURRIER	<u> </u>							
DIRECTOR/LAMOILLE	2.	X						
LARRY TROTTIER \\								
DIRECTOR/ORANGE/	2.	X						
MILO DAY	2.	x						
DIRECTOR/ORLEANS MERRITT BUILD	<u> </u>	-^- -	$\vdash$					
MERRITT BUDD DIRECTOR/RUTLAND	2.	x						
JOHN LYNDS								
DIRECTOR/WASHINGTON	2.	Х						
TOM BALTRUS		İ						
DIRECTORWINDSOR	2.	Х	Ш					
JIM HILL								
PRESIDENT	2.	<u> </u>	X				· · · · · · · · · · · · · · · · · · ·	
BONNIE HOLBROOK	_							
RECORDING SECRETARY	2.		X					
MARK ELLINGWOOD			$ _{x} $					
TREASURER	9	i I	ΙXΙ	1 1	1 1		I	

23-7157363

Par	VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	Hig	hest	Cor	npensated Em	p <mark>loyees</mark> (contii	nued)
								(E)	(F)		
	Name and title	Average	Pos	sition	(checl	k all th	nat app	oly)	Reportable	Reportable	Estimated
		hours per week	Indi or o	ไกร	Officer	Key	em	Former	compensation from	compensation from related	amount of other
			Individual trustee or director	Institutional	줱	Key employee	Highest compensated employee	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
			or all	nal		ploy	e con		(W-2/1099-MISC)	(44-211099-141130)	organization
			uste	trustee		8	pen				and related organizations
			0	tee			sate				o Semination of
10.5	21214				ļ		8				, , ,
JOE											
	-PRESIDENT	2.			X						
	ANT WATSON	40.				x			69,575		
	CUTIVE DIRECTOR (IS NELSON	40.							08,010	$(() \rightarrow )$	<del> </del>
	LS ADMINISTRATOR	40.				X		/,	60,644		
	GARDNER	-+0.				<del>  ^</del>			00,044	<b>→</b>	-
	NEWS MANAGER	40.				_	X		56,058		·
	ILEEN DUPREY	100				//	7		00,000		
	NISTRATIVE ASSISTANT	40.					X/		45,103	•	ļ
	THEW TETREAULT					1	1		.(		
	LS ASSISTANT	40.		//			X		45,592		
CYN	THIA JONES						1/				
REC	EPTIONIST	40:					/×	$\overline{}$	36,836		
JESS	ICA HUDSON	<<		))	//	//	<i>1)</i> .				
SPE	CIAL PROGRAMS MANAGER	40.		//		Ň	<u> </u>		38,169		
		:		K			1	(( )	$\wedge$		
				77	<u> </u>		77		Ur .		
		(/)		\	1	7(	1//				
		4()/	$\rightarrow$			4	16	<u> </u>			
			ľ			$\langle \cdot \rangle$	1				
				4	H	177	1				
		( ))	\ <u>\`</u> \`		11.	}	ŀ				
-			-	1	1		-	<u> </u>			
				)>`	1						
1b	Total		1	<u> </u>	<u> </u>			. •	351,977		
2	Total number of individuals (including but no	ot limited to thos	e list	ted a	above	e) wl	no re	ceive		00.000 in	<u> </u>
	reportable compensation from the organizar		1			-,			•	,	
		11/1/11									Yes No
3	Did the organization list any former officer,						, or h	ighe	st compensated		
	employee on line 1a? If "Yes," complete So	hedule J for suc	h ind	livid	ual.						3 X
4	For any individual listed on line 1a, is the su	im of reportable	com	pen	satio	n an	d oth	er c	ompensation fro	m	
	the organization and related organizations										
	individual										4 X
5	Did any person listed on line 1a receive or a	accrue compens	atior	froi	m an	y un	relate	ed o	rganization for	2	
	services rendered to the organization? If "Y										5 X
Sec	ion B. Independent Contractors										
1	Complete this table for your five highest cor	mpensated inde	pend	ent (	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
	compensation from the organization.							<del>,</del>			
	(A)								(B)		(C)
	Name and business a							<u> </u>	Description of sen	vices C	ompensation
	VHB Pioneer P O BOX	( 9151, WATER	TOV	/N, N	ИА 0:	2471	1	COI	NSTRUCTION		217,566
								ļ			
					<del>, .</del>						
		**************************************									
2	Total number of independent contractors (ir	acluding but not	limit	ad to	tho	o lic	tod.	ahou	a) who received		
-	more than \$100,000 in compensation from	-		Ju il	, 11108	30 IIS	1	ADUV	c) wito received		

Part	VIII	Statement of Revenue					
		The second secon	The state of the s	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(0.44	4		Paragraph	100	revenue		512, 513, or 514
ants	1a h	Federated campaigns					
Contributions, gifts, grants and other similar amounts	b	Fundraising events					THE STATE OF THE S
ifts Ir al	d	Related organizations					The second
s, g mila	e	Government grants (contributions) 1e		Contracts III			The Top of the State of the State of St
Contributions, and other sim	f	All other contributions, gifts, grants, and		market 1994	Li manana		THE PROPERTY OF
but		similar amounts not included above 1f	5,711		75		40
ntri d o	g	Noncash contributions included in lines 1a-1f: \$				Rec't of the second	
<u>යු ස</u>	h	Total. Add lines 1a-1f		5,711			100200000
e			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES & REGISTRATIONS	713990	2,382,075	C		
8	b	VAST NEWS	541800	136,285		136,285	
ζi	С	GRANTS	713990	1,507,388	1,507,388	-	
Se	a	VAST INCOME	713990	28,407	28,407		
Jran	e	IN-KIND SERVICES All other program service revenue	713990	68,551	68,551		
Pro	,	Total. Add lines 2a–2f.		4,122,706			New York
<del></del>	3	Investment income (including dividends, interest, a	1	11,022,700			111111111111111111111111111111111111111
	"	other similar amounts)		27,423	27,423	:	
	4	Income from investment of tax-exempt bond proceed	ade )))	27,423	1 1 120		
	5	Royalties	\ \ / /		Ŷ		
		(i) Real	(ii) Personal		YHARA	77.7	
	6a	Gross Rents			APPENDING STATE		
	b	Less; rental expenses			- Karamanan		
	С	Rental income or (loss)		11/2/2011	1000	1444	SAME WANTED
	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other			The second second second	
		assets other than inventory .	68,422			Action in the second second	
	b	Less: cost or other basis					
		and sales expenses	7,694			A STATE OF THE PERSON NAMED IN COLUMN	en a verkenne en e
	C	Gain or (loss)	60,428	60,428	60.400	f /////	and a straight of the straight
	d 8a	Net gain or (loss)	. <u> </u>	00,420	60,428		
e	Va	events (not including \$					Paragraphic and Paragraphic Control of the Control
Other Revenue		of contributions reported on line 1cx		CLASSIC CO.	1000	116.00	NAME OF TAXABLE PARTY.
Şe.		See Part IV Vine 18					
ē	b<	Less: direct expenses b	***************************************			THAT I	
돌	c	Net income or (loss) from fundraising events	<u> </u>				
•	9a	Gross income from gaming activities.			CHIRATOR CO.	The state of the s	05.00
		See Part V, line 19 a				in the second	
	b	Less: direct expenses b				indicione de la	建铁铁路上 法国
	C	Net income or (loss) from gaming activities	. <u></u>	and the second s			
	10a	Gross sales of inventory, less					
	.	returns and allowances					
	b	Less: cost of goods sold b				2655.	11.15 (1.15)
	_ <u>c</u>	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	-10,662	-10,662	<b>HEROTE</b> COUNTY OF THE	
	112	ANINU IAL METTINIO	713990	1,291	1,291		2245025554554546
	1	MISCELLANEOUS	713990	2,846			
	C	WOOLL NEOO		2,0-10	2,040		
	d	All other revenue					
	е	Total. Add lines 11a-11d		4,137			1120000
	12	Total revenue. See instructions	<u></u>	4,209,743		136,285	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not red	quirea to complete	columns (B), (C), a	na (D),
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	654,800	654 900		National Property of the Control
2	Grants and other assistance to individuals in	0,0-4,000	004,000	ALCO TO THE RESIDENCE OF THE PARTY OF THE PA	ty it mim independent and produced to
4					
_	the U.S. See Part IV, line 22			Very Market Committee Comm	The second second
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors,		$\wedge$	X( )) /X	
	trustees, and key employees	130,219	60,644	69,575	
6	Compensation not included above, to disqualified	100,210	30,0.1	7 7 00,0:0	
•	persons (as defined under section 4958(f)(1)) and		· //	// *	
			$\wedge$	$\rightarrow$	•
-	persons described in section 4958(c)(3)(B)	000 040	404.074	145 100	
7	Other salaries and wages	236,812	121,674	→ 115,138	
8	Pension plan contributions (include section 401(k)	. ` `			
	and section 403(b) employer contributions)	16,920		16,920	
9	Other employee benefits	<b>(73,169</b>		73,169	
10	Payroll taxes	28,956		28,956	
11	Fees for services (non-employees):			( ))	
а	Management				
b	Legal	9,357		9,357	
C	Accounting	15,084	6,532	8,552	7577
d	Lobbying	11,410	,410		
u	Professional fundraising services. See Part IV, line	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,410	Libertin Co.	
. 6					
1	Investment management fees		N		
g	Other	17	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
12	Advertising and promotion	1345	· <del>)</del>		
13	Office expenses	79,886	<sup>*</sup> 42,039	37,847	
14	Information technology (	6,559		6,559	
15	Royalties	(( ) ) )			
16	Occupancy	30,443		30,443	
17	Travel	14,211	14,211		1/2/01
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	$\Diamond \Diamond \Diamond$	·		
19	Conferences, conventions, and meetings.	43,366		43,366	
20	Interest	10,000		+0,000	
21	Payments to affiliates			. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
22	Depreciation, deptetion, and amortization.	27,128	15,389	11 720	
23	Insurance	140,052	133,684	6,368	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	Trans.			
	and labeled miscellaneous may not exceed			Description (	
	5% of total expenses shown on line 25 below.)	Market Company		Till the same of t	
а	OFFICER EXPENSES	20,169	11,915	8,254	
b	SAFETY EDUCATION	9,772	9,772		
C	SPECIAL PROGRAMS	31,181	31,181		
d	TRAILS AID FUND	1,727,047	1,727,047		
е	IN-KIND SERVICES	61,026			
f	All other expenses SEE ATTACHED	559,144	559,144		
25	Total functional expenses. Add lines 1 through 24f	3,928,056			
26	Joint costs. Check here ▶ if following	0,020,000	0,101,010	-100,410	
20	<u> </u>				·
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Form	990 (20	009) VT ASSOCIATION OF SNOW TRAVELERS, INC			23-7157363 Page <b>11</b>
Pa	art X	Balance Sheet			
	4		(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	3,447,319	1	3,761,284
	2	Savings and temporary cash investments	70,291	2	70,341
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	Comments		
		employees, and highest compensated employees. Complete Part II of Schedule L		∱∏	
	6	Receivables from other disqualified persons (as defined under section		The state of the s	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ō	7	Notes and loans receivable, net		(7)	>
Assets	8	Inventories for sale or use	// <del>\</del>	(g)	
Ą	9	Prepaid expenses and deferred charges		∑ <del>9</del>	
	10a	Land, buildings, and equipment: cost or 10a 642,588		1 1 1 1 1 1 1	
		other basis. Complete Part VI of Schedule D		- 11	
	ь	Less: accumulated depreciation 10b 464,082	210,410	10c	178,506
	11	Investments—publicly traded securities		11	7,7,7,7
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		, 13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,728,020	16	4,010,131
	17	Accounts payable and accrued expenses	2,037	17	2,461
	18	Grants payable	4(//)>	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	SANA PARA STORMAN	21	
Ę	22	Payables to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule).		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25 26	Other liabilities. Complete Part X of Schedule D	2,037	25 26	0.404
	20	Total habitudes. Adelines 17 through 25.	2,037	20	2,461
g		Organizations that follow SFAS 117, check here ► X and		2 14 15	
ž		complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	3,725,983		4,007,670
m	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets	Service Control of the Control of th	29	
正		Organizations that do not follow SFAS 117, check here▶			
Net Assets or Fund Balances		and complete lines 30 through 34.	7507		
šeti	30	Capital stock or trust principal, or current funds		30	
Ąš	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	*	32	
Z	33	Total net assets or fund balances	3,725,983		4,007,670
	34	Total liabilities and net assets/fund balances	3,728,020	34	4,010,131

Form **990** (2009)

orm 9	990 (2009) VT ASSOCIATION OF SNOW TRAVELERS, INC	23-7157363	P:	age <b>12</b>
Part	t XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MOD CAST If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	SH C	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Х
b	Were the organization's financial statements audited by an independent accountant?	. 2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	10.5	New York	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis	<b>'    </b>		
3a	As a result of a federal award, was the organization required to undergo an audit of audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a	_X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	m <b>99</b> 0	(0000)
		FUI	550	(2008)
				•

	OOO T	∟xem				ess incom		turn	OMB No. 1545-0687
Form	990-T		(and	proxy tax (	under s	section 603:	3(e))	ſ	<u> </u>
			or colondar vo	or 2000 or other	tay year l	peginning 10/1	1/2000 and		<u> </u>
	ment of the Treasury			9/30/2010 ·		See separate ins			Open to Public Inspection
<u></u>	Check box if					changed and see inst			for 501(c)(3) Organizations Only over identification number
A	address changed		Name of organiz			w .	tructions.)	(Employ	yees' trust, see instructions for
	xempt under section	Print		TION OF SNO				- BIOCK D	on page 9.)
H		or	1		o. Ira P.O. D	ox, see page 8 of ins	tructions.	E Unrole	23-7157363
F	408(e) 220(e)	Type	26 VAST LAI						structions for Block E on page 9.)
늗	408A 530(a)		City or town, stat	te, and ZIP code				$\downarrow$	
	529(a)		BARRE		VT		05641	5111	20
	ook value of all assets at					or Block F on pa	· · · · · · · · · · · · · · · · · · ·		
				type ▶X 50				]401(a) t	rust Other trust
	Describe the organiza								<u> </u>
l	During the tax year, was	s the corpora	ation a subsidia	ry in an affiliated	group or a	a parent-subsidiar	v controlled group	A(.)	> ▶ ☐ Yes X No
	If "Yes," enter the name	and identify	ring number of t	the parent corpor	ation. ►		(1)		
J	The books are in care	of ▶ K	ATHY DUPRE	ΞΥ		Teler	hone number	<b>(802)</b>	229-0005
Pa	rt I Unrelated 7	rade or E	Business Inc	ome		(A) Income	(B) €	penses	(C) Net
1 a	Gross receipts or sa	ales	1	1			S 400		
b				c Balance	▶ 1c		7 7.00		
2	Cost of goods sold	(Schedule	A, line 7)		. 2		111.10		
3	Gross profit. Subtra	ct line 2 fro	m line 1c		. /3/			(1) (S)	
4 a	Capital gain net inc	ome (attacl	h Schedule D)		4a				
b	Net gain (loss) (Form	4797, Part I	I, line 17) (attac	h Form 4797) /.	(4b)			\$### BE	Wall Control of the C
C	Capital loss deduct	ion for trust	s		. 40				
5	Income (loss) from partr	nerships and S	S corporations (at	ttach statement)	<u></u>			144	
6	Rent income (Sche	dule C) .			6	× (C			
7	Unrelated debt-fina		•	. / \	· /X	45//			
8	Interest, annuities,						$\bigcap$		
	organizations (Sche	edule F) .			. 8				
9	Investment income	of a section	n 501(c)(7), (9	), or (17)	Y	$\langle \langle \rangle \rangle \rangle$			
	organization (Sched			~!·!·! · \	·   9 ·				
10	Exploited exempt a			D :// :/> ?	(10)	11/1/2			
11	Advertising income			$\langle \cdot, \cdot \rangle$	1/2/19/	136,285		18,309	-12,024
12	Other income (See pa			ttach_schedule.()(					·
13	Total. Combine line			10:00	. 13	136,285		18,309	-12,024
Рa						instructions for			
						nnected with th			
14	Compensation of of		ctors) and trus	rees 15 cheane	ey(x)		• • • • • •	14	
15 16	Salaries and wages Repairs and mainte		/·····	://: /d/:				1	
17	Dad detete	11/	.) (4/2/2	<i>[[]</i> ]		• • • • • •		10	
18	Interest (attach sch	edule)		<i>i</i>				18	
19	Taxes and licenses	cuui,c)						19	
20	Charitable contribut	ions (See r	$\cdots$						<del></del>
21	Depreciation (attacl								
22	Less depreciation of	laimed on	Schedule A ar	nd elsewhere o	n return	22a		22	
23	Depletion								
24	Contributions to def	erred comp	ensation plan	ıs				24	
25	Employee benefit p								
26	Excess exempt exp	enses (Sch	nedule l)					26	
27	Excess readership	costs (Sche	edule J)			,		27	7
28	Other deductions (a	ittach sche	dule)					28	3
29	Total deductions.								9 44,034
30	Unrelated business								-56,058
31	Net operating loss of								
32	Unrelated business								
33	Specific deduction (							3	3
34	Unrelated busines 32. enter the smalle			act line 33 from	n line 32.	it line 33 is grea	ter than line	_	
	az, enter the smalle	u ot zero ol	nne 32					3/	1 -56 058

Part	III T	ax Computation		NEW PROPERTY.	
35	Organiz	ations Taxable as Corporations. See instructions for tax computation on page 15.			
		ed group members (sections 1561 and 1563) check here   See instructions			
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that o	order):		
	(1) \$	(2) \$ (3) \$			
b	Enter or	ganization's share of: <b>(1)</b> Additional 5% tax (not more than \$11,750) .			
		ional 3% tax (not more than \$100,000)		DE CONTRACTOR DE	
	Income	tax on the amount on line 34		35c	
36	Trusts 7	Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax	x on the	#	
	amount	on line 34 from: Tax rate schedule or Schedule D (Form 1041)	💌	36	
37	Proxy ta	ax. See page 16 of the instructions	🛌	37	
38	Alternat	ive minimum tax ......................	(	38	·
39	Total. A	dd lines 37 and 38 to line 35c or 36, whichever applies		39	
Part	IV 1	fax and Payments	3//(	) >>	
40 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		a (a	
b	Other cr	redits (see page 16 of the instructions)			
C	General	business credit. Attach Form 3800			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827) 40d			
е	Total cr	redits. Add lines 40a through 40d	:> <u> </u>	40e	3
41	Subtrac	t line 40e from line 39		41	
42	Other taxe		ach schedule)	42	
43		x. Add lines 41 and 42	· // : // :	<sup>&gt;</sup> 43	
44 a		its: A 2008 overpayment credited to 2009			
b		timated tax payments			
C		osited with Form 8868	))		
d		organizations: Tax paid or withheld at source (see instructions) . 44d			
e		withholding (see instructions)			
f		redits and payments: Form 2439			
		n 4136 Other Total > /44t			
45	Total pa	ayments. Add lines 44a through 44f		45	
46	Estimate	ed tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	- I	46	
47				47	
48		yment. If line 45 is larger than the total of lines 43 and 46 enter amount overpaid.		48	
49 Dord		e amount of line 48 you want: Credited to 2010 estimated tax Ref tatements Regarding Certain Activities and Other Information (see instruc	funded		i
Part				je 17)	V-a Na
1		ime during the 2009 calendar year, did the organization have an interest in or a signa	ature		Yes No
		authority over a financial account (bank, securities, or other) in a foreign country?			100
	Financia	the organization may have to file Form 10 + 90 22.1. Report of Foreign Bank and al Accounts. If YES, enter the name of the foreign country here			Y
2	During th	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to a foreig	in trust?	$\frac{x}{x}$
_	If YES.	see page 5 of the instructions for other forms the organization may have to file.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 22 22 1
3		e amount of tax-exempt interest received or accrued during the tax year > \$			
Sche		—Cost of Goods Sold. Enter method of inventory valuation ▶			
1	Inventor	γ at beginning of year 1 6 Inventory at end of ye	ear	6	
2	Purchas	Ses . /. /			
3		labor	ter here		
4 a	Addition	nal section 263A costs and in Part I, line 2 .		7	
	•	schedule) 4a 8 Do the rules of section			Yes No
b		osts (attach schedule) . 4b property produced or		•	
5		dd lines 1 through 4b .   5   apply to the organizat		<del></del>	
۸.		er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my knowl	edge and belief, it is true	e, correct,
Sigr	J	The second state of the se		ay the IRS discuss this re	
Here		<u> </u>		e preparer shown below structions)? X Yes	(see No
	Sig	gnature of officer Date Title		[23]	
Paid		Preparer's Date Check		Preparer's SSN or F	PTIN
	arer's		nployed X	P00104850	
Use		if self-employed).		754975	
		address, and ZIP code 62 BRULE ROAD, BARRE, VT 05641 Pho	one no. (802)	461-4450	

VT ASSOCIATION OF SNOW TRAVELERS, INC

Page 3

Schedule C—Rent Income (see instructions on page 18)	(From Real Pr	operty ar	nd P	ersonal P	roper	ty Leased	With Real Pro	perty	<b>'</b> )	
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent received	d or accrued								
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	e of re	and personal ent for personal ent is based on	propert	y exceeds.	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							$\Diamond$ ( $\bigcirc$			
(2)									$\Diamond$	
(3)						$\rightarrow$		$\bigcirc$	>	
(4)						/.<	1.1			
Total	Т	otal						>		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)						>	(b) Total deduction the control of t	on pag	e 1,	
Schedule E-Unrelated De	bt-Financed In	icome (se	e ins	structions or	) page					
1. Description of debt-	inanced property			Gross Income fr			eductions directly co to debutinan	sed prop	perty	
·				property			line depreciation	,	(b) Other deductions (attach schedule)	
(1)		<del></del>	17			) ) ``	$\Rightarrow (())$			
(2)		•								
(3)							9			
(4)						100	$\Diamond$			
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	<b>5.</b> Average adjus of or allocab debt-financed p (attach sche	oroperty		6. Column 4 divided by column 5			come reportable 2 X column 6)		. Allocable deductions umn 6 X total of columns 3(a) and 3(b))	
(1)			1	\ \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			-			
(2)			<u> </u>	(1/25)	11 //,	Í				
(3)			<u> </u>	15(11)						
(4)										
Totals	included in col	· · · · · · · · · · · · · · · · · · ·		) } 	<b>&gt;</b>		nd on page 1, , column (A).		here and on page 1, line 7, column (B).	
Schedule F—Interest, Anni	uitine Povaltic	a land B	ante	From Co	ntroll	led Organi	zatione (coo in	etructi	one on nego 20\	
1. Name of controlled organization	2. Employer identification num	Exen mber 3. Ne	npt C	Controlled O	rganiz 4. To		5. Part of column 4 included in the con	that is	Deductions directly connected with income	
	777	<u> </u>					organization's gross	HICOITIE	in column 5	
(1)										
(2)						***************************************				
(3)										
(4)	.,				L	, , , , , , , , , , , , , , , , , , , ,				
Nonexempt Controlled Organiza	ations						<del> </del>		T	
7. Taxable Income	,	ated income Instructions)			al of spe		10. Part of column sincluded in the con organization's gross	trolling	11. Deductions directly connected with income in column 10	
(1)				······································		· · · · · · · · · · · · · · · · · · ·	<u> </u>		ļ	
(2)		***********	_			,				
(3)	<del></del>			· · · · · · · · · · · · · · · · · · ·		A				
(4)							Add solution 5	140	Add columns C and 4.5	
Totala							Add columns 5 and Enter here and on p Part I, line 8, colum	page 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G-Investment Incom	e of a Section			ization (see ins	structions on pa	ge 20)
1. Description of income	2. Amount of incor	me dire	Deductions ctly connected ach schedule)	4. Set-asides (attach schedul	e) and se	tal deductions t-asides (col. 3 lus col. 4)
(1)			acri scriedule)			ids Coi. 4)
(2)						
(3)						
(4)						
	Enter here and on p					e and on page 1,
	Part I, line 9, colum	n (A).	ALC: No.	1975	Part I, line	e 9, column (B).
Schedule I—Exploited Exempt	Activity Income	Othor Than	Adverticing	noomo (oco ino	tructions on no	ao 24)
Schedule I—Exploited Exempt	ACTIVITY INCOME	, Other Illan	4. Net income		Ituctions on pa	ge ∠1)
Description of exploited activity	2. Gross unrelated business income from trade or	3. Expenses directly connected with production of	(ioss) from unrelated trade or business (column 2 minus/	5. Gross income from activity that is not unrelated	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not
	business	unrelated business income	column 3). If a gain, compute cols. 5 through 7.	pusiness income	>	more than column 4).
(1)						
(2)			<b> </b> \ \ \ \ \ \ \	<u> </u>		
(3)				L	<del>//</del>	
(4)		<u> </u>	THE RESERVE AND ADDRESS OF THE PARTY OF THE	L 40	A STATE OF THE PERSONS	
T-1.1	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			M. Land	Enter here and on page 1, Part II, line 26.
Totals	- (non instructions	22 22 23	7.7			
Schedule J—Advertising Income			dated Pagia			
Part I Income From Period	icais Reported	on a conson	(11/		74. R. P. 1811.	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (1659) (soft 2 minus col (3)) it a gaily (compute cols. 5/through 7.	> 5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VAST NEWS	136,285	148,309				TO CHARG
(2)	V// //	A 4 15.66				
(3)						100
(4)			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			30 - 30 A
We had a decrease to Physical II. Box (PM)	100 005	4 //	40.004			
Totals (carry to Part II, line (5))	136,285	148,309			liated in Dant II	£:II :
Part II Income From Period columns 2 through 7 c			e Basis (For e	acn periodical i	listed in Part II	, TIII IN
1. Name of periodical	2 Gross adventising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					-	
(2)					······································	
(3)						ļ
(4)	400.005	440.000			terio kate habitan	
(5) Totals from Part I	136,285 Enter here and on	148,309 Enter here and on				Enter here and
Totals, Part II (lines 1-5)	page 1, Part I, line 11, col. (A). 136,285	page 1, Part I, line 11, col. (B).				on page 1, Part II, line 27.
Schedule K-Compensation of				uctions on page	21)	
<b>1.</b> Name .			2. Title	3. Percent of time devoted t business	4. Compensa	tion attributable to ed business
(1)				Duoi 1033		
(2)						<del></del>
(3)						Lavier - Arambella - Lavier - Arambe
(4)						
Total. Enter here and on page 1, Part II, I	ine 14		,		<b>&gt;</b>	

### 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.

 OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

VT A	SSC	CIATION OF	SNOW TRAVE	LERS, INC						23-7	157363		
Pai	rt I	Reasor	for Public C	harity Status (All or	ganizatio	ns must	complete	e this par	t.) See ir	nstructio	ns.		
The	orgai	nization is not	t a private found	ation because it is: (Fo	or lines 1	through 1	1, check	only one i	box.)				
1		A church, co	onvention of chu	rches, or association of	of churche	es describ	ed in <b>sec</b>	tion 170(	b)(1)(A)(i	<b>)</b> .			
2		A school de	scribed in <b>secti</b>	on <mark>170(b)(1)(A)(ii).</mark> (At	ttach Sch	edule E.)							
3		•	•	nospital service organi					· · · / /				
4			esearch organiza ame, city, and st	ation operated in conju ate:	inction wi	th a hospi	ital descri	bed in <b>se</b>	ction 170	(A)(1)(d),	(jii). Ent	er the	
5				r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	nental ur	nit descr	ibed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	in section	170(b)(	1)(A)(v).				
7				ly receives a substanti (1)(A)(vi). (Complete l		its suppor	rt from a g	governme	ntal unit o	or from the	e gener	al publi	ic .
8				d in <b>section 170(b)(1)</b>		/ /	/ / .		6				
9	X	receipts from support from acquired by	n activities relate n gross investme the organization	ly receives: (1) more the doing to its exempt function on the income and unrelated after June 30, 1975.	ons—subj ted busine See secti	ject to cer ess taxab ion 509(a	tain exce le income )(2) (Con	otions, an (less sec nplete Pa	nd (2) no n ation 511 t n/111.)	nore than ax) from	33 1/3	% of its	iross s
10		An organiza	tion organized a	and operated exclusive	ly to test	for public	safety. S	e sectio	n 509(a)(	4).			
11				and operated exclusive									
				blicly supported organ								section	on
			<del></del>	at describes the type of		(\ //\	1 11 11~		te lines 1				
	_	a Type		Type II c	<del></del>	e III-Fund	\\ / > *	_		h	ype III-		
е		By checking	this box, I certif	y that the organization	n is ∕not co	istrolled q	itectly or i	ndirectly	by one or	more dis	qualifie	tc	
			er than foundati section 509(a)(	on managers and other	er than on	e of wore	publicly :	supported	i organiza	tions des	cribed i	n sectio	on
f			././.	a written determination	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
			i, check this⇔ox			۶							
g		following pe		the organization acce	pted any	gift or cor	itribution	rom any	of the				
				or indirectly controls,	either alo	ne or toge	ether with	nersons (	described	in (ii)		Yes	No
				verning body of the su							11g(i)		
		(ii) A fa(nyi	ily member of a	person described in (i	) above?						11g(ii)		
	,	(iii) A 35%	controlled entit	ty of a person describe	ed in (i) or	· (ii) above	9?				11g(iii)		
<u>h</u>		Provide the	following inform	ation about the suppor					T	<del></del>	T		
(i)		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in	(vi) l organizat	s the ion in col.		) Amount support	of
	org	anization	)	above or IRC section		document?	col. (i)	of your	(i) organi	zed in the			
			1	(see instructions))	Yes	No	Yes	No	Yes	S.? No	-		
					103	140	163	140	162	NO			
L.													
	······································						!						
						ļ					· · · · · · · · · · · · · · · · · · ·		
						-							
			(4) 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tarturi ( ligapiae	1117	ACCEPTANT			Joseph Company	i organismi.			
Tota	i			ISMAN TO THE PARTY OF THE PARTY	137 10 10 10 10 10 10 10	I MORE TO A STATE OF	TO THE PARTY OF	Kalifor Village	1622	LESSON NEWS	9		

Par	II Support Schedule for Organi	zations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)
01	(Complete only if you checked	<u>the box on lin</u>	<u>e 5, 7, or 8 of</u>	Part I.)			
	ion A. Public Support ndar year (or fiscal year beginning in)	(2) 2005	(h) 2006	(=) 2007	(4) 2000	(*) 0000	(f) Takal
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
_							
2	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf.						
3	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		
	furnished by a governmental unit to the						
	organization without charge				$  \diamond \rangle ( \langle \cdot \rangle )$		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each		manu C	179000			
•	person (other than a governmental unit		A CANADA				
	or publicly supported organization)						
/	included on line 1 that exceeds 2% of the			344		Asia Line	
_	amount shown on line 11, column (f)		124044	66			
6	Public support. Subtract line 5 from line 4.					To an analysis of the	
	ion B. Total Support ndar year (or fiscal year beginning in)	T (=) 2005	(6) 2000C	1/2/2007	1 (-1) 8000	1 2000	(D. Tatal
	• • • • • • • • •	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>&gt; (e)</b> 2009	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans,	<<	] )) \/	\// \ '			
	rents, royalties and income from similar	\	$\langle \cdot \rangle / \rangle$				
	sources			1)			
9	Net income from unrelated business				<del> </del>		
	activities, whether or not the business is	(//	\				
	regularly carried on	40/	$\Diamond$	<u> </u>			
10	Other income. Do not include gain or						
	loss from the sale of capital assets	//// ,		<b>\</b> \			
11	(Explain in Part IV.)				Signer Headacach	and the second	
12	Gross receipts from related activities, etc.	see instructions	1 / / / / / / / / / / / / / / / / / / /	Market I have proportion		12	,
13	First five years. If the Form 990 is for the o						1(3)
	organization, check this box and stop here						
Sect	ion C. Computation of Rublic Suppor				···		
14	Public support percentage for 2009 line 6,	V 11/11/11/	<del>-(-)</del>	column (f)) .		14	
15	Public support percentage from 2008 Scher	dule A, Part II, I	line 14			15	· · · · · · · · · · · · · · · · · · ·
16a	33 1/3% support test 2009. If the organization					% or more, che	ck this box
	and stop here. The organization qualifies a						
b	33 1/3% support test-2008. If the organize						
	box and stop here. The organization qualifi	es as a publici	y supported or	ganization			▶
17a	10%-facts-and-circumstances test-2009.	If the organiza	ition did not ch	eck a box on li	ne 13, 16a, or	16b, and line 1	4 is 10%
	or more, and if the organization meets the "	facts-and-circu	mstances" tes	t, check this bo	ox and <b>stop he</b>	<b>re.</b> Explain in F	art IV how
_	the organization meets the "facts-and-circur	mstances" test	. The organizat	tion qualifies a	s a publicly sup	ported organiz	ation ▶ 🔙
b	10%-facts-and-circumstances test-2008.	If the organiza	ition did not ch	eck a box on li	ne 13, 16a, 16l	o, or 17a, and I	ine 15 is 10%
	or more, and if the organization meets the "						
	the organization meets the "facts-and-circur					-	
18	Private foundation. If the organization did not ch	neck a box on line	e 13, 16a, 16b, 1	17a ,or 17b, chec	k this box and se	ee instructions.	▶ 🔲

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 2.313.533 2.036.843 4.675.085 3,126,906 3,895,399 16,047,766 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 57,823 organization's tax-exempt purpose . . . 154,440 82.908 126,572 35,362 457,105 Gross receipts from activities that are not an <u>5</u>1\166 unrelated trade or business under section 513 619,980 697,674 1,121,084 110.568 2,600,472 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . The value of services or facilities 5 furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 5. . . . . . 3.087.953 2.817.425 4:374.562 4.784.074 4.041.329 19,105,343 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 . . . . . Add lines 7a and 7b . . . . . Public support (Subtract line 7c from line 6.) 19,105,343 Section B. Total Support C 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Amounts from line 6 . . . . 3.087.98 4.374.562 4,784,074 4,041,329 19,105,343 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources..... 52.860 49,596 26,304 28,163 209,128 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 52,205 52,860 49,596 26,304 28,163 209,128 Net income from unrelated business 11 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 Rart IV.) . . . . . . 4,890 9.044 1.715 8.420 4,137 28,206 13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . . . . . . . 3,149,202 2.875,175 4,425,873 19,342,677 4,818,798 4.073,629 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . . . . 98.77% 15 Public support percentage from 2008 Schedule A, Part III, line 15. 16 98.71% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . 17 1.08% 18 18 1.12% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is\_ b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		s," to Form 990, Part IV, line 3, or For Complete Parts I-A and B. Do not com		line 46 (Political Campaign	Activities), then
		on 501(c)(3)) organizations: Complete P		v Do not complete Part LR	
	Section 50 No. (other than sections: Con		alts I-A allo O belov	v. Do not complete rait I-b.	
		s," to Form 990, Part IV, line 4, or For	m 990-FZ Part VI	line 47 (Lohbving Activities	s), then
		that have filed Form 5768 (election under			
		that have NOT filed Form 5768 (election			
		s," to Form 990, Part IV, line 5 (Proxy			
	Section 501(c)(4), (5), or (6) org		•		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
N	lame of organization			Employe	ridentification number
VT /	ASSOCIATION OF SNOW	TRAVELERS, INC			23-7157363
		he organization is exempt und	er section 501(	c) or is a section 527	
1	Provide a description of t	the organization's direct and indirect	political campaig	n activities in Part IV.	71111111
2	Political expenditures .	,	[. ]	<b>&gt; . ▶ \$</b>	11,410
3	Volunteer hours			)	42
Pá		he organization is exempt und			>
1	Enter the amount of any	excise tax incurred by the organizat	ion under section	4955	*****
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4956) 🕨 \$	***
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this ve	ar?	. Yes X No
4a	Was a correction made?		./	· · · · · · · · · · · · · · · · · · ·	Yes X No
b			1/ 4		
Pa		he organization is exempt und	· · · · · · · · · · · · · · · · · · ·		(c)(3).
1	Enter the amount directly activities	expended by the filing organization	for section 527	xemipt function	
2	Enter the amount of the f	filing organizațion's funds contribute	d to other organiz	ations	
	for section 527 exempt for	unction activities \ \ ( .	~ [N] D		
3		penditures. Add lines 1) and 2. Enter	here and on For	m 1120-POL,	
	line 17b	. //	// // · · · · · ·	\$	
4		n file Form 1120-POL for this year?	_		Yes No
5		ses and employer identification hun			
	payments were made. For	or each organization listed, enter the butions repeived that were promptly	amount paid froi	n the filing organization's	tunds. Also enter the
	a separate segregated fu	und or a political action committee (F	PAC). If additional	space is needed, provide	e information in Part IV.
				(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
.,					none, enter -0-
	the state of the s				
			1		

Page 2

P	art II-A Complete if the organiza under section 501(h)).	tion is exem	pt under section	501(c)(3) and fi	led Form 5768 (el	ection	
A B	Check ► if the filing organization Check ► if the filing organization	•	- ,		apply.		
	Limits on Lo (The term "expenditures"	d.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a b c	Total lobbying expenditures to influence a legislative body (direct lobbying)			11,410			
e f	Total exempt purpose expenditures (ac Lobbying nontaxable amount. Enter the columns.	ld lines 1c and amount from	1d) the following table	in both	2,282		
,	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	20% of the a \$100,000 plu \$175,000 plu \$225,000 plu	g nontaxable amount mount on line 1e. s 15% of the excess s 10% of the excess of the e	over \$500,000.			
g h i	Over \$17,000,000  Grassroots nontaxable amount (enter 2 Subtract line 1g from line 1a. If zero or Subtract line 1f from line 1c. If zero or If there is an amount other than zero or	less, enter -0- ess, enter -0- : n either line 1h	or line 1 i, did the o	rganization file For	571 9,128 m 4720 reporting		
	section 4911 tax for this year?						
	Calendar year (or fiscal year (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) Total beginning in)						
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))			Total Transport	A SERVICE CONTROL OF THE PROPERTY OF THE PROPE		
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

	II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fo	rm 5768
	(closten under costien ut (ti)).	(a	)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Tarketo.	
a b	Volunteers?	X		
c d	Media advertisements?	$\overline{}$	X	
e	Publications, or published or broadcast statements?		) <u>X</u>	
f	Grants to other organizations for lobbying purposes?	X	_X	
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ	
i	Other activities? If "Yes," describe in Part IV	2.5	£81.0875	<del></del>
j 2a	Total. Add lines 1c through 1i		X	de in the contract of the Cont
b	If "Yes," enter the amount of any tax incurred under section 4912			
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	>	desku ad	AND THE CONTRACTOR OF THE PARTY
Par	Complete if the organization is exempt under section 501(c)(4), section 50′ 501(c)(6).	1(c)(5	i), or	section
<del></del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			
	III-B Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(£	5), or	section
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A	, line	3 is	answered
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a	Current year		2a 2b	
a 2	Carryover from last year	٠,	2c	4
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible			
_	loobying and political expenditure next year?	•	4 5	
5 Par			<u> </u>	
Com Also,	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line to complete this part for any additional information.  I-A Line 1 VAST HIRES A GOVERNMENT RELATIONS FIRM TO TRACK LEGISLATION THAT CO			II-B, line 1i.
PAR	TIALLY IMPAC T THE OPERATIONS OF VAST. THIS ORGANIZTION REPRESENTS VAST'S PO	SITIO	N ÓN	
SUC	H LEGISLATION BEFORE APPROPRIATE ADMINISTRATION OFFICIALS, LEGISLATORS AND	LEGIS	SLATI	VE
COM	MITTEES. VAST'S EXECUTIVE DIRECTOR MONITORS THE ABOVE FIRM TO ENSURE THEY	ARE V	VOR	(ING
<u>on c</u>	OUR BEHALF AND HAS CONTACT WITH ADMINISTRATIVE OFFICIALS, LEGISLATORS AND LI	EGISI	<u>ATI</u> V	<u>E</u>
COM	MITTEES WHEN ASKED AND AS NECESSARY. THE VAST EXECUTIVE COMMITTEE			
Part	I-A Line 1 HOSTS AN ANNUAL COFFEE FOR LEGISLATORS, AT THIS TIME LEGISLATORS AR	E		

Schedule C (Form 990 of 990-E2) 2009	Page 4
Part IV Supplemental Information (continued)	
ADVISED OF VAST'S POSITIONS AND PRIORITIES.	
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### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number

VT AS	SSOCIATION OF SNOW TRAVELERS, INC		23-7157363
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	nds or Accounts. Complete if
	the organization answered "Yes" to		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		× ( ) / ( )
5	Did the organization inform all donors and d	onor advisors in writing that the assets held	in donor advised >
	funds are the organization's property, subject	ct to the organization's exclusive legal contro	oft Yes
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gran	t funds can be
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor,	or for any other
	purpose conferring impermissible private be	nefit? / `	Yes No
Part	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply)	
•		, recreation or pleasure) Rreservation	of an historically important land area
			_ // // * .
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		
		~ // ~ d(//)>	Held at the End of the Tax Year
a	Total number of conservation easements .		.   2a
b	Total acreage restricted by conservation ear		. 2b
C	Number of conservation easements on a ce		. <u>2c</u>
d	Number of conservation easements include		. 2d
3	Number of conservation easements modifie	a, transferred, (released, extinguished, or tel	rminated by the organization
	during the tax year		
4	Number of states where property subject to	conservation easement is located	- L
5	Does the organization have a written policy	regarding the peniodic monitoring, inspectio	
c	violations, and enforcement of the conserva Staff and volunteer hours devoted to monitor		
6	Stall and volunteer hours devoted to mornic	ining, inspecting, and emorcing conservation	reasements during the year
7	Amount of expenses incurred in monitoring	inspecting and enforcing conservation eas	ements during the year
•	Amount of expenses incurred an incinioning,	inspecting, and emoroling conservation eas	ements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on the z(u) above satisfy the requirements	Yes No
9	In Part XIV, describe how the organization r	eports conservation easements in its revenu	<del></del>
•	balance sheet, and include, if applicable, th		
	the organization's accounting for conservati		tariotal otatomorno mat godombob
Par		ons of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted und	ler SFAS 116, not to report in its revenue st	atement and balance sheet works of
	art, historical treasures, or other similar ass		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
	historical treasures, or other similar assets l		arch in furtherance of public
	service, provide the following amounts relat	•	
	<ul><li>(i) Revenues included in Form 990, Part VI</li><li>(ii) Assets included in Form 990, Part X</li></ul>	II, line 1	<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of		sets for financial gain, provide the
	following amounts required to be reported u		<b>.</b>
a	Revenues included in Form 990, Part VIII, II		
b	Assets included in Form 990. Part X		<b>▶</b> \$

а	Board designated or quasi-endowment
b	Permanent endowment
C	Term endowment
3a	Are there endowment funds not in the possession of the organization that are held and administered for the
	/

Par	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
	Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land		56,000	THE RESERVE OF THE RE	56,000		
b	Buildings		168,942	56,013	112,929		
C	Leasehold improvements						
d	Equipment		370,614	365,499	5,115		
е	Other		47,032	42,570	4,462		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶					178,506		

ma--- **3** 

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	<u>s. See Form 990, Part X,</u>	line 12.	······
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other		,	
	La L		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		$\Diamond$	//
		ALCONOMIC TO THE PARTY OF THE P	1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		The second secon	
Part VIII Investments—Program Relate	<b>d.</b> See Form 990, Part X	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		4-11 - 11 11 ×	
		1/ > (//// ·	
			<del></del>
		C( )	·
		( ( ( ) ) ) ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, R	art X line 15	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	a) Description	<del>\</del>	(b) Book value
	Degon William		(b) Dook value
		,	
			C
	11/11 ~ ^	· · · · · · · · · · · · · · · · · · ·	.,,,
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	·/		
	V		
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)		
Part X Other Liabilities. See Form 990			<u> </u>
1. (a) Description of liability	(b) Amount		
	(b) / tinount		
Federal income taxes			
		A CONTRACTOR OF LANDSCAPE AND	
			. 11 2 日 2 3 章
		TO Dimension U.	All the second s
			1.1 年 明 柳 年 7
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	L	THE CASE TO SERVICE THE CASE T	77782332433

Sched	Cle D (Form 990) 2009		Page 4
Par	<del></del>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,209,743
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,928,056
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	281,687
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	281,687
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1)	4,257,599
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	> <b>\#</b> #\	
C	Recoveries of prior year grants		
d	· · · · · · · · · · · · · · · · · · ·	856	
е	Add lines 2a through 2d	2e	47,856
3	Subtract line 2e from line 1	3	4,209,743
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII line Xb 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	5	4,209,743
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return	<u> </u>
1	Total expenses and losses per audited financial statements	1	3,975,912
2	Amounts included on line 1 but not on Form 990, Part X, line 25:		
а	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses		
d		856	
е	Add lines 2a through 2d	2e	47,856
3	Subtract line 2e from line ( )	. 3	3,928,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. This must equal Form 990, Part I, line 18.)	.   5	3,928,056
Par	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. line	s 1b
	2b; Rart V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and		
this	part to provide any additional information.		
Part	XII Line 2d Costs related to sales deducted from revenues on form 990		
Part	XIII Line 2d Costs related to sales deducted from revenue on form 990		
Part	I		
			******

Schedule D (Form	1990) 2009	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
		•
	$\sim$	
	4 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

Š (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use × Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 23-7157363 . . . . . . . . . . . . . . . Does the organization maintain records to/substantate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant  $\Diamond$ Part IV and Schedule I-1 (Form 99幼)孙addittoraal space is needed . Enter total number of section 501(c)(3) and government organizations. General Information on Grants and Assistance the selection criteria used to award the grants or assistance; (c) ARC section VT ASSOCIATION OF SNOW TRAVELERS, INC (p) SCHEDULE ATTACHED 1 (a) Name and address of organization or government Part Part II

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

Enter total number of other organizations.

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part 16 provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 390) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

2009

OMB No. 1545-0047

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

• Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

VT ASSOCIATION OF SNOW TRAVELERS, INC	23-7157363
Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY	BASIS ANY POTENTIAL CONFLICT OF
INTEREST ISSUES.	
Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING.	
	·

# Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2010

Open to Public

Open to Public Inspection

Department of the Treasury

Integral Beyonus Service

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

		ue Service	The digalization may have to use a copy of this fetulin to sail				/2011	mopection
			endar year, or tax year beginning 10/1/2010 C Name of organization VT ASSOCIATION OF SNOW TRAV	, and e				cation number
		enla la transaction	<u> </u>	/ELEKS, II	10	, ,		odton namber
Address change Doing Business As 23-7157363					- I the state of t			
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E Telephone	numbei	Г	
1	Initial retu	urn	26 VAST LANE			(802) 229-00	005	
	Terminat	ted	City or town, state or country, and ZIP + 4		ł			
	Amended	d return	BARRE VT	05641		G Gross rece	pts \$	4,588,478
$\overline{\Box}$	Application	on pending	F Name and address of principal officer:		H(a) Is th	is a grøup retu	n for af	filiates? Yes X No
		, -	ALEXIS NELSON - EXEC DIR 26 VAST LANE, BARRE, VT	05641	H(b) Are	all affiliates inc	spapin	X Yes No
	Fav. auan	ant status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	·		Và attạch a lis		
		npt status:		1 027/	1/ </td <td></td> <td>ンリー</td> <td></td>		ンリー	
<u>J 1</u>	Nebsite	e: NWW		<del></del>		ub exemption i		
		organization:	X Corporation Trust Association Other ▶	Y. Ye	ar of forma	tion: 1967	MS	tate of legal domicile: VT
ŀ	art I		nmary	$\Delta$		· · · · · · · · · · · · · · · · · · ·		
	1	Briefly d	escribe the organization's mission or most significant activitie	es: <u>STA</u>	TEMIDA	<u>Ź</u> ŻŇÓMWC	BILE	TRAILS PROGRAM,
		TRAILS	CONSTRUCTION, RIDER EDUCATION AND SAFETY	\\.\				
ဗ္ဗ				<u> </u>				
Activities & Governance						-4C///	<u> </u>	
>ve	2	Check t	his box   If the organization discontinued its operations or dispose	ed of more th	an 25% (of	its net assets		
ŏ	3		of voting members of the governing body (Part VI, line 1a).	)) . `.	$\cdot \approx 1$	/////	3	19
es se	4		of independent voting members of the governing body (Rart	XI /line 1k		₩. I	4	19
νiţi	5		mber of individuals employed in calendar year 2010 (Part V.		<i>(, ,\</i>	ツ <b>i</b>	5	10
Acti	6		mber of volunteers (estimate if necessary)	<u>a</u> (1	$. \lozenge / !$		6	
-	7a		related business revenue from Part VIII, column (C), line 12	1.7%	.J.>>		7a	140,830
	b		elated business taxable income from Form 990-T, line 34	()///	<u> </u>		7b	-5,298
	1 -	. , , , , , , , , , , , , , , , , , , ,		A(V)2A	ļ.	Prior Year		Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)	\. <u>~</u>		5	,711	2,205
ane	9		n service revenue (Part VIII, Jime 2g)	V/		4,122	<del></del>	4,494,663
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	×		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	,851	45,943
ď	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)			,525	14,065
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		4,209		4,556,876
	13	Grants	and similar amounts paid (Part IX, column (A) lines 1-3).				,800	1,049,270
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				1	
	15		other compensation, employee benefits (Part IX, eolumn (A), lines	5-10).	^	486	6,076	482,679
Expenses	16a			, ,		. ,,		
per	b		ndraising expenses (Part IX, column (D), line 25)			SECHALIST CO	Jiff All	kwakon praktang projesio.
й	17					2,787		3,474,868
	18	Totalex	penses. Add lines 13-17 must equal Part IX, column (A), lir			3,928		5,006,817
	19	a Barrier Valor and Japan Crotical Vila 12 from line 12					,687	-449,941
ğ		/			Beginn	ing of Current	***************************************	End of Year
Net Assets or	E 20	Total as	ssets (Part X, line 16)			4,010	),131	3,572,535
Ass	21		bilities (Part X, line 26)			- 2	2,461	14,806
Ş.	<b>22</b>		ets or fund balances. Subtract line 21 from line 20			4,007	7,670	3,557,729
P	art II		nature Block					
Und	der penal	Ities of perju	ry, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to	the best of my	knowle	edge
and	l belief, it	t is trué, com	ect, and complete. Declaration of preparer (other than officer) is based on all inf	formation of v	vhich prepa	arer has any kn	owledge	9.
Si	gn						·····	
	ere		Signature of officer			Date		
110								
			Type or print name and title					Lown
_	. :!	Prin	t/Type preparer's name Preparer's signature		Dat	e   _	heck	X if PTIN
	aid .	.   10/10	CHAEL WILLETT .		8/		elf-emp	
	epare	71 5				Firm's EIN		
Us	se Oni	ry			····			
			n's address ► 62 BRULE ROAD, BARRE, VT 05641	··		Phone no.	(802)	) 461-4450
Ma	ay the I	IRS discu	ss this return with the preparer shown above? (see instructio	ns)				. X Yes No

Form 99	90 (2010) VT AS	SOCIATION OF SNOV	V TRAVELERS, INC		23-7157363	Page 2
Pai	rt III Stateme	nt of Program Serv	ice Accomplishments	,		
	Check if	Schedule O contains	s a response to any ques	tion in this Part III.....		. X
1		organization's mission				
ı				T MAINTENANCE ANDMANA	CEMENT OF	
				T. MAINTENANCE, ANDMANA		
				ATE VERMONT SNOWMOBIL	ERS ABOUT SAFE	
	RESPONSIBLE OP	ERATION OF SNOWN	MOBILES.			
2				g the year which were not listed	l on	
	the prior Form 990 of	or 990-EZ?			Yes	X No
	If "Yes." describe th	ese new services on S	chedule O.		\	LI
3				n how it conducts, any program		
J			,		/ / / / / / / / / / / / / / / / / / /	V N
				$\cdots \cdots $	Yes	X No
		ese changes on Sched				
4	Describe the exemp	t purpose achievemen	ts for each of the organizati	ion's three largest program serv	ices by expenses.	
	Section 501(c)(3) as	nd 501(c)(4) organizati	ons and section 4947(a)(1)	trusts are required to report the	amount of grants an	ıd
	allocations to others	s, the total expenses, a	nd revenue, if any, for each	program service reported.	$\supset$	
		,		, , //. //		
4a	(Code:	\ /Evnansas \$	1,785,771 including gran	te of \$\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	enue \$ 2,688	620 \
+ra						
	VASI OVERSEES	THE STATEWIDE TRA	AILS GROOMING PROGRA	MWHICH IS COMPRISED OF	MORE THAN 6000 I	MILES OF
				THE CANADIAN BORDER IN		
	MASSACHUSSETS	BORDER IN THE SO	UTH AND FROM THE NEV	WHAMPSHIRE BORDER IN THE	E EAST TO THE NE	EW
	YORK BORDER IN	THE WEST				
					····	
	***************************************			)-} <del></del>	• • • • • • • • • • • • • • • • • • • •	
	************	·	<del>-</del>	· ~ · / · · / · · · · · · · · · · · · ·		
					**	
				4(//)>		
	***************************************	·				
			{4-{}r-}\-\-\\-\-\-\-\-\-\-\-\-\-			
4b	(Code:	\/Evnancec \$	640 003 including day	nts of \$ 610,003 ) (Rev	100110 C 177	100\
40	VACTUACA COAL	T IN AID ODOOD AND	O VO VOOS ANCHORING OF ST	15 01 5 010,003 ) (Rev	renue a 474	1,122.)
	VAST HAS A GRAD	11-IN-AID PROGRAW	LOW FOON CTORS MAIO	H HELPS PAY FOR GROOMIN	NG EQUIPMENT USE	=DBA
	THE CLUBS IN TH	IE GROOMONG OPER	ATIONS	·		
	******					
					•	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
		- (	(fright)	*****		
		\=\=\=\=\=\=\=\=\=\=\=\=\\\\\\\\\\\\\\	4/-2/	*****		
					~~~~~	
4c	(Code:	) (Expenses \$	841,356 including grar	nts of \$ ) (Rev	/enue \$ 863	3,475)
	/			CONSTRUCTION, MAINTENAL		111111
		THE SATEWIDE TRA			10F' 010WIND VIND	
	DEDITOONING ON	TOTE OUT EARING TIME	FO 0 10 1 FIM		~4	
					~	
						_
		· · · · · · · · · · · · · · · · · · ·			********	
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			*******	
	~~~~~~~~~~~					
		~ *~				
					******	
4d	Other program serv	rices. (Describe in Sch	edule O.)			
	(Expenses \$	1,337,844 includi		) (Revenue \$	224,102)	
4e	Total program ser		4,574,974	γ (revenue ψ		
-1-	. July program 301	OXPOINGS	7,017,814			

Page 3

art	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
	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		Х
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,			ĺ
	Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		·	l
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ("Yes,)"			1
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del>-^-</del>
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-1-		├^
8	complete Schedule D, Part III			\ \
^	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		X
9				
	X; or provide credit counseling, debt management, credit repair or debt negotiation services? If the services?	_		
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	ا مد ا		
	quasi-endowments? If "Yes," complete Schedule D, Part V.	10	ajilki injime	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			liti.
а	Did the organization report an amount for land, buildings, and equipment in Pent X line 10? If "Yes," complete	<u>11a</u>	_ X	ļ
	Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part 1 line 12 that is 5% or more			١
	of its total assets reported in Part X, line 16? It "Yes," complete Schedule D, Part VII	11b	ļ	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? It "Yes," complete somedule D, Part VIII	11c	<u> </u>	<u> </u>
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 "Wes," complete Schedule D. Part X	11d		X
е	Did the organization report an amount for other liabilities in Ran X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate independent audited mancial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
b	Was the organization included in consolidated independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	X	<u> </u>
13	l≼ the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b> </b>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1	.	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	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	<u> </u>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	1

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		1	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	.		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		}	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		į	
	employees? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		_ <u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-	İ	
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit ransaction	24d	-	
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
~	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete schedule L, Part II.	26	ĺ	Х
27	Did the organization provide a grant or other assistance to an officer director trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ļ	
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		v.e.v.	
	Part IV instructions for applicable filing thresholds (conditions, and exceptions):	rekir.	4.442	WH.
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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 owners it was complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and sease operations? If "Yes," complete Schedule N,	30		_X_
J1	Part I	31		
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets?	31		X_
-	If "Yes." complete-Schedule N/ Part II 🗸 /////	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301 7701-2 and 301.7701-38 12 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, Parts II,			<u> </u>
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
0.7	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Į.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		'	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		X.
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	20	V	
		38	X	<u></u>

VT ASSOCIATION OF SNOW TRAVELERS, INC 23-7157363 Form 990 (2010) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. . . . . . . . Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable . . . . . . . 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?.. 3a За If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. Χ b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T?/. С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? \. . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a continuous and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods on services provided? . . . . . . . 7b Did the organization sell, exchange, or otherwise dispose of angible personal property for which it was required to file Form 8282? . . . . . ( 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract? . . 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. g 7g If the organization received a contribution of cars, boats, aixplanes, or other vehicles, did the organization file a Form 1098-C?. h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization of a donor advised fund maintained by a sponsoring 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . . . . . . . . . b 9b Section 501(c)(7) organizations. Enter: 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . b Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c

VT ASSOCIATION OF SNOW TRAVELERS, INC. Form 990 (2010) 23-7157363 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . b Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 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 persons 3 Did the organization make any significant changes to its governing documents since the prior Form 990-was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 7a Does the organization have members, stockholders, or other persons who may efect one or more members 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A: who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates?... 10a b If "Yes." does the organization have written policies and procedures governing the activities of such

	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20000	8 V	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	ĺ
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule Q how this solone	12c	Χ	1
13	Does the organization have a written whistleblower policy?	13		Х
14	Does 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	NAMES OF		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
þ	Other officers of key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			医疗 解例被
	with a taxabte entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			Seligi.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
Sect	ion C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

available for public inspection. Indicate how you make these available. Check all that apply.

Own website

Another's website

X
Upon request

26 VAST LANE, BERLIN, VT 05641

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY DUPREY (802) 229-00

VT ACCOCI	ATION OF	CNION	<b>TRAVELERS</b>	INIC
VI ASSUUL	ATION OF	SINOAA	TRAVELERS	INC

23-7157363

Page 7

Form 990 (2010) **Part VII** 

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

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

X

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.

(A) (B) (C) (D) (E)  Name and Title Average Position (check all that apply) Reportable Reportable Est	(F)
Dealties Triback all that apply	
Name and Title Average Postrion (Check all that apply) Reportable Reportable Est	mated
hours per S S Compensation am week 9 S S C From related	ount of ther
week (describe hours for by the hours for hours for by the hours for by the hours for hours for by the hours	ensation
hours for 有面型 (organization (W-2/1099-MISC) from related 分面型 (W-2/1099-MISC)	n the nization
hours per week (describe hours for related organizations in Schedule hours for companizations in Schedule organizations organizations in Schedule organizations organizati	related izations
hours per week (describe hours/for related organizations in Schedule O)  Note that The proper state of the	12000110
(1) CONRAD STEWART	
DIRECTOR/ADDISON . 2. X	
(2) JOHN PERKINS	
DIRECTOR/BENNINGTON 2. X	
(3) KEN GAMMELL	
DIRECTOR/CALEDONIA XXXX	
(4) JEFF FAY	
DIRECTOR/CHITTENDEN ( )	
(5) RAY DUBREUIL	
DIRECTOR/ESSEX 2. X	
(6) JOHN ROSS	
DIRECTOR/FRANKLIN 2. X	······································
(7) DAVID LADD	
DIRECTOR/GRAND SLE  2. X  (8) BRIAN CURRIER	· · · · · · · · · · · · · · · · · · ·
DIRECTORYLAMOILLE 2. X (9) MARK RICHARDSON	
DIRECTOR/ORANGE 2. X	
(10) MILO DAY	
DIRECTOR/ORLEANS 2. X	
(11) MERRITT BUDD	14.14.14
DIRECTOR/RUTLAND 2. X	
(12) JIM MORRILL	
DIRECTOR/WASHINGTON 2. X	
(13) RICHARD JEWETT	
DIRECTOR/WINDSOR 2. X	
(14) JIM HILL	
PRESIDENT 2. X	
(15) BONNIE HOLBROOK	
RECORDING SECRETARY 2. X	
(16) MARK ELLINGWOOD	
TREASURER 2. X	<del></del>

P	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nploy	/ees	s, a	nd l	Highe	st	Compensated	Employees (co	ontinued)
	(A)	(B)	n	,	((			١	(D)	(E)	(F)
	Name and title .	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee	Institutional trustee	Officer		a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	JOE CICIA -PRESIDENT	2.			Х						
	BRYANT WATSON								\ \( \)		
-	CUTIVE DIRECTOR	40.				Х			\$ 70.312		
TRA	ALEXIS NELSON ILS ADMINISTRATOR	40.				Х			61,767	<u> </u>	
	KENT GARDNER	40						$^{\prime}$			
	T NEWS MANAGER KATHLEEN DUPREY	40.				75	X		58,649		
	INISTRATIVE ASSISTANT	40.					X		45,416		
~	MATTHEW TETREAULT			(	/						
	ILS ASSISTANT	40.	4		1	7	X		46,853	<del></del>	
	CYNTHIA JONES EPTIONIST	40.					(x)	,	37,746	<b>`</b>	
	JESSICA HUDSON	70.	1	1		)					
	CIAL PROGRAMS MANAGER	40.	()		/	//	X	_	38,260		
(25)					\				$\Diamond$		
(26)			1	>	$\wedge$	(7		<i>&gt;</i>	)*		
(27)											
(28)		11/2/3		1	1	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		<del></del>			
1b	Sub-total		11.		•		<u> </u>	<b>&gt;</b>	357,003		
С	Total from continuation sheets to Part VII,	Section A	)}``	, ,				•			
d	Total (add lines 1b and 1c)							<u>.</u>	357,003	100.000/	
2	Total number of individuals (including but not reportable compensation) from the organization	Illuried to ruose	listed	ab t	ove	e) Wi	no rec	eıv	ed more than \$	100,000 in	
		M. T.									Yes No
3	Did the organization list any former officer di employee on line 1a? If "Yes," complete Sche	rector or trustee dule J for such	, key indivi	em idua	ploy	yee,	or hi	ghe	est compensate	d 	3 X
4	For any individual listed on line 1a, is the sum	of reportable co	ompe	ense	tior	n an	d othe	er c	compensation fr	om	
	the organization and related organizations greindividual ).)	eater than \$150,	000?	' If "	Yes	s," c	omple 	ete	Schedule J for	such 	4 X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "	crue compensat Yes. <i>" complete</i>	ion fr Sche	om dule	any e <i>J t</i>	un or s	relate	d c	organization or i	ndividual	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	nden	t cc	ntra	acto	rs tha	t re	eceived more th	an \$100,000 o	f
	(A) Name and business add	iress							(B) Description of se	rvices	(C) Compensation
								ΕN	IGINEERING		
****											
				****							· · · · · · · · · · · · · · · · · · ·
			···········								
2	Total number of independent contractors (incl more than \$100,000 in compensation from the			to t	hos	e lis	sted a	bo	ve) who receive	d A	

Part VIII Statement of Revenue (B) (C) (D) Related or Unrelated Total revenue Revenue exempt business excluded from function revenue tax under sections 512, 513, or 514 revenue Contributions, gifts, grants Federated campaigns . . . . . 1a and other similar amounts Membership dues . . . . . . . 1b 1c Fundraising events . . . . . . d Related organizations . . . . . . . 1d 1e e Government grants (contributions) . . . f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 2,205 Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f **Business Code** Program Service Revenue 713990 2,378,77 2a MEMBERSHIP DUES & REGISTRATIONS b VAST NEWS 541800 140,830 713990 c GRANTS ,887,858 ,887,858 d VAST INCOME 713990 34,502 34,502 52,702 IN-KIND SERVICES 713990 *5*2,702 f All other program service revenue . . . . Name af table Total. Add lines 2a-2f. . . . . . Investment income (including dividends, interest, and-27,681 Income from investment of tax-exempt bond proceeds 5 Royalties . . . . . . (ii) Personal (i) Real 6a Gross Rents . . . . Less: rental expenses . . . c Rental income or (loss). . Net rental income or (loss). (i) Securities 7a Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses. c Gain or (loss). 18.262 Net gain or (loss) 18,262 Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line to See Park V, line 18 . . . < Less: direct expenses . . b Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Rart IV, line 19. . . . . . . . b Less: direct expenses . . . . . . c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . . . . 30.468 b Less: cost of goods sold . . . . . . . . 31,602 c Net income or (loss) from sales of inventory . -1.134 -1.134Miscellaneous Revenue **Business Code** 11a ANNUAL MEETING 713990 600 600 b MISCELLANEOUS 713990 14,599 14,599 15,199 **Total.** Add lines 11a–11d . . . . . . . . . . . . . . . . Total revenue. See instructions. . . . . . 4,556,876 4,413,841 140,830

### VT ASSOCIATION OF SNOW TRAVELERS, INC Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All otner organizations must complete column (A	) but are not requir	ea to compiete coit	ımns (B), (C), and (	(D).
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		······································	expenses	general expenses	expenses
1	Grants and other assistance to governments and	4 0 40 070	4 0 40 0770		
	organizations in the U.S. See Part IV, line 21	1,049,270	1,049,270	200	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			$\sim 7/$	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		$\wedge$		
	trustees, and key employees	132,079	61,510	70,569	
6	Compensation not included above, to disqualified	<u> </u>		//	
•	persons (as defined under section 4958(f)(1)) and		\		
	persons described in section 4958(c)(3)(B)			$\triangleright$	
7		239,378	122,992	· · · · · · · · · · · · · · · · · · ·	
7	Other salaries and wages	239,370	122,932		
8	Pension plan contributions (include section 401(k)			(A)	
	and section 403(b) employer contributions)	18,023		18,023	
9	Other employee benefits	63,646		63,646	
10	Payroll taxes	29,553		29,553	
11	Fees for services (non-employees):			D) *	
а	Management			<u> </u>	
b	Legal	102,568	95,401	7,167	
C	Accounting	20,300	10,650	9,650	
d	Lobbying		111 Db		
е	Professional fundraising services. See Part IV, line 174	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
f	Investment management fees			THE REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE P	
g	Other	D 300 H			
12	Advertising and promotion	11/742	742		
13.	Office expenses	69,960			
14	Information technology	7,221		1,221	
		1,221		1,221	
15	Royalties	1 1 04 075		04.075	
16	Occupancy	31,875		31,875	
17	Travel	15,685	15,685		
18	Payments of travel or entertainment expenses	XX			
	for any federal, state or local public officials	<u> </u>			
19	Conferences, conventions, and meetings	26,965		26,965	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion and amortization	10,457		10,457	
23	Insurance.	138,852	133,684	5,168	
24	Other expenses. Itemize expenses not covered		15 July (2006)	No.	
	above (List miscellaneous expenses in line 24f, If				
	line 24f amount exceeds 10% of line 25, column			and the state of t	
	(A) amount, list line 24f expenses on Schedule O.)				
а	OFFICER EXPENSES	28,448	16,806	11,642	
b	SAFETY EDUCATION	3,970			
C	SPECIAL PROGRAMS	7,051			
d	TRAILS AID FUND	2,309,659			
e	IN-KIND SERVICES	52,702			<del> </del>
f	All other expenses SEE ATTACHED	654,413			
25	Total functional expenses. Add lines 1 through 24f.	5,006,817		····	,
		3,000,617	4,014,814	310,457	
26	Joint costs. Check here ► if following	,			
	SOP 98-2 (ASC 958-720). Complete this line				1
	only if the organization reported in column				\ \ \
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation		1		1

	3)
2 Savings and temporary cash investments 70,341 2 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(n/1)), persons described in section 4958(n/3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 7 Notes and loans receivable, net 18 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 537,633 178,506 10c 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 11 11 11 11 11 11 11 11 11 11 11 11	f year
2 Savings and temporary cash investments 70,341 2 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(p(1)), persons described in section 4958(p(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 368,826 179,500 10c 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees) and disqualified persons. Complete Part II of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Secured mortgages and notes payable) to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Organizations that follow SFAS 117, Absorbhere	3,331,260
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11 Investments—publicly traded securities	170,807
12 Investments—other securities. See Part IV, line 11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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16 Total assets. Add lines 1 through 15 (must equal line 34)	<del></del>
17 Accounts payable and accrued expenses 2,461 17  18 Grants payable	3,572,535
18 Grants payable	2,591
19 Deferred revenue	**************************************
21 Escrow or custodial account liability Complete Part IV of Schedule D.  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees and disqualified persons. Complete Part IV of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities. Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 check here X and	12,215
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Payables to current and former officers, directors trustees key employees, highest compensated employees and disqualified persons. Complete Part N of Schedule 1	
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities. Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25. \	***************************************
Organizations that follow SFAS 11% check here   X and	
Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	14,806
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	
27 Unrestricted net assets	
Temporarily restricted net assets	3,557,729
P 29 Rermanently restricted net assets	
Organizations that do not follow SFAS 117, check here ▶	
o and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	endert swist
9 31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	<del></del>
33 Total net assets or fund balances	3,557,729
34 Total liabilities and net assets/fund balances	3,572,535
	rm <b>990</b> (2010)

Form 9	90 (2010) VT ASSOCIATION OF SNOW TRAVELERS, INC	23-715	7363	Page <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. X
·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,556,876
2	Total expenses (must equal Part IX, column (A), line 25)	2		,006,817
3	Revenue less expenses. Subtract line 2 from line 1	3		
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		449,941
4	the state of the s	5	4+,	,007,670
5	Other changes in net assets or fund balances (explain in Schedule O)	-5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		•	
Doub	column (B))	6	3,	,557,729
Part				
·	Check if Schedule O contains a response to any question in this Part XII .	<u> </u>	· · · ·	
				Yes No
1		CASH		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	/		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ı of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	X I
	If the organization changed either its oversight process or selection process during the tax year, explain in	n i	A. San Million	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or boths.			7.000 (miles) 7.000 (miles)
	Separate basis Consolidated basis Roth consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		, Markin M	āras die
· ·	the Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja	<del>^</del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	x
				90 (2010)
			, on t	(2010)
		•		
		•		

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

## **Public Charity Status and Public Support**

► Attach to Form 990 or Form 990-EZ.

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

►See separate instructions.

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ens. Inspection
Employer identification number

VT A	<u>sso</u>		SNOW TRAV								23-71			
Pai			for Public C		*************						structions	3		
The	orgar		a private foun		•				•	•				
1	닉	•	nvention of ch					ed in <b>sec</b>	tion 170(i	o)(1)(A)(1)	١.			
2			cribed in sect											
3		•	a cooperative	-	_					/ `				
4			search organiz	-	rated in conj	unction wit	h a hospi	tal descril	bed in sec	ction(170	(B)(1)(A)(i	ii). Ent	ter the	
		•	me, city, and s					/		,	٠ جر (			
5		in section 1	ion operated f 70(b)(1)(A)(iv)	. (Complet	te Part II.)	•					nental uni	t descr	ribed	
6		A federal, sta	ate, or local go	vernment	or governme	ental unit d	escribed i	n <b>sectio</b> r	1 170(b)(1	)(A)(y).				
7			ion that norma				its suppor	t∕from a g	overywei	ntal unit o	r from the	gener	al pub	lic
8		A community	trust describe	ed in <b>secti</b>	on 170(b)(1)	(A)(vi). (C	omplete F	Rant Jr.)						
9	X	An organizat receipts from support from acquired by	ion that norman activities relanged gross investn the organization	ally receive ted to its e nent incom on after Ju	es: (1) more texempt functions and unrelated and unrelated and 1975	han 33 1/3 ions—subj ated busine See <b>segti</b>	% of its sect to cert est taxable on 509(a)	upport from tain excep e income (2). (Con	otions, and (less sec aplete Par	d (2) no n tion 531 t tttl.)	nore than ax) from t	33 1/3	% of it	ross
10			ion organized					./ ~			•			
11		purposes of	ion organized one or more p heck the box tl	ublicly sup	oported ørgai	nizations d of supporti	escribed ng organi	in section zation an	≿509(a)(1) d complet	or section	n 509(a)(	2). See	ne s <b>ect</b> i	on
		a Type	<del></del> -	Type II	/ / /	\ <del></del> \_ \ .	:>III,4FUhc	$\sim$ .	-		٠ اـــــــــا	ype III-		<b>f</b> .
e f g		persons other 509(a)(1) or If the organiz organization Since Augus	this box, I certer than foundar section 50%(a) zation received , check this both to 17, 2006, ha	tion maha (2). I a written	gers and oth determination	er than one on from the	IRS that	publicly s	supported be I, Type	organiza	tions desc	cribed i	d n sect	ion
		following per	ori who directl	y or indire	ctly controls	either alo	ne or tone	ther with	nersons (	described	in (ii)		Yes	No
			i) below, the g									11g(i)	103	
		(ii) A fami	Iy member) df :	a person k	tęscribed in (	i) above?						11g(ii)		
	/	<b>/(iii)</b> A\3/5%	controlled en	tity of a pe	erson describ	ed in (i) or	(ii) above	?				11g(iii)		
h	$\leftarrow$		following inforr		\									
<b>(</b> i)	(ii) Name of supported (iii) EIN (like of organization organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Isted in your governing document? (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (ii) of your support? (vi) Is the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iv) Is the organization in col. (iv) Is the organization in col. (iv) Is the organization in col. (iv) Is the organization in col. (iv) Is the organization in coll. (iv) Is the o				tion in col. zed in the	(vii) Amount of support								
						Yes	No	Yes	No	Yes	No			
(A)			}											
(B)			 		<u> </u>									
(C)					tagan gapan ketin dalam ketinggan paga ang ang ang ang ang ang ang ang ang							<del></del> -	<del></del>	
(D)									<u> </u>				***************************************	·
(E)														
Tota	.1						201	1256	GKU, E	155				

Schedule A (Form 990 or 990-EZ) 2010 VT ASSOCIATION OF SNOW TRAVELERS, INC 23-7157363 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . 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, Public support, Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in)

Jaici	(i) Total
7	Amounts from line 4
8	Gross income from interest, dividends,
	payments received on securities loans,
	rents, royalties and income from similar
	sources
9	Net income from unrelated business
	activities, whether or not the business is
	regularly carried on
10	Other income. Do not include gain or \
	loss from the sale of capital assets
	(Explain in Part IV.) \\ \
11	Total support. Add lines 7(through 10.)
12	Gross receipts from related activities, etc. (see instructions)
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here.
Sect	on C. Computation of Public Support Percentage
14	Public support persentage for 2010 (fine 6) column (f) divided by line 11, column (f))
15	Public support percentage from 2009 Schedule A, Part II, line 14
16a	331/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
	and stop here. The organization qualifies as a publicly supported organization
b	33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
	box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test–2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization
b	10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	supported organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see
	instructions
	Schedule A (Form 990 or 990-EZ) 2010

### rm 990 or 990-EZ) 2010 VT ASSOCIATION OF SNOW TRAVELERS, INC Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees					-	
	received. (Do not include any "unusual grants.")	2,036,843	3,126,906	4,675,085	3,895,399	4,268,834	18,003,067
2	Gross receipts from admissions, merchandise			,		1	
	sold or services performed, or facilities furnished		•				
	in any activity that is related to the		100 570	E-7 000	2= 222	04.500	007.407
	organization's tax-exempt purpose	82,908	126,572	57,823	35,362	34,502	337,167
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	697,674	1,121,084	51,166	110,568	48,730	2,029,222
4	Tax revenues levied for the organization's	097,074	1,121,004	31,100	1,10,000	70,750	2,023,222
	benefit and either paid to or expended on				43///		
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		/	<b>\(\)</b>	// × ·		
	organization without charge						
6	Total. Add lines 1 through 5	2,817,425	4,374,562	4,784,074	4,041,329	4,352,066	20,369,456
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			K<			
h	Amounts included on lines 2 and 3 received		$\langle \langle \cdot \rangle \rangle$	<del>///</del>	(1)	>	
b	from other than disqualified persons that			$// \rightarrow$			
	exceed the greater of \$5,000 or 1% of the			D) ((			
	amount on line 13 for the year				$(\mathcal{O})^{-}$		
С	Add lines 7a and 7b		~				
8	Public support (Subtract line 7c from				i de maria de la composición dela composición de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición de la	10 M	
	line 6.)				and the same	William Frank	20,369,456
	tion B. Total Support	14 ( ) ( )	N Sacra		1 ( 1) 0000	T 4 1 2 2 4 2 T	100
Cale	ndar year (or fiscal year beginning in)	(a) 2006	> (b) 2067 \	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	2,817,425	4,374,562	4,784,074	4,041,329	4,352,066	20,369,456
10a	Gross income from interest, dividends,	11/20	<i>(1811)</i>				
	payments received on securities loans,					07.004	101001
	rents, royalties and income from similar sources	52,860	49,596	26,304	28,163	27,681	184,604
b	Unrelated business taxable income (less section 511 taxes) from businesses	4011					
	acquired after June 30, 1975	100					
С	Add lines 10a and 10b.	52,860	49,596	26,304	28,163	27,681	184,604
11	Net income from unrelated business	MO					
	activities not included in line 10b, whether	$M \rightarrow$					
	or not the business is regularly carried on .	<u> </u>		·		<u> </u>	
12	Other income. Do not include gain or	ľ					
	loss from the sale of capital assets	4.000	4 74 5	. 0.400	140-	45 400	04.004
42	(Explain in Part IV.)	4,890	1,715	8,420	4,137	15,199	34,361
13	and 12.)	2,875,175	4,425,873	4,818,798	4,073,629	4,394,946	20,588,421
14	First five years. If the Form 990 is for the organiz						20,000,121
	organization, check this box and stop here						
Sec	tion C. Computation of Public Support	Percentage				***************************************	
15	Public support percentage for 2010 (line 8, column		ne 13, column (f)	)		15	98.94%
16	Public support percentage from 2009 Schedule A,					16	98.77%
Sec	tion D. Computation of Investment Inc						
17	Investment income percentage for 2010 (line 10c,					17	0.90%
18	Investment income percentage from 2009 Schedu					18	1.08%
19a	33 1/3% support tests-2010. If the organization of						្តេ
L	not more than 33 1/3%, check this box and stop to	-	•				<b>▶</b> X
b	33 1/3% support tests-2009. If the organization of line 18 is not more than 33 1/3%, check this box a						<b>.</b>
20	Private foundation. If the organization did not ch		-			=	· · · · 【
20	i nivate loundation, n the organization did flot cit	COV & DOY OU IIII6	, 17, 15d, ULISD	, GUEGA LIIIS DOX	ลาน จอย แซนนับแ	UNO	· · · 🖊 🕍

Schedule A (Form 9	990 or 990-EZ) 2010	VT ASSOCIA	ATION OF SNC	W TRAVELE	RS, INC		23-7157363	Page 4
Part IV	Part II, line 17a	Information.	. Complete thi	s part to prov	ide the expla	nations required for any additiona	d by Part II, line 1 al information. (Se	0;
	instructions).	<u>-</u>						***************************************
Part III Line 12	MISCELLANEOU	JS INCOME						
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#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

VT AS	SSOCIATION OF SNOW TRAVELERS, INC	23-7157363
Part		unds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	· ·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 he	ld in-donor advised
•	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor	
	purpose conferring impermissible private benefit?	Yes No
Dor		
Part		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	n of an historically important land area
	Protection of natural habitat	n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution.	ution in the form of a conservation
_	easement on the last day of the tax year.	MIONAL INC. TOTAL OF A COURSELVATION
	education and tast day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after \$11,06, and not on	
u	historic structure listed in the National Register.	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	
J	during the tax year	terminated by the organization
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion handling of
J		· · · · · · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
•	train and volumest notified to the members, moreoving, and emotoring contestivation	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation en	assements during the year
•	Amount of expenses mounded infinitioning appearing, and emotoring conservation ex	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ats of section
·	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · Yes No
9 <	In Part XIV, describe how the organization reports conservation easements in its reve	
·	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	the organization's accounting for conservation easements.	Thansar etatements that decombes
Par		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
4 -		
1a	· 1	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	
L	of public service, provide, in Part XIV, the text of the footnote to its financial statemen	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, edu of public service, provide the following amounts relating to these items:	ication, or research in furtherance
	or public service, provide the following amounts relating to these items:	<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · · · · • • • • • • • • • • • • •
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to the	
a	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
1)	essers an autoeo de coma son esta A	<b>→</b> %

Pari	III Organizations Maintaining	Collections of A	t, Histori	ical Trea	asures, or O	ther Si	nilar Assets <i>(</i>	continu	ed)	
3	Using the organization's acquisition, a	accession, and othe	er records.	, check a	ny of the follo	wing tha	t are a significar	nt		
	use of its collection items (check all the	nat apply):	<del></del>			•	•			
а	Public exhibition		d	Loan	or exchange p	orograms	3			
b	Scholarly research		е 🗌	Other						
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in									
•	Part XIV.					J		P		
5	During the year, did the organization	solicit or receive do	nations of	f art, histo	orical treasure	es, or oth	er similar			
_	assets to be sold to raise funds rathe						_ \ \	Ye	s	No
Par			•		-	< \ /		n Par	<u></u>	
	IV, line 9, or reported an am				^			, i ai	•	
1a	Is the organization an agent, trustee,	custodian or other	intermedia	ary for co	ntributions or	other as	sets not			
• • •	included on Form 990, Part X?							Ye	s $\square$	No
b	If "Yes," explain the arrangement in F				. / /	//			<u> </u>	
					`	V	Ar	mount		
С	Beginning balance		:	`. < (.		1c	· · · · · · · · · · · · · · · · · · ·	<del></del>		
d	Additions during the year				/. /	1d				
е	Distributions during the year	,	//		\.\	160				***************************************
f	Ending balance		💢	/.	, ././	TIN.				
2a	Did the organization include an amou	nt on Form 990. Pa	ert X line	21?				Ye	s X	No
b										
Part			ation ans	wered "X	es" to Form	990. P	art IV. line 10.			
		(a) Current year	(b) Pric		(c) Two years		d) Three years back	(e) For	ır years l	back
1a	Beginning of year balance		17		4(1)	13.236		Parting.		ASSESSED TO SESSED TO SESS
b	Contributions			<del>)                                    </del>				\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
С	Net investment earnings, gains,		1		(())>		SOME STATE	544.240		
	and losses			// //						
d	Grants or scholarships			11/1/6	/	162		0.00		
е	Other expenditures for facilities	(( )) 0,	11/2/1	141			2 1	A CONTRACTOR	y y y	
	and programs		7/4//	11 ,					760 km + 1 47 c	
f	Administrative expenses \		(1/1)	>		Į.	nous a company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the	****	Market,	
g	End of year balance						il description of		riwi.	
2	Provide the estimated percentage of	the year end balan	ce held as	3:					***************************************	
а	Board designated or quasi-endowne	nt (*)								
b	Permanent endowment									
С	Term endowment	~ [[]]								
3a	Are there endowment tunds not in the	possession of the	organizat	tion that a	are held and a	administe	ered for the			
	organization by:	$M \rightarrow$							Yes	No
	(i) unrelated organizations	$\mathcal{H}_{\mathcal{D}}$ , $\dots$ .						3a(i)		
	(ii) related organizations	· · · · · · ·						3a(ii)		
b	If "Yes" to 3a(ii) are the related organ							3b		
4	Describe in Part XIV the intended us									
Par	t VI Land, Buildings, and Equi	pment. See Forn	n 990, Pa	art X, line	<u>⇒ 10.</u>					
	Description of investment	(a) Cost or o (investr			ost or other is (other)		ocumulated preciation	(d) Bo	ok value	t
1a	Land				56,000	1000	ANTE CHEROP		56	6,000
b	Buildings				168,942		61,323		***************************************	7,619
С	Leasehold improvements									.,,,
d	Equipment				265,659		260,838			4,821
е	Other				47,032		44,665			2,367
Tota	al. Add lines 1a through 1e. <i>(Column (</i> a	) must equal Form	990, Part	X, colum	n (B), line 10	(c).)	▶		170	0,807

Page 3

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			<b>/</b>
( )			/
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relat	ed. See Form 990, Part X	Aline 13.	
(a) Description of investment type	(b) Book value	(c) Method of val	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		1-2(\)	
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(10)			A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990		V/	
	a) Description	>	(b) Book value
(1)	)) // /////////////////////////////////		
(2)			
(3)			
(4)			
(5)	1/10/1/27		<u>,</u>
(6)	441 > 1		
(7)			
(6)	<u> </u>		
(10)			······································
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)		
Part X Other Liabilities. See Form 9			· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	V.,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT	
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1		

Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 4,556,876 2 2 5,006,817 3 3 -449,941 4 4 5 5 6 6 7 7 8 8 9 g. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 -449.941 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII 4,581,605 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b C 24.729 Add lines 2a through 2d . . . . . . . . . . . . . . . . . 24,729 3 3 4,556,876 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII Ine Xb Add lines **4a** and **4b** . . . . . . . . . . . . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4,556,876 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements. 5,031,545 Amounts included on line 1 but not on Form 990, Part IX line 25: Donated services and use of facilities 2а Prior year adjustments . . . 2b Other losses . . . . . . 2c Other (Describe in Part XIV.)(. . d 2d 24,728 Add lines 2a through 2d . . . 2e 24,728 Subtract line 2e from line 1. 3 5,006,817 Amounts included on Form 990, Part IX line 25, but not on line 1: Investment expenses not included on Form 990 Part Will line 7b. 4a Other (Describe in Part XIV)..... 4b Add lines 4a and 4b 5,006,817 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line)4 Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part XII Line 2d ÉXPENSE REIMBURSEMENT NETTED ON TAX RETURN Part XIII Line 2d EXPENSE REIMBURSEMENT NETTED ON TAX RETURN

Schedule D (Form	m 990) 2010	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
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	<u></u>	

**SCHEDULE 1** (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

OMB No. 1545-0047  207  Open to Public Inspection
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 23-7157363

		assistance, the grantees' eligibility for the grants or assistance, and	N Sal V	ds in the United States.	in the United States. Complete if the organization answered "Yes" to
VI ASSOCIATION OF SNOW TRAVELERS, INC.	Part   General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance??	2 Describe in Part IV the organization's procedures for montforing the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that it can be duplicated if additional space(15, peeded.	ine 21, for any additional spa	y recipient that re	ceived more than \$5	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.	if no one recipient re	ceived more than \$	5,000. Part II
1 (a) Name and address of organization or government	(p) EIN	(g/IRC section	(d) Amount or cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED							
(2)							
(3)		>			·		
(4)							
(5)							
(9)							
(2)							
(8)						<b>\\</b>	
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	in 501(c)(3) and	d government orga	nizations .				
	Olyan IItano.						

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

Schedule I (Form 990) (2010)

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Andividuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional) space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ß

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Employer Identification number

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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VT ASSOCIATION OF SNOW TRAVELERS, INC 23-7157363 Form 990, Part III, Line 4d: Program Service Expenses: 151,357, Grants and allocations: 0, Revenue: 224,102 CONSTRUCTION OF LAMOILLE VALLEY RAIL TRAIL PROJECT. Form 990, Part III, Line 4d: Program Service Expenses: 1,186,487, Grants and allocations: 0 Revenue: 0 SPECIAL PROJECTS, LAW ENFORCEMENT, PUBLIC RELATIONS AND AALL OTHER PROGRAM EXPENSES Form 990 Part III Line 4d VAST OVERSEES A PROJECT KNOWN AS LAMOILLE VAL IWILL BE A 93 MILE LONG FOUR-SEASON RECREATIONAL TRAIL Form 990 Part VII Section C Line 19 VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL INTEREST ISSUES. Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY BASIS ANY ROTENTIAL CONFLICT OF INTEREST ISSUES. Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING

Schedule O (Form 990 or 990-EZ) (2010)	Page <b>2</b>
Name of the organization	Employer identification number
VT ASSOCIATION OF SNOW TRAVELERS, INC	23-7157363
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