### 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 Legislative Hearing on **H.R. 1839** (**Tipton**), the "Hermosa Creek Watershed Protection Act of 2013" March 6, 2014

Fo	r Individuals:								
1.	Name:	Scott Jones							
2.	Address:	508 Ashford Drive, Longmont CO, 80504							
3. Email Address: [Information redacted for privacy]									
4.	Phone Number:	[Information redacted for privacy]							
		* * * *							
Fo	or Witnesses Repres	enting Organizations:							
	1. Name:	Scott Jones							
	<ol> <li>Name of Organization(s) You are Representing at the Hearing:</li> <li>Colorado Snowmobile Association</li> </ol>								
	3. Business Addı	ress: 508 Ashford Drive, Longmont, CO 80504							
	4. Business Ema	il Address: [Information redacted for privacy]							
	5. Business Phone	e Number: [Information redacted for privacy]							

#### For all Witnesses

Name/Organization: Scott Jones/Colorado Snowmobile Association
Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on
H.R. 1839 (Tipton), the "Hermosa Creek Watershed Protection Act of 2013"
March 6, 2014

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.

Licensed Attorney is NY & CO

Executive BOD Member - Colorado Off Highway Vehicle Coalition

Vice President – Colorado Snowmobile Association

Authorized Representative of Trail Preservation Alliance and Off Road Business Association

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.

Licensed Attorney is NY & CO

Executive BOD Member – Colorado Off Highway Vehicle Coalition

Vice President - Colorado Snowmobile Association

Authorized Representative of Trail Preservation Alliance and Off Road Business Association

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.

Licensed Attorney is NY & CO

Executive BOD Member – Colorado Off Highway Vehicle Coalition

Vice President - Colorado Snowmobile Association

Authorized Representative of Trail Preservation Alliance and Off Road Business Association

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NONE

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: Scott Jones/Colorado Snowmobile Association
Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 1839 (Tipton),** the "*Hermosa Creek Watershed Protection Act of 2013*"
March 6, 2014

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

Licensed Attorney is NY & CO

Executive BOD Member – Colorado Off Highway Vehicle Coalition

Vice President – Colorado Snowmobile Association

Authorized Representative of Trail Preservation Alliance and Off Road Business Association

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture 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- The Organizations have appealed both the San Juan National Forest and Tres Rios BLM Office resource management plans but these matters are administrative appeals only at this point.

1. 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)).

### **2010 TAX RETURN**

### **CLIENT COPY**

Client:	4591
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Prepared for: COLORADO ASSOCIATION OF SNOWMOBILE

CLUBS, INC.

2889 US FOREST RD 509 CREEDE, CO 81130

719-658-2221

**Prepared by:** RONALD A. CHAPMAN

WALL, SMITH, BATEMAN & ASSOCIATES, INC.

700 MAIN STREET SUITE 200

ALAMOSA, CO 81101

(719) 589-3619

**Date:** AUGUST 11, 2011

**Comments:** 



FDIL2001L 05/05/10

### 2010 Exempt Org. Return

prepared for:

### COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

2889 US FOREST RD 509 CREEDE, CO 81130



Wall, Smith, Bateman & Associates, Inc.

700 Main Street Suite 200 Alamosa, CO 81101

### WALL, SMITH, BATEMAN & ASSOCIATES, INC.

**700 MAIN STREET SUITE 200** ALAMOSA. CO 81101 (719) 589-3619

**Client 4591** August 11, 2011

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC. **2889 US FOREST RD 509 CREEDE, CO 81130** 719-658-2221

#### **FEDERAL FORMS**

2010 Return of Organization Exempt from Income Tax **Form 990-EZ** 

Schedule A **Organization Exempt Under Section 501(c)(3)** 

Schedule G **Fundraising or Gaming Activities** 

**Supplemental Information** Schedule O

**Depreciation Schedules** 

#### **FEE SUMMARY**

**Preparation Fee** 



2010 FEDERAL EXEMPT ORGANIZATION COLORADO ASSOCIATION			PAGE 1
CLUBS, IN		_	84-0993591
FORM 990-EZ REVENUE	2010	2009	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS	23,198 49,366 96 4,500 20,882	18,652 46,161 133 0	4,546 3,205 -37 4,500 20,882
TOTAL REVENUE	98,042	85,329	12,713
EXPENSES  PROFESSIONAL FEES/PYMT TO CONTRACTORS  PRINTING, PUBLICATIONS, AND POSTAGE  OTHER EXPENSES	13,855 14,541 62,069	2,055 10,918 92,342	11,800 3,623 -30,273
TOTAL EXPENSES	90,465	105,315	-14,850
NET ASSETS OR FUND BALANCES  EXCESS OR (DEFICIT) FOR THE YEAR  NET ASSETS/FUND BAL. AT BEG. OF YEAR  NET ASSETS/FUND BAL. AT END OF YEAR	7,577 76,167 83,744	-19,986 96,153 76,167	27,563 -19,986 7,577



2010

### **GENERAL INFORMATION**

PAGE 1

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

### FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH G, SCH O

### **CARRYOVERS TO 2011**

NONE



### Form **990-EZ**

Department of the Treasury Internal Revenue Service

**Short Form** 

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. ► The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

OMB No. 1545-1150

Open to Public Inspection

Α	For t	he 2010 calendar year, or tax year beginning $5/01$ , 2010, and ending $4/0$	/30		, 2011
В	Check	if applicable: C		D Employe	r identification number
	l	ss change   COLORADO ASSOCIATION OF SNOWMOBILE		84-0	993591
	Name	change CLUBS, INC.	le le	E Telephon	
	Initial i	return 2889 US FOREST RD 509		658-2221	
	Termin	creed, co 81130	⊦		
-		led return	F		Exemption
Ļ		ation pending			r
G					he organization is <b>not</b>
I				d to attac 90-EZ, or t	h Schedule B (Form
<u>J</u>		<b>Example Status</b> (ck only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\rightarrow$ (insert no.) $-$ 4947(a)(1) or $-$ 527			
K		k In the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross rece			
	orgai	000. À Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be nization chooses to file a return, be sure to file a complete return.	requir	ea (see ir	istructions). But if the
L	Add	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or morts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-	re, or if	f total	118,511.
	asse art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See th			
1 6	ar C I				·
-	-	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received		<b>—</b>	23,198.
	2	Program service revenue including government fees and contracts			40.000
	3	Membership dues and assessments			49,366.
	4	Investment income.			96.
	5a	Gross amount from sale of assets other than inventory	4,50	00.	
		Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SEE. SCHEDULE	O	5c	4,500.
	6	Gaming and fundraising events			
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
V		Gross income from fundraising events (not including \$ of contribution:	S		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum	41,35	51.	
	С		20,46		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	20,882.
	7 a	Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).		7c	:
	8	Other revenue (describe in Schedule O)			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			98,042.
	10	Grants and similar amounts paid (list in Schedule O).			,
	11	Benefits paid to or for members			
Ε	12	Salaries, other compensation, and employee benefits			
X P	13	Professional fees and other payments to independent contractors.			13,855.
E N		Occupancy, rent, utilities, and maintenance.			13,033.
EXPENSES	14				1 / 5 / 1
s	15	Printing, publications, postage, and shipping.			14,541.
	16	Other expenses (describe in Schedule O)			62,069.
	17	Total expenses. Add lines 10 through 16.			90,465.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,577.
N S E S T E S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with a figure reported on prior year's return)			76,167.
TE	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
S	21	Net assets or fund halances at end of year. Combine lines 18 through 20		▶ 21	83 744

ı uı	Check if the organization used Sch	edule O to respond to any qu	estion in this Part I	1		X
				(A) Beginning of ye	ar	(B) End of year
	Cash, savings, and investments			75,540		83,558.
	Land and buildings			607	23	100
24	Other assets (describe in Schedule O)			627		186.
25	Total assets.			76,167	_	
26	Total liabilities (describe in Schedule O Net assets or fund balances (line 27 of	)	)	0		0.
27	Net assets or fund balances (line 2/ of	column (B) must agree with	(and the inetra for [	76,167	. 27	83,744.
Par	Statement of Program Ser Check if the organization used So	chedule O to respond to any	(See the moths 101)	'art III.) + III	(Red	<b>Expenses</b> uired for section
What i	the organization's primary event nurnose? CE:		question in this r ar	( III	501	c)(3) and 501(c)(4)
Desc	s the organization's primary exempt purpose? <u>SE</u> ribe what was achieved in carrying out the libe the services provided, the number of	e organization's exempt purp	oses. In a clear an	d concise manner,	orga	nizations and section (a)(1) trusts; optional
desci	ibe the services provided, the number of am title.	f peršons benefited, and othe	r relevant informati	on for each	for o	thers.)
	TASK FORCE CREATES VOLUNT	TEER TRAVEL MANAGEM	ENT PLANS SO	WINTER		
	RECREATION GROUPS CAN SHA					
	APPROXIMATELY 800 TO 1,00					
	(Grants \$ ) If th	nis amount includes foreign g	rants, check here		28 a	25,960.
29	SAFETY EDUCATION PROGRAM	BENEFITS ALL RIDER	S IN WESTERN	COLORADO.		
	THE PROGRAM INCLUDES AVAI			TY. IT ALSO		
	PROVIDES TRAIL GROOMING A					
	(Grants \$ ) If th	nis amount includes foreign gr	rants, check here		29 a	8,067.
30	THE SCHOLARSHIP PROGRAM F					
	INTERESTED AND ACTIVE IN	THE SPORT OF SNOWN	OBILING. ONE	STUDENT		
	BENEFITED THIS YEAR.				20 -	1 000
21	(Grants \$ ) If the Other program services (describe in Sch	nis amount includes foreign gr	rants, check here		30 a	1,000.
31		nis amount includes foreign gr			31 a	
32	Total program service expenses (add li	nes 28a through 31a)	ants, check here	<b>•</b>	32	35,027.
Par	LIST of Officers, Directors,					
. u.	Check if the organization used S	chedule O to respond to any	guestion in this Par	t IV	. (500 (	X
		(b) Title and average hours	(c) Compensation	(If (d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	employee benefit plai deferred compensa	ns and	and other allowances
SEE	SCHEDULE_O	10 B	<b>N</b>	usion ou companies		
		1)17				
		1				
		1				
		1				
		]				

· u	<u>rt V</u> Other Information (Note the statement requirements in the instructions for Part V.) SEE SCE Check if the organization used Schedule O to respond to any question in this Part V	IEDUI	E O	. X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	163	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
ı	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
<b>37</b> a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
I	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
38	<b>a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Χ
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
i	a Initiation fees and capital contributions included on line 9			
ı	<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
ı	<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
(	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tay year, was the organization a party to a prohibited tay			
	shelter transaction? If I'Ves I complete Form 8886-T	40 e		X
41	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed   NONE	40 e		X
41	List the states with which a copy of this return is filed NONE  NONE			X
41	List the states with which a copy of this return is filed NONE  NONE		221_	<u>X</u>
41	List the states with which a copy of this return is filed NONE  NONE		221	X
41 42	a The organization's books are in care of ► JANELLE KUKUK Telephone no. ► 719-6. Located at ► 2889 US FOREST RD 509 CREEDE CO ZIP + 4 ► 81130			
41 42	a The organization's books are in care of ► JANELLE KUKUK Located at ► 2889 US FOREST RD 509 CREEDE CO  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	58-22	221_ 	  No
41 42	a The organization's books are in care of ► JANELLE KUKUK  Located at ► 2889 US FOREST RD 509 CREEDE CO  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 account)?			
41 42	a The organization's books are in care of ► JANELLE KUKUK Located at ► 2889 US FOREST RD 509 CREEDE CO  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	58-22		  No
41 42	a The organization's books are in care of ► JANELLE KUKUK  Located at ► 2889 US FOREST RD 509 CREEDE CO  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 account)?	58-22		  No
41 42	a The organization's books are in care of ► JANELLE KUKUK  Located at ► 2889 US FOREST RD 509 CREEDE CO  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 account)?	58-22		  No
41 42	a The organization's books are in care of ► JANELLE KUKUK  Located at ► 2889 US FOREST RD 509 CREEDE CO  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 account)?	58-22		  No
41 42:	a The organization's books are in care of ► JANELLE KUKUK Telephone no. ► 719-6. Located at ► 2889 US FOREST RD 509 CREEDE CO ZIP + 4 ► 81130  b 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 account)?	58-22		  No
41 42:	a The organization's books are in care of ► JANELLE KUKUK Telephone no. ► 719-6. Located at ► 2889 US FOREST RD 509 CREEDE CO ZIP + 4 ► 81130  b 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 account)?	58-22 42b		No X
41 42:	a The organization's books are in care of ► JANELLE KUKUK	58-22 42b		No X
41 42:	a The organization's books are in care of ► JANELLE KUKUK	58-22 42b		No X
41 42:	a The organization's books are in care of ► JANELLE KUKUK	58-22 42b	Yes	No X
42:	a The organization's books are in care of ► JANELLE KUKUK	58-22 42b	Yes	No X
41 423	a The organization's books are in care of ▶ JANELLE KUKUK Telephone no. ▶ 719-6 Located at ▶ 2889 US FOREST RD 509 CREEDE CO ZIP + 4 ▶ 81130  b 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 account)?  If 'Yes,' enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42b	Yes	N/A N/A No
41 42:	a The organization's books are in care of ► JANELLE KUKUK	42b 42c	Yes	N/A X N/A N/A
41 42:	a The organization's books are in care of ► JANELLE KUKUK Telephone no. ► 719-6. Located at ► 2889 US FOREST RD 509 CREEDE CO ZIP + 4 ► 81130  b 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 account)?	42b 42c 44a 44b	Yes	N/A X N/A N/A No X
41 42:	a The organization's books are in care of ► JANELLE KUKUK	42b 42c	Yes	N/A X N/A N/A

Form <b>990-</b> l	EZ (2010) COLORADO ASSOCIATI	ON OF SNOWMOBIL	E			84-099	93591	_	Р	age <b>4</b>
							Г		Yes	No
	y related organization a controlled entity	9	•	5		•		45		Х
<b>a</b> Did to of se	he organization receive any payment fro ction 512(b)(13)? If 'Yes,' Form 990 and	m or engage ın any trar ⊟Schedule R may need	isaction with a to be complete	controlle d instead	d entity withii Form 990	n the mea -EZ (see i	ning inst.)	45a		Χ
<b>46</b> Did t	he organization engage, directly or indire	ectly, in political campai	on activities or	n behalf o	f or in oppos	ition to				
Part VI	idates for public office? If 'Yes,' complet Section 501(c)(3) organization							46	tion	X
rait VI	501(c)(3) organizations and se 47-49b and 52, and complete t	ction 4947(a)(1) no	nexempt cha	aritable	trusts mus	st answe	er que	stion	S	
	Check if the organization used Schedu	le O to respond to any	question in this	s Part VI.			<u></u>	<u></u>		
<b>47</b> Did +	he ergenization engage in labbuing esti	vition? If IVan I complete	Sahadula C. E	Oort II			Г	47	Yes	No X
	he organization engage in lobbying activ e organization a school as described in s						i i	48		X
	he organization make any transfers to a		•					49 a		X
<b>b</b> If 'Ye	es,' was the related organization a section	n 527 organization?					[	49 b		
50 Comp	plete this table for the organization's five oyees) who each received more than \$1	e highest compensated	employees (oth	ner than o	fficers, direct	tors, truste	ees and	d key		
		(b) Title and average	(c) Compens		(d) Contributions	to employee		(e) Exp		
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position			benefit pla deferred com	ns and pensation	О	accour ther allo		;
NONE										
		-								
		-								
<b>f</b> Total	number of other employees paid over \$	i100,000 ▶					1			
<b>51</b> Com	plete this table for the organization's five	e highest compensated i	ndependent co	ontractors	who each re	ceived mo	ore than	า \$100	0,000	of
comp	pensation from the organization. If there  (a) Name and address of each independent con				(b) Type of servi		(6	) Comp	neation	
NONE	(a) Name and address of each independent con	ili actor paid more than \$100,000	<i>r</i>		(b) Type of Servi	ce	,,,	, Comp	ensation	<u>'</u>
	number of other independent contractor	9 .	*	•	477-1711					
	he organization complete Schedule A? Nable trusts must attach a completed Sc						. ► X	Yes		No
Under penalti true, correct.	es of perjury, I declare that I have examined this retur and complete. Declaration of preparer (other than offi	n, including accompanying sche	dules and statemen	nts, and to th	e best of my knov ledge.	wledge and be	elief, it is			
			· P · P ·	· · · · · ·						
Sign	Signature of officer				Date					
Here	Type or print name and title									
	Type or print name and title.  Print/Type preparer's name	Preparer's signature	D <sub>2</sub>	ate		<u> </u>	PTIN			
Daid	RONALD A. CHAPMAN	Sparer 3 Signature			Check	ш"	20014	6229	3	
Paid Preparer		I ATEMAN & ASSOCIA	ATES, INC.		Seit-ei	npioyeu   I	0014	044	,	
Use Only	Firm's address > 700 MATN STREET		,,	-	Firm's	EINI ▶	84-0	1684	388	

ALAMOSA, CO 81101

May the IRS discuss this return with the preparer shown above? See instructions . **BAA** 

(719) 589-3619

►X Yes No
Form 990-EZ (2010)

Phone no.

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

**Public Charity Status and Public Support** 

20

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

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

Employer identification number Name of the organization COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC. 84-0993591 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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** 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type I Type III - Functionally integrated d Type II С Type III - Other 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 or 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 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 following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.... (i) 11 g (i) A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (vii) Amount of support (see instructions)) your governing document? organized in the U.S.? your support? Yes No Yes No Yes (A) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

### Schedule A (Form 990 or 990-EZ) 2010 COLORADO ASSOCIATION OF SNOWMOBILE 84-0993591 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support	1	1	1						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			NET.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		DR							
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 activ	vities, etc (see ins	tructions)							
13	First five years. If the Form 990 organization, check this box and									
Sec	tion C. Computation of Pu					, ,				
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	%			
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%			
16 a	<b>33-1/3% support test</b> — <b>2010.</b> If and <b>stop here.</b> The organization	the organization o qualifies as a pul	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box			
t	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.									
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how			
	on 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly suppor	r <b>e.</b> Explain in Part ted organization.	t IV how the▶			
18	<b>Private foundation.</b> If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a						
BAA					Sc	neaule 🗛 (Form 9:	90 or 990-EZ) 2010			

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')	06 115	114 744	00 104	C4 012	70 564	420 470
2	Gross receipts from admis-	86,115.	114,744.	92,134.	64,913.	72,564.	430,470.
	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	18,223.	30,131.	32,546.	24,156.	41,351.	146,407.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						_
	organization without charge						0.
	Total. Add lines 1 through 5	104,338.	144,875.	124,680.	89,069.	113,915.	576,877.
/ 8	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	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.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	J.	3,1	4	,	3.	
	7c from line 6.)						576,877.
Sec	tion B. Total Support	1	-				
Caler	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6	104,338.	144,875.	124,680.	89,069.	113,915.	576,877.
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources	150.	219.	176.	133.	96.	774.
ŀ	Unrelated business taxable	100.	213.	1,0.	100.	30.	,,,,,
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	150.	219.	176.	133.	96.	774.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV.). SEE PART IV.					4,500.	4,500.
12	Total support. (Add Ins 9, 10c, 11, and 12.)	104,488.	145,094.	124,856.	89,202.	118,511.	582,151.
	• • • • • • • • • • • • • • • • • • • •				•		
	First five years. If the Form 990 organization, check this box and	stop here					
Sec	tion C. Computation of Pul	olic Support Po	ercentage			1 1	
	Public support percentage for 20		• •				99.1 %
16	Public support percentage from 2						99.9 %
			a Dayaantawa				
Sec	tion D. Computation of Inv						
<b>Sec</b> 17	Investment income percentage for	or <b>2010</b> (line 10c,	column (f) divided	-			0.1 %
<b>Sec</b> 17 18	Investment income percentage for Investment	or <b>2010</b> (line 10c, rom <b>2009</b> Schedul	column (f) divided e A, Part III, line			18	0.2 %
17 18 19	Investment income percentage for a 33-1/3% support tests — 2010. If is not more than 33-1/3%, check	or <b>2010</b> (line 10c, rom <b>2009</b> Schedule the organization of this box and <b>stop</b>	column (f) divided e A, Part III, line did not check the l o here. The organi	17box on line 14, a bation qualifies a	nd line 15 is more s a publicly suppo	than 33-1/3%, and orted organization.	0.2 % d line 17 X
17 18 19	Investment income percentage for Investment income percentage for a 33-1/3% support tests — 2010. If	or <b>2010</b> (line 10c, rom <b>2009</b> Schedule the organization of this box and <b>stop</b>	column (f) divided e A, Part III, line did not check the l o here. The organi	17box on line 14, a bation qualifies a	nd line 15 is more s a publicly suppo	than 33-1/3%, and orted organization.	0.2 % d line 17 X

Schedule A	(Form 990 o	r 990-EZ) 20	10 COLORAD	O ASSOCIAT	ION OF SN	OWMOBILE	84-0993591	Page 4
Part IV	Suppleme Part II, lin (See instr	ental Informed 17a or 1	<b>mation.</b> Comp 7b; and Part I	lete this part II, line 12. Al	to provide t so complete	he explanation this part for	ons required by Part II, line any additional information	e 10; 1.
	<u> </u>	,						
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2010

### SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

NATURE AND SOURCE		2010	2009		2008	2007	2006
SALE OF ASSETS	7.T. <del>-</del>	4,500.				<u> </u>	<u> </u>
TO	AL <u>\$</u>	4,500.	Ş	<u> 0. Ş</u>	0.	<u>\$</u> 0.	<u>\$</u> 0.



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

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2010

2010

Open to Public Inspection

Name o	of the organization COLORADO ASSOCIUBS, INC.	CIATION O	F SNOW	MOBILE			Employer identification 84-099359		
Par	Fundraising Activities. Comp	lete if the organ	nization ar	nswered '\	es' to Form 990, Part I	V, line 1			_
	Form 990-EZ filers are not red Indicate whether the organization	quired to compl	ete this pa	art.					_
а	Mail solicitations			е	Solicitation of non-	governn	nent grants		
b	Internet and email solicitations	3		f	Solicitation of gove	rnment	grants		
С	Phone solicitations			g			9		
d				9		,			
	Did the organization have a writter employees listed in Form 990, Par	n or oral agreer t VII) or entity	ment with a	any individion	dual (including officers, professional fundraising	director services	s, trustees or k	ey Yes No	)
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent le organization.	tities (fund	draisers) p	oursuant to agreements	under w	hich the fundra	iser is to be	
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or i	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
1									
2									
3									
4									
5					AFI				
6			1	ア					
7									
8									
9									
10									
Total				<b>&gt;</b>					
3	List all states in which the organiz or licensing.	ation is register	red or lice	nsed to so	olicit contributions or ha	s been i	notified it is exe	empt from registration	
									-
	<b></b>	_ <b></b> _			<b></b> -			<b></b> _	
	<b> </b>	<b></b>	<b></b>					<b> </b>	_
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Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) RAFFLE **SNOWSHOW** through column (c) REVENUE (event type) (event type) (total number) 31,248. 10,103. 41,351. 1 Gross receipts..... 2 Less: Charitable contributions..... 31,248. 10,103. 41,351. **3** Gross income (line 1 minus line 2)..... **4** Cash prizes..... D I R E C T 6 Rent/facility costs..... EXPENSES 18,903. 1,566. 9 Other direct expenses..... 20,469. 10 Direct expense summary. Add lines 4- through 9 in column (d)..... 20,469. 11 Net income summary. Combine line 3, column (d), and line 10. 20,882. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVENUE bingo/progressive (add column (a) through column (c)) bingo 1 Gross revenue..... **2** Cash prizes..... D I RECT 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No 8 Net gaming income summary. Combine lines 1, column (d) and line 7...... ▶ **9** Enter the state(s) in which the organization operates gaming activities: **b** If 'No,' explain: **b** If 'Yes,' explain:

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2010 COLORADO ASSOCIATION OF SNOWMOBILE 84	-0993591	Page 3
11	Does the organization operate gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	med to Yes	No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility.	13 b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	
	Name •		
	Address ►		
ŀ	Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$  If 'Yes,' enter name and address of the third party:		No
	Name •		
	Address ►		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	Yes	No
Pai	organization's own exempt activities during the tax year > \$ t IV Supplemental Information. Complete this part to provide the explanations required	hy Part I line	2h
1 W	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic	cable. Also con	nplete
	this part to provide any additional information (see instructions).		

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.	Employer identification number 84-0993591
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO_PROVIDE EDUCATION AND AWARENESS TO AND FOR THE SPORT OF SNOW	MOBILING IN THE
AREAS OF AVALANCHE AWARENESS, SAFE RIDING PRACTICES, YOUTH RID	ING CLINICS,
PROPERTY AND WILDLIFE CONSERVATION ISSUES AND SHARING WINTER RE	ECREATION AREAS WITH
OTHER RECREATIONISTS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY_OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
AF-1	
DRAFT	

2010

### SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

**COLORADO ASSOCIATION OF SNOWMOBILE** CLUBS, INC.

84-0993591

### FORM 990-EZ, PART I, LINE 5C **NET GAIN (LÓSS) FRÓM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION: SAFETY TRAILER DATE ACQUIRED: 8/02/2001 HOW ACQUIRED: **PURCHASE** DATE SOLD: 10/14/2010

TO WHOM SOLD:

GROSS SALES PRICE: 4,500. COST OR OTHER BASIS: 10,506. BASIS METHOD: COST

**DEPRECIATION:** 10,506.

GAIN (LOSS) 4,500.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 4,500.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION  DEPRECIATION  DUES AND SUBSCRIPTIONS  INSURANCE  MAINTENANCE EXP  MISCELLANEOUS EXPENSES  OTHER CONTRIBUTIONS  RIGHT TO RIDE DISBURSEMENTS  SCHOLARSHIPS  SUPPLIES  TELEPHONE	\$ 672. 441. 1,768. 21,040. 8,952. 4,447. 561. 2,550. 1,000. 745. 823.
TELEPHONE TRAVEL	823. 19.070.
TOTAL	\$ 62,069.

### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	<u> </u>	<u>EGINNING</u>	 ENDING
FURNITURE AND FIXTURES	\$	627.	\$ 186.
TOTAL	\$	627.	\$ 186.

2010

### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 3 COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES  $\,$ 

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANELLE KUKUK 2889 US FOREST RD 509 CREEDE, CO 81130	PRESIDENT \$ 4.00			
KAREN BALL 14860 ROLLING HILLS DR MONTROSE, CO 81401	SECRETARY 2.00	0.	0.	0.
RANDY MILLER PO BOX 395 WALDEN, CO 80480	VICE PRESIDENT 1.00	0.	0.	0.
BILL REXFORD 11361 W CR 70 WINDSOR, CO 80550	DIRECTOR DIST 1 1.00	0.	0.	0.
AARON TODD P.O. BOX 1141 NORWOOD, CO 81423	DIRECTOR DIST 8 1.00	0.	0.	0.
JIMMY BRITTON PO BOX 83 PAGOSA SPRINGS, CO 81147	DIRECTOR DIST 9	0.	0.	0.
RON SPENCER 1085 HARRIS DR CRAIG, CO 81625	DIRECTOR DIST 2 1.00	0.	0.	0.
DENNIS LYNTON 11091 WOLFF WAY WESTMINSTER, CO 80031	DIRECTOR DIST 3 1.00	0.	0.	0.
SEAN MARTIN PO BOX 654 CARBONDALE, CO 81623	DIRECTOR DIST 4	0.	0.	0.
JACK SHEETS 2350 STONERIDGE DRIVE COLORADO SPRINGS, CO 80919	DIRECTOR DIST 5	0.	0.	0.
CARRIE KROSCHEL 6850 ALPINE CIRQUE LEADVILLE, CO 80461	DIRECTOR DIST 6 1.00	0.	0.	0.
CURTIS MILLER PO BOX 742 SOUTH FORK, CO 81154	DIRECTOR DIST 7	0.	0.	0.
	TOTAL 3	3 0.	\$ 0.	\$ 0.

### Form **990-E**2

Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

Α	For t	he 2011 calendar year, or tax year beginning $5/01$ , 2011, and ending $4/30$		, 2012
В	Check	if applicable: C D En	nployer i	dentification number
	Addres	ss change   COLORADO ASSOCIATION OF SNOWMOBILE   8	4-09	93591
	Name	change CLUBS, INC. E Te	lephone	number
	Initial	OLO KLYLK KOOK DK	719)	658-2221
+	Termin	JOHNSTOWN, CO 80534		
上		F Gr ation pending	oup E: umber .	xemption ►
G	Acco	ounting Method: X Cash Accrual Other (specify) ► H Check ►	if the	e organization is <b>not</b>
I	Web		attach	Schedule B (Form
J	Tax-e	exempt status (ck only one) $ X$ 501(c)(3) $D$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $D$ 4947(a)(1) or $D$ 527 $D$ 990, 990-E2	2, or 99	90-PF).
K	Chec			
	norm	nally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca uctions). But if the organization chooses to file a return, be sure to file a complete return.	ard) ma	ay be required (see
_				
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	143,398.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	53,711.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments.	3	44,027.
	4	Investment income	4	70.
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с	
	6	Gaming and fundraising events		
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 33,328.		
V	b	Gross income from fundraising events (not including \$ of contributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum		
Ε		of such gross income and contributions exceeds \$15,000)		
	C	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6d	12,646.
	7a	Gross sales of inventory, less returns and allowances		,
		Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O).	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,454.
	10	Grants and similar amounts paid (list in Schedule O).	10	·
	11	Benefits paid to or for members	11	
Ē	12	Salaries, other compensation, and employee benefits.	12	
EXPENSES	13	Professional fees and other payments to independent contractors	13	16,125.
Ň	14	Occupancy, rent, utilities, and maintenance	14	·
Ē	15	Printing, publications, postage, and shipping	15	8,638.
S	16	Other expenses (describe in Schedule O)	16	78,238.
	17	Total expenses. Add lines 10 through 16.	17	103,001.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,453.
Α		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		,
N S E S T E	19	figure reported on prior year's return)	19	83,744.
ַרְ דַ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	91,197.

Par	Check if the organization used Sche	structions for Part II.)	stion in this Part II			X
	Officer if the organization used serie	duic o to respond to any que	311011 111 11113 1 411 11	(A) Beginning of yea	r l	(B) End of year
22	Cash, savings, and investments		ļ ·	83,558.		78,770.
23	Land and buildings			00,000.	23	70,770.
24	Other assets (describe in Schedule O)	SEE SCHEDIII E	7 0	186.		12,427.
25	Total assets.			83,744.		91,197.
	Total liabilities (describe in Schedule O)				_	
26	,		i i i i i i i i i i i i i i i i i i i	0.		0.
27	Net assets or fund balances (line 27 of c			83,744.	27	91,197.
Par	t III Statement of Program Ser				/Dog	Expenses uired for section
	Check if the organization used Sc				(Req 501(	c)(3) and 501(c)(4)
What	s the organization's primary exempt purpose? SE	E SCHEDULE O	e three largest progr	am cervices as	orgai	nizations and section
meas	s the organization's primary exempt purpose? <u>SE</u> ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servic ach program title.	es provided, the nun	nber of persons		(a)(1) trusts; optional thers.)
28	TASK FORCE CREATES VOLUNT					
	RECREATION GROUPS CAN SHA		. IT BENEFIT	S		
	APPROXIMATELY 800 TO 1,00	00 PEOPLE.				
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		28 a	59,804.
29	SAFETY EDUCATION PROGRAM	BENEFITS ALL RIDEF	RS IN WESTERN	COLORADO.		
	THE PROGRAM INCLUDES AVAI	LANCHE AWARENESS AN	D RIDER SAFE	TY. IT ALSO		
	PROVIDES TRAIL GROOMING A					
		nis amount includes foreign gr			29 a	5,726.
30	THE SCHOLARSHIP PROGRAM E	PROVIDES SCHOLARSHI	PS FOR STIIDE	NTS		0,720.
30	INTERESTED AND ACTIVE IN					
	BENEFITED THIS YEAR.	THE SPORT OF SNOWE	ODITING. ONE	2100011		
					20 -	1 000
		nis amount includes foreign gr			30 a	1,000.
31	Other program services (describe in Sch					
		is amount includes foreign gr			31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	66,530.
Par	t IV List of Officers, Directors,					
	Check if the organization used Sc					_
	(a) Name and address	(b) Title and average hours per week	(c) Reportable compensat (Form W-2/1099-MISC)	tion (d) Health benefits contributions to emplo	,	(e) Estimated amount of other compensation
	(a) Name and address	devoted to position	(If not paid, enter -0-)	benefit plans, and		outer compensation
				deferred compensati		
SEE	SCHEDULE_O					
				0.	0.	0.
		1				
		1				
		1				
		-				
		1				
		1				
		1				
		1				
		1				
		1				
		-				
						1

	the instructions for Part V.) Check if the organization used Schedule O to respond to any	question in this Part V			. X
22	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provid-	ı		Yes	No
	each activity in Schedule Ö		33		Х
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		34		Χ
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	from business activities	35 a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an e	•	35 b		
(	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sectio reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	n 6033(e) notice,	35 c		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of year? If 'Yes,' complete applicable parts of Schedule N	f net assets during the	36		Χ
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?		37 b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key eany such loans made in a prior year and still outstanding at the end of the tax year covered by	employee <b>or</b> were	38 a		Х
ŀ	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A			
39	Section 501(c)(7) organizations. Enter:				
á	a Initiation fees and capital contributions included on line 9	39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities				
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	· · · · · · · · · · · · · · · · · · ·			
	section 4911 ► 0.; section 4912 ► 0.; section 4955				
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495				
•	transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	at has not been reported	40 b		Х
(	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
(	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax	40		37
44	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		Χ
**	List the states with which a copy of this return is filed  NONE				
42 8	a The organization's books are in care of ► DAVID FALK  Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other find if 'Yes,' enter the name of the foreign country: ►	Telephone no. $\triangleright$ $719-6$ ZIP + 4 $\triangleright$ $81423$		221_ Yes	No X
42 <i>a</i>	a The organization's books are in care of ► DAVID FALK Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.	Telephone no. ► $719-6$ ZIP + 4 ► $81\overline{423}$ r other authority over a ancial account)?	58-22		No
42 t	The organization's books are in care of ► DAVID FALK  Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fine of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial and the calendar year, did the organization maintain an office outside of the U.	Telephone no. ► 719-6.  ZIP + 4 ► 81423  r other authority over a lancial account)?	42b	Yes	No X
42 2	The organization's books are in care of ► DAVID FALK  Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fine of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial and the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che	Telephone no. ► $719-6$ ZIP + 4 ► $81\overline{423}$ r other authority over a ancial account)?	42b	Yes	No X X
42 2	a The organization's books are in care of ► DAVID FALK Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fine of life 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial across the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Calendary year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ► 719-6  ZIP + 4 ► 81 423  r other authority over a lancial account)?  Cial Accounts.  S.?  Ck here  List be completed instead  Dimust be completed	42b	Yes	No X X X N/A No
42 a 43 44 a 44 a	a The organization's books are in care of ► DAVID FALK  Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other find if 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ► 719-6  ZIP + 4 ► 81 423  r other authority over a ancial account)?  cial Accounts. S.?  ck here  Lagran 43  ast be completed instead  must be completed	42b 42c	Yes	No X  X  N/A  N/A  NO  X
42 a 43 44 a 44 a	a The organization's books are in care of ► DAVID FALK Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fine if 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ► 719-6  ZIP + 4 ► 81 423  r other authority over a ancial account)?  cial Accounts.  S.?  ck here  Lagran 43  ast be completed instead  must be completed  ovide an explanation in	42b 42c 44a 44b 44c	Yes	No X  X  N/A  N/A  No  X  X
42 2 4 4 3 4 4 2 4 4 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6	a The organization's books are in care of ► DAVID FALK Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other find if 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ► 719-6  ZIP + 4 ► 81 423  r other authority over a ancial account)?  cial Accounts.  S.?  ck here  Last be completed instead  must be completed  ovide an explanation in	42b 42c 44a 44a	Yes	No X  X  N/A  N/A  No  X  X
42 a 43 44 a 45 a 45 a	a The organization's books are in care of ► DAVID FALK Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO  b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fine if 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ► 719-6.  ZIP + 4 ► 81423  r other authority over a ancial account)?  cial Accounts.  S.?  ck here  style="text-align: right;">43    must be completed instead  must be completed  covide an explanation in  512(b)(13)?	42b 42c 44a 44a 44b 44c	Yes	No X  N/A No X  X

Page 4

Form **990-EZ** (2011)

					_	Ye	es No
<b>46</b> Did	the organization engage, directly or indiredidates for public office? If 'Yes,' complete	ctly, in political campai	gn activities on behalf of	or in opposition to		46	Х
Part VI	Section 501(c)(3) organization	s and section 494	7(a)(1) nonexempt	charitable trusts o	nly. Al	II secti	on
	501(c)(3) organizations and se 47-49b and 52, and complete t	ction 4947(a)(1) n	onexempt charitable	e trusts must answ	er que	stions	1
							_
-	Check if the organization used Schedu	e O to respond to any	question in this Part VI				
<b>47</b> Did	the organization engage in lobbying activi-	ties or have a section 5	01(h) election in effect d	uring the tax year? If 'Y	es.' E	Ye	s No
con	nplete Schedule C, Part II				<u>.</u>	47	X
	he organization a school as described in se		·			48	X
	the organization make any transfers to an				T	49a	X
	es,' was the related organization a section	_				49b	
<b>50</b> Cor	nplete this table for the organization's five ployees) who each received more than \$10	0,000 of compensation	from the organization.	f there is none, enter 'N	lone.'	еу	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Est othe	timated amer compens	nount of sation
NONE		I		·			
		<b>+</b>	-				
					<u> </u>		
		<del>+</del>	-				
		<u> </u>	_				
	al number of other employees paid over \$1				. H	100.000	\ . f
con	nplete this table for the organization's five npensation from the organization. If there i	s none, enter 'None.'	ndependent contractors	who each received more	e man ş	100,000	OT
(a)	Name and address of each independent contractor pai	d more than \$100,000	<b>(b)</b> Type	of service	(c)	Compensa	ation
NONE			_				
			-				
			-				
-							
			-				
			-				
<b>e</b> Tota	al number of other independent contractors	s each receiving over \$	100,000				
<b>52</b> Did	the organization complete Schedule A? Noritable trusts must attach a completed Sch	ote: All section 501(c)(	3) organizations and 494		. • X	Yes	No
Under penal	Ities of perjury, I declare that I have examined this retur, and complete. Declaration of preparer (other than office	n, including accompanying scheer) is based on all information	nedules and statements, and to to of which preparer has any known	he best of my knowledge and byledge.	belief, it is	_	
-		,	, , , , , ,				
Sign	Signature of officer			Date			
Here	RANDY MILLER			PRESIDENT			
-	Type or print name and title.	Dranavaria aignatura	Data		TINI		
Date	Print/Type preparer's name  RONALD A. CHAPMAN	Preparer's signature	Date	Crieckii	PTIN DO O 1 1/4	6220	
Paid Preparer		TEMAN INC.		self-employed	200146	JZZÖ	
Use Only	- · · · · · · · · · · · · · · · · · · ·	SUITE 200		Firm's EIN	84-0	68438	8
	ALAMOSA, CO 811			Phone no. (71		39-36	
May the I	RS discuss this return with the preparer sh	nown above? See instru	uctions		. • X	Yes	No

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

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC 84-0993591 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 **170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Χ 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type III - Functionally integrated Type II а С d Type III - Other 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 or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that 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 following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of support (described on lines 1-9 above or IRC section organization in column (i) listed in organization in column (i) he organization column (i) of your governing document? (see instructions)) your support? organized in the U.S.? Yes No Yes Yes (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		<u> </u>	T	T		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> 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 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) 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 activi	ities, etc (see inst	ructions)			12	
13	First five years. If the Form 990 i organization, check this box and						▶□
	tion C. Computation of Pu						
	Public support percentage for 20						<u>%</u>
	Public support percentage from 2						%
16 a	<b>33-1/3% support test</b> – <b>2011.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, che	ck this box
	33-1/3% support test — 2010. If the and stop here. The organization of	qualifies as a pub	licly supported or	ganization			▶∐
17 a	or more, and if the organization in the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this b	oox and stop here	<ul> <li>Explain in Part I\</li> </ul>	/ how
	or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	d' test, check this b tion qualifies as a	oox and <b>stop here</b> publicly supporte	. Explain in Part I\ d organization	/ how the►
18	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	uctions ►

Schedule A (Form 990 or 990-EZ) 2011

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include	114 744	00 104	64 012	00 560	07 700	452 000
2	any 'unusùal grants.')	114,744.	92,134.	64,913.	83,563.	97,738.	453,092.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	30,131.	32,546.	24,156.	41,351.	45,590.	173,774.
3	Gross receipts from activities	30,131.	32,340.	24,130.	41,331.	43,330.	113,114.
3	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	<b>Total.</b> Add lines 1 through 5	144,875.	124,680.	89,069.	124,914.	143,328.	626,866.
	Amounts included on lines 1, 2, and 3 received from	0.	0.	0.	0.	0.	·
b	disqualified persons	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)						626,866.
Sec	tion B. Total Support						_
	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Calen	dar year (or fiscal yr beginning in)► Amounts from line 6	(a) 2007 144, 875.		(c) 2009 89, 069.	(d) 2010 124, 914.	(e) 2011 143, 328.	<b>(f)</b> Total 626,866.
Calend 9 10 a	Amounts from line 6		(b) 2008 124, 680.		(d) 2010 124, 914. 96.	(e) 2011 143, 328.	(f) Total 626, 866.
Calend 9 10 a	Amounts from line 6	144,875. 219.	124,680.	89,069. 133.	124,914. 96.	143,328. 70.	626,866. 694.
Calendaria (Calendaria (Calend	Amounts from line 6	144,875.	124,680.	89,069.	124,914.	143,328.	626,866.
Calendaria (Calendaria (Calend	Amounts from line 6	144,875. 219.	124,680.	89,069. 133.	124,914. 96.	143,328. 70.	626,866. 694.
Calend 9 10 a b	Amounts from line 6	144,875. 219.	124,680.	89,069. 133.	124,914. 96.	143,328. 70.	626,866. 694. 0. 694.
Calend 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART. IV.	219. 219.	124,680. 176.	89,069. 133.	96. 96. 4,500.	70.	626,866. 694. 0. 694.
Calend 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.  Total support. (Add Ins 9, 10c, 11, and 12.)	219. 219. 219.	124,680. 176. 176.	89,069. 133. 133.	96. 96. 4,500. 129,510.	70. 70.	626,866. 694. 0. 694. 0. 4,500. 632,060.
9 10 a b c 11 12 13 14	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and	144,875.  219.  219.  145,094.  s for the organizat stop here	124, 680.  176.  176.  124, 856.  ion's first, second,	89,069. 133. 133.	96. 96. 4,500. 129,510.	70. 70.	626,866. 694. 0. 694. 0. 4,500. 632,060.
0 10 a b c c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pu	144, 875.  219.  219.  145, 094. s for the organizat stop here	124, 680.  176.  176.  124, 856.  ion's first, second,	89,069.  133.  133.  89,202. third, fourth, or the second	96. 96. 4,500. 129,510. fifth tax year as a	70. 70. 143,398. section 501(c)(3)	626,866. 694. 0. 694. 0. 4,500. 632,060.
11 12 13 14 Sec 15	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	219. 219. 219.  145,094. s for the organizat stop here blic Support P	124, 680.  176.  176.  124, 856. ion's first, second, cercentage (f) divided by line	89,069.  133.  133.  89,202. third, fourth, or third, fourth, or third, fourth, or third.	96. 96. 129,510. fifth tax year as a	70. 70. 143,398. section 501(c)(3)	626,866. 694. 0. 694. 0. 4,500. 632,060. ► □
11 12 13 14 Sec 15 16	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu  Public support percentage from 2	219.  219.  219.  219.  Solution for the organizat stop here	124, 680.  176.  176.  176.  ion's first, second, cercentage (f) divided by line Part III, line 15	89,069.  133.  133.  89,202. third, fourth, or third, fourth, or third.	96. 96. 129,510. fifth tax year as a	70. 70. 143,398. section 501(c)(3)	626,866. 694. 0. 694. 0. 4,500. 632,060.
Calenii 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage for 201 Public support percentage from 2 tion D. Computation of Inventors.	144,875.  219.  219.  219.  145,094.  s for the organizat stop here blic Support P  11 (line 8, column collo Schedule A, Frestment Incor	124, 680.  176.  176.  176.  ion's first, second, cercentage (f) divided by line Part III, line 15 ne Percentage	89,069.  133.  133.  89,202.  third, fourth, or third, fourth, f	96. 96. 4,500. 129,510. fifth tax year as a	143,328.  70.  70.  143,398. section 501(c)(3)	626,866. 694. 0. 694. 0. 4,500. 632,060. 
Calenti 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu  Public support percentage for 201  Public support percentage from 2 tion D. Computation of Inv	144,875.  219.  219.  219.  145,094.  s for the organizat stop here blic Support Pli (line 8, column 2010 Schedule A, Frestment Incorpor 2011 (line 10c, corpor 2011 (line 10c, corpor 2011 (line 10c, corpor 2011)	124, 680.  176.  176.  176.  176.  ercentage (f) divided by line Part III, line 15 ne Percentage olumn (f) divided by	89,069.  133.  133.  89,202.  third, fourth, or third, fourth, fou	96.  96.  4,500. 129,510. fifth tax year as a	143,328.  70.  70.  143,398. section 501(c)(3)	626,866.  694.  0. 694.  0. 694.  99.18 % 99.11 %
Calenti 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage for 201 Public support percentage from 2 Investment income percentage for 33-1/3% support tests — 2011. If it is support tests — 2011.	144,875.  219.  219.  219.  145,094.  s for the organizat stop here	124, 680.  176.  176.  176.  176.  ion's first, second, cercentage (f) divided by line Part III, line 15 ne Percentage olumn (f) divided by A, Part III, line 17 d not check the bo	89,069.  133.  133.  89,202.  third, fourth, or third, fourth, fourth, fourth, or third, fourth,	96.  96.  4,500. 129,510.  fifth tax year as a	143, 328.  70.  70.  143, 398. section 501(c)(3)  15 16  17 18 han 33-1/3%, and	626,866.  694.  0. 694.  0. 694.  99.18 % 99.11 %  0.11 % 0.13 %
Calenii 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV.  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu  Public support percentage for 201  Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Investment Incom	144,875.  219.  219.  219.  145,094.  s for the organizat stop here blic Support P  11 (line 8, column coll Schedule A, Frestment Incorrect Port 2011 (line 10c, com 2010 Schedule the organization dithis box and stop the organization dithis box and stop the organization di	124, 680.  176.  176.  176.  176.  ion's first, second, first, sec	89,069.  133.  133.  133.  third, fourth, or the second of	96.  96.  4,500. 129,510.  fifth tax year as a a publicly support a publicly support a 19a, and line 16	143, 328.  70.  70.  70.  143, 398. section 501(c)(3)  15 16  17 18 han 33-1/3%, and ted organization is more than 33-1/3%.	626,866.  694.  0. 694.  0. 694.  0. 4,500. 632,060.  99.18 % 99.11 %  0.11 % 0.13 %  line 17  (3%, and

Schedule A	(Form 990 or 990	0-EZ) 2011 (	COLORADO	ASSOCIATIO	N OF SNO	WMOBILE	84-0993591	Page 4
Part IV	Supplementa Part II, line 1 (See instruct	al Informatio 7a or 17b; a ions).	<b>n.</b> Comple nd Part III,	te this part to , line 12. Also	provide the complete	e explanations this part for any	required by Part II, line additional information	e 10; n.
								<del>-</del>
	- – – – – – -			- – – – – –				
				- – – – – –				<del>-</del>
						. – – – – – – –		

### 2011 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

 NATURE AND SOURCE
 2011
 2010
 2009
 2008
 2007

 SALE OF ASSET
 TOTAL \$\frac{\\$}{\$}\$ 0. \$\frac{4,500}{\$}\$ \$\frac{\$\$4,500}{\$}\$ \$\frac{\$\$50}{\$}\$ \$\frac{\$\$50}{\$}

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Walle of the organization COLORADO ASS	OCIATION OF SNOWMOBILE	Employer identification flumber
CLUBS, INC.		84-0993591
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organizati	on
	4947(a)(1) nonexempt charitable trust <b>not</b>	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treat	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by	v the General Rule or a Special Rule	
<b>Note.</b> 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		
X For an organization filing Form 990	, 990-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
contributor. (Complete Parts I and I	1.)	
Special Rules		
	n filing Form 990 or 990-EZ that met the 33-1/3% suppo	
509(a)(1) and 170(b)(1)(A)(vi), and	received from any one contributor, during the year, a c 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comple	contribution of the greater of (1) \$5,000 or
— ``		
total contributions of more than \$1.0	organization filing Form 990 or 990-EZ that received from 000 for use exclusively for religious, charitable, scientif	om any one contributor, during the year, ic. 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 990-EZ that received from	om any one contributor, during the year,
contributions for use <i>exclusively</i> for	religious, charitable, etc, purposes, but these contribute total contributions that were received during the year	tions did not total to more than \$1,000.
purpose. Do not complete any of th	e parts unless the <b>General Rule</b> applies to this organization	ation because it received nonexclusively
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	
Caution: An organization that is not cov	vered by the General Rule and/or the Special Rules doe	es not file Schedule B (Form 990, 990-F7, or
990-PF) but it <b>must</b> answer 'No' on Par	t IV, line 2, of its Form 990; or check the box on line H	of its Form 990-EZ or on Part I, line 2, of its
Form 990-PF, to certify that it does not	meet the filing requirements of Schedule B (Form 990,	, 990-∟∠, or 990-PF).
	otice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)
990EZ, or 990-PF.		

Page

1 of

1 of **Part 1** 

COLORADO ASSOCIATION OF SNOWMOBILE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

84-0993591

(a) Number	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
Number	Name, audiess, and Zir + 4	Total contributions	Type of Contribution
1	STATE OF COLORADO  1313 SHERMAN ST	\$14,808.	Person X Payroll Noncash
	DENVER, CO 80203	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Page

1 to 1 of Part II

Name of organization COLORADO ASSOCIATION OF SNOWMOBILE Employer identification number

84-0993591

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spa	ace	is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

1 to

of Part III

Name of organization
COLORADO ASSOCIATION OF SNOWMOBILE

Employer identification number 84-0993591

0020111	0 11000011111011 01 01101111021111	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Part III	Exclusively religious, charitable, etc, individual contributions to section 501(c) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and	(7), (8), or (10)
	organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and	the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) \$\N/A\$ Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and 7IP + 4	Relationship of transferor to transferee			
	,	<u> </u>				
(2)	(b)	(6)		(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee				

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number COLORADO ASSOCIATION OF SNOWMOBILE 84-0993591 CLUBS, INC. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а Mail solicitations е f h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g Ч In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 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. (i) Name and address of individual (iv) Gross receipts (v) Amount paid to (ii) Activity (iii) Did fundraiser (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) have custody or control from activity of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add column (a) SNOWSHOW through column (c) REVENUE (event type) (event type) (total number) 12,262. 12,262. 1 Gross receipts..... **2** Less: Charitable contributions . . . . . . . . 12,262. 12,262. **3** Gross income (line 1 minus line 2)..... D I R E C T 457. 457. EXPENSES 2,870. 2,870. 3,327. 11 Net income summary. Combine line 3, column (d), and line 10..... 8,935. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE bingo/progressive (add column (a) bingo through column (c)) 33,328. 1 Gross revenue..... 33,328. 1,000. 1,000. D I P E N S E S 12,099. 12,099. 16,518. 16,518. **5** Other direct expenses . . . . . . . . . . . . . Yes 0% 0 % X Yes 100% Yes X No X No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 29,617. 8 Net gaming income summary. Combine lines 1, column (d) and line 7...... 3,711. **9** Enter the state(s) in which the organization operates gaming activities: CO a Is the organization licensed to operate gaming activities in each of these states?..... No **b** If 'No,' explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?...... **b** If 'Yes,' explain:

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2011 COLORADO ASSOCIATION OF SNOWMOBILE 84	1-0993	591	Page 3
11	Does the organization operate gaming activities with nonmembers?		X	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form administer charitable gaming?		Yes	X No
a k	Indicate the percentage of gaming activity operated in:  The organization's facility.  An outside facility.  Enter the name and address of the person who prepares the organization's gaming/special events books and	13b		<u>%</u> 100.0%
	Name ► RANDY MILLER			
	Address ► <u>PO BOX 395, WALDEN, 80480</u>			
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  of If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$  of If 'Yes,' enter name and address of the third party:			XNo
	Name ►			
	Address ►			İ
16	Gaming manager information:			
	Name ► RANDY MILLER			
	Gaming manager compensation ► \$			
	Description of services provided ► <u>ALL ASPECTS OF RAFFLE</u>			
	X Director/officer			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retai state gaming license?			X No
	organization's own exempt activities during the tax year ► \$			
Pai	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applithis part to provide any additional information (see instructions).	d by Pa cable. <i>A</i>	rt I, lin Also cor	e 2b, nplete

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.	Employer identification number 84-0993591
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	01 0333331
TO PROVIDE EDUCATION AND AWARENESS TO AND FOR THE SPORT OF SNOW	WMOBILING IN THE
AREAS OF AVALANCHE AWARENESS, SAFE RIDING PRACTICES, YOUTH RID	ING CLINICS,
PROPERTY AND WILDLIFE CONSERVATION ISSUES AND SHARING WINTER RE	
OTHER RECREATIONISTS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	

2011	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
	COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.	84-0993591
FORM 990-EZ, OTHER EXPEN	PART I, LINE 16 SES	
DEPRECIATION DUES AND SUB INSURANCE MAINTENANCE MISCELLANEOU OTHER CONTRI RIGHT TO RID SCHOLARSHIPS SUPPLIES TELEPHONE	SCRIPTIONS  EXP S EXPENSES BUTIONS E DISBURSEMENTS	5,500. 587. 1,711. 21,127. 6,351. 5,953. 451. 13,591. 1,000. 1,159. 20,269. 78,238.

# FURNITURE AND FIXTURES \$ 186. \$ 0. MACHINERY AND EQUIPMENT TOTAL \$ 186. \$ 12,427.

### FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	-	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
STEVE FOSTER PO BOX 626 CEDAREDGE, CO 81413	DIRECTOR DIST 8	\$	0.	\$ 0.	\$ 0.
KAREN BALL 14860 ROLLING HILLS DR MONTROSE, CO 81401	SECRETARY 2		0.	0.	0.
RANDY MILLER PO BOX 61 WALDEN, CO 80480	PRESIDENT 1		0.	0.	0.
SCOTT JONES 508 ASHFORD DR LONGMONT, CO 80504	VICE PRESIDENT 0		0.	0.	0.
BILL REXFORD 11361 W CR 70 WINDSOR, CO 80550	DIRECTOR DIST 1		0.	0.	0.

2011

### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

PAGE 3

#### FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
AARON TODD P.O. BOX 1141 NORWOOD, CO 81423	DIRECTOR DIST 8 1 \$	0.	\$ 0.	\$ 0.
JIMMY BRITTON PO BOX 83 PAGOSA SPRINGS, CO 81147	DIRECTOR DIST 9	0.	0.	0.
RON SPENCER 1085 HARRIS DR CRAIG, CO 81625	DIRECTOR DIST 2	0.	0.	0.
DENNIS LYNTON 11091 WOLFF WAY WESTMINSTER, CO 80031	DIRECTOR DIST 3	0.	0.	0.
SEAN MARTIN PO BOX 654 CARBONDALE, CO 81623	DIRECTOR DIST 4	0.	0.	0.
LEE ROTH 642 E LOMA DR PUEBLO, CO 81007	DIRECTOR DIST 5	0.	0.	0.
CARRIE KROSCHEL 6850 ALPINE CIRQUE LEADVILLE, CO 80461	DIRECTOR DIST 6	0.	0.	0.
CURTIS MILLER PO BOX 742 SOUTH FORK, CO 81154	DIRECTOR DIST 7	0.	0.	0.
DAVID FALK PO BOX 406 NORWOOD, CO 81423	TREASURER 0	0.	0.	0.
STEPHEN BURNS 0116 COMMANCHERO TRAIL NEW CASTLE, CO 81647	DIRECTOR DIST 4	0.	0.	0.
	TOTAL <u>\$</u>	0.	\$ 0.	\$ 0.

### Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

		he 2012 calendar year, or tax year beginning $5/01$ , 2012, and ending $4/30$	,	2013		
В_		if applicable: C	Employer identification number			
=			84-09	93591		
-	Initial	CLUBS, INC.	Telephone i	number		
	Termir	1325 RIVER ROCK DR	(719)	658-2221		
F		JUHNSTUWN, CO 80534		emption		
	Applic			►		
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Check ►	X if the	organization is <b>not</b>		
I	Web	site: N/A required to		Schedule B (Form		
J	Tax-e	xempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\rightarrow$ (insert no.) $-$ 4947(a)(1) or $-$ 527 990, 990-E	Z, or 99	0-PF).		
K	Chec	k F if the organization is not a section 509(a)(3) supporting organization or a section 527 organization a	<b>and</b> its g	ross receipts are		
		nally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	card) ma	y be required (see		
_		uctions). But if the organization chooses to file a return, be sure to file a complete return.				
L		lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		127,522.		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions			
		Check if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions, gifts, grants, and similar amounts received	1	38,435.		
	2	Program service revenue including government fees and contracts.	2			
	3	Membership dues and assessments	3	44,147.		
	4	Investment income.	4	45.		
	5 a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	6	Gaming and fundraising events				
R E	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 32,745.				
R E V E N U	b	Gross income from fundraising events (not including \$ of contributions				
Ŋ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
Ē		of such gross income and contributions exceeds \$15,000)				
		37,117.	•			
	d	I Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d	11,778.		
	7 a	Gross sales of inventory, less returns and allowances		11///01		
	b	Less: cost of goods sold				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
	8	Other revenue (describe in Schedule O)	8			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,405.		
	10	Grants and similar amounts paid (list in Schedule O)	10	•		
	11	Benefits paid to or for members	11			
Ē	12	Salaries, other compensation, and employee benefits	12			
è	13	Professional fees and other payments to independent contractors	13	12,862.		
N	14	Occupancy, rent, utilities, and maintenance	14			
E X P E N S E S	15	Printing, publications, postage, and shipping.	15	11,925.		
3	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	16	71,580.		
	17	Total expenses. Add lines 10 through 16	17	96,367.		
^	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-1,962.		
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year				
A NS EE T T S		figure reported on prior year's return)		91,197.		
Ś	20	Other changes in net assets or fund balances (explain in Schedule O).				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>2</b> 1	89,235.		

rai	Check if the organization used Sche	dule O to respond to any que	estion in this Part II.				X
	-	· · ·			Beginning of year		(B) End of year
22	Cash, savings, and investments				78,770.	22	78,285.
23	Land and buildings  Other assets (describe in Schedule O)	······································				23	
24					12,427.	24	10,950.
25	Total assets.				91,197.	25	89,235.
26	Total liabilities (describe in Schedule O)				0.	26	0.
27	Net assets or fund balances (line 27 of co		•		91,197.	27	89,235.
Par	<b>Statement of Program Service Acco</b> Check if the organization used Sch			Ш	IXI (	(Red	Expenses uired for section 501
What	is the organization's primary exempt purpose? SEE		uestion in this rait	111		(c)(3	) and 501(c)(4)
Desc	ribe the organization's program service ac	ccomplishments for each of it	s three largest prog	ram s	ervices, as	orga 4947	nizations and section (a)(1) trusts; optional
meas	sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the service	es provideď, the nu	mber o	-f	for o	thers.)
28	TASK FORCE CREATES VOLUNT	1 0	AENT DIANC CO	ודעו ר	MTFD		
	RECREATION GROUPS CAN SHA				MITIK		
	APPROXIMATELY 800 TO 1,00	IN PEOPLE	r. 11 Drumt11				
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	:	► [ ]	28 a	57,265.
29	SAFETY EDUCATION PROGRAM						0772001
	THE PROGRAM INCLUDES AVAL						
	PROVIDES TRAIL GROOMING A	ND TRAIL COORDINAT	TION.				
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here			29 a	5,498.
30	THE SCHOLARSHIP PROGRAM P						
	INTERESTED AND ACTIVE IN	THE SPORT OF SNOWN	<u>MOBILING. ONE</u>	STU	UDENT		
	BENEFITED THIS YEAR.	is amount includes foreign gr					
21	(Grants \$ ) If the Other program services (describe in Sche	is amount includes foreign gr	ants, check here		······ •	30 a	1,000.
31						31 a	
32	(Grants \$ ) If the Total program service expenses (add line	es 28a through 31a)	arits, theth here		· · · · · · · · · · · · · · · · · · ·	31 a	
	t IV List of Officers. Directors.	Trustees and Var Em	nlavasa (* )			<u> </u>	63,763.
rai	List of Officers, Directors, Check if the organization used Sch	nedule O to respond to any d	<b>pioyees.</b> List each or uestion in this Part	ne even I\/	if not compensated. (s	see tn	e instructions for Part IV.)
	oneskii tile erganization acca ee	(b) Average hours per			(d) Health benefits,		
	(a) Name and Title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS (If not paid, enter -0-	C) t	contributions to emplo benefit plans, and defe		(e) Estimated amount of other compensation
		F	(	_	compensation		
SEE	_SCHEDULE_O			0.		Λ	0
				0.		0.	0.
B^^		TEEA0812L (	03/14/13				Form <b>990-EZ</b> (2012)
BAA		1 L L 700 1 Z L					1 UIIII <b>33U-EL</b> (ZU Z)

Par	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
	provide a detailed description of each activity in Schedule O	33		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25.		v
		35 a		Χ
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	.35 b		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  0.	27.1		
	Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
<b>40</b> a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
С	: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41	List the states with which a copy of this return is filed NONE	40 e		71
42 a	The organization's books are in care of ► DAVID FALK Telephone no. ► 719-65 Located at ► 530 COUNTY RD 44ZN, PO BOX 406 NORWOOD CO	58-2:	<u> 221</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Χ
	If 'Yes,' enter the name of the foreign country: ►			
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
·	If 'Yes,' enter the name of the foreign country: ►	0	Į	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		Х
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b	ĺ	X

84-0993591 Page **4** 

48 D: J.H		the in a little to a second	45 - 16 - 6 - 6			Yes	No			
	he organization engage, directly or indirectid idates for public office? If 'Yes,' complete				46		X			
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer o		·						
	Check if the organization used Schedule	e O to respond to any t	question in this Part VI			Yes	·     No			
47 Did th	he organization engage in lobbying activiti plete Schedule C, Part II	es or have a section 50	01(h) election in effect d	uring the tax year? If 'Y	'es,'	103	X			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E										
	3	•	ŭ				X			
<b>50</b> Comp	es,' was the related organization a section plete this table for the organization's five oyees) who each received more than \$100	nighest compensated e	mployees (other than of	ficers, directors, trustee	es and key					
(a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated of the compensation (c) Reportable compensation (forms W-2/1099-MISC)										
NONE										
<b>f</b> Total	number of other employees paid over \$1	<u> </u>								
<b>51</b> Comp	olete this table for the organization's five	nighest compensated in	ndependent contractors	who each received more	e than \$100,0	00 of	:			
	pensation from the organization. If there is lame and address of each independent contractor paid		<b>(b)</b> Type	of service	(c) Compe	nsation	<u> </u>			
NONE		·								
INOINE _										
<b>d</b> Total	number of other independent contractors	each receiving over \$1	100,000	· · · · · · · · · · · · · · · · · · ·						
	he organization complete Schedule A? <b>No</b> table trusts must attach a completed Sche				. ► X Yes		No			
Under penalties true, correct, a	s of perjury, I declare that I have examined this return, incl and complete. Declaration of preparer (other than office	uding accompanying schedules er) is based on all information	and statements, and to the best of which preparer has any know	f my knowledge and belief, it is vledge.						
	<b></b>									
Sign	Signature of officer			Date						
Here	RANDY MILLER  Type or print name and title.			PRESIDENT						
	Print/Type preparer's name	Preparer's signature	Date		TIN					
Paid	RONALD A. CHAPMAN			Check L if self-employed E	00146228	}				
Preparer		TEMAN INC.								
Use Only	Firm's address ► 700 MAIN STREET			Firm's EIN	84-06843					
May the ID	ALAMOSA, CO 811 S discuss this return with the preparer sh		ctions	Phone no. (71	.9) 589-3 .►XYes		No			
itiay the IR	o discuss this return with the preparer sir	J#11 above: Jee 1115tlu	otion 13		Form <b>990</b>	ш				

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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

COLORADO ASSOCIATION OF SNOWMOBILE 84-0993591 CLUBS, INC.

Part	I RE	eason for Publ	ic Charity Status (	<u>Ali organizations m</u>	iust coi	mpiete	tnis p	art.) S	ee insi	truction	1S.		
The or	ganiza	tion is not a priva	te foundation because	e it is: (For lines 1 throu	ıgh 11, c	heck on	ly one b	ox.)					
1	A c	hurch, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)(	1)(A)(i).					
2	A s	chool described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	Αn	nedical research o	edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	nar	ne, city, and state	<b>:</b> :										
5	An <b>17</b> 0	organization oper	rated for the benefit or mplete Part II.)	f a college or university	owned o	or opera	ted by a	govern	mental ı	unit desc	cribed in <b>se</b>	ction	- — -
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A c	ommunity trust de	escribed in section 17	<b>0(b)(1)(A)(vi).</b> (Complete	e Part II.	)							
9	rela unr	ited to its exempt fu	inctions - subject to cei	ore than 33-1/3% of its suprtain exceptions, and (2) ron 511 tax) from business	no more t	nan 33-1	/3% of its	s suppor	t from ar	oss inves	tment incom	e and	
10	An	organization orga	inized and operated e	xclusively to test for pul	blic safe	ty. See	section	509(a)(4	·).				
11	<b>└</b> sup	ported organization	zed and operated exclusives described in section 5 ion and complete lines	sively for the benefit of, to 509(a)(1) or section 509(a) s 11e through 11h.	perform (2). Sees	the func section 5	tions of, <b>509(a)(3)</b>	or carry . Check t	out the p he box th	urposes nat descri	of one or mo ibes the type	re pub of	licly
	а	Type I b	Type II c	Type III – Function	nally inte	grated		d 🔲 -	Гуре III	– Non-fı	unctionally i	ntegra	ated
е													
f	If th	ne organization re		mination from the IRS				or Type	III supp	orting or	ganization,		. $\square$
g				on accepted any gift or				f the fol	lowina n	ersons?			
9	Oiii	cc / lagast 17, 20	oo, nas the organization	on accepted any gift of	COTTUTE	111011 1101	in any o	i the ion	iownig p	0130113.	1	Yes	No
	(i)	A person who	directly or indirectly co	ontrols, either alone or t	together	with per	sons de	scribed	in (ii) ar	nd (iii)	11 (2)	103	110
				oported organization?							-		
	(ii)	A family memb	er of a person describ	oed in (i) above?							. 11 g (ii)		
	(iii)	A 35% controll	ed entity of a person of	described in (i) or (ii) ab	oove?						11 g (iii)		
h	Pro	vide the following	information about the	e supported organization	n(s).						3 ( )		
	(i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	s the ation in listed in overning ment?	(v) Did yo the organ column ( supp	ization in	n organization in		(vii) Amount of monetary support		
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
Total													

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012		(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 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012 <b>(f)</b> To				
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 activ	ities, etc (see inst	ructions)				12			
13	<b>First five years.</b> If the Form 990 i organization, check this box and							▶		
	tion C. Computation of Pu									
	Public support percentage for 20	•	•			<u> </u>	14		%	
	Public support percentage from 2					<u> </u>	15		%	
16 a	a 33-1/3% support test — 2012. If the and stop here. The organization									
b	33-1/3% support test — 2011. If the and stop here. The organization	ne organization did qualifies as a pub	d not check a box licly supported or	on line 13 or 16arganization	, and line 15 is 33	-1/3% or mo	re, ch	eck this box	- 🔲	
17 a	or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this b	oox and stop here	<ul> <li>Explain in F</li> </ul>	Part I	/ how		
b	o 10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this l	oox and stop here	. Explain in F	Part I\	/ how the		
18	Private foundation. If the organiz	zation did not ched	k a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see	instru	uctions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support										
	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
1	Gifts, grants, contributions and membership fees									
	received. (Do not include any 'unusual grants.')									
_		92,134.	64,913.	83,563.	97,738.	82,582.	420,930.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities									
	furnished in any activity that is related to the organization's tax-exempt purpose	32,546.	24,156.	41,351.	45,590.	44,895.	188,538.			
3	Gross receipts from activities that are not an unrelated trade	0270101	21/1001	11,0011	10,050.	11,0501				
	or business under section 513.						0.			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
6	<b>Total.</b> Add lines 1 through 5	124,680.	89,069.	124,914.	143,328.	127,477.	609,468.			
	Amounts included on lines 1, 2, and 3 received from						·			
	disqualified persons	0.	0.	0.	0.	0.	0.			
t:	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.	0	0	0		0	0			
	for the year	0.	0.	0.	0.	0.	0.			
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
	Public support (Subtract line 7c from line 6.)						609,468.			
	tion B. Total Support									
	dar year (or fiscal yr beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
	Amounts from line 6	124,680.	89,069.	124,914.	143,328.	127,477.	609,468.			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	176	122	0.0	70	45	F20			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	176.	133.	96.	70.	45.	520.			
c	Add lines 10a and 10b	176.	133.	96.	70.	45.	520.			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.) SEE FART			4 500						
12	· · · · · · · · · · · · · · · · · · ·	104 056	00.000	4,500.	142 222	107 500	4,500.			
	Total support. (Add Ins 9, 10c, 11, and 12.)	124,856.	89,202.	129,510.	143,398.	127,522.	614,488.			
	First five years. If the Form 990 is organization, check this box and	stop here								
	tion C. Computation of Pu			10		<del>, , , , , , , , , , , , , , , , , , , </del>				
	Public support percentage for 201	•	``				99.18 %			
	Public support percentage from 2						99.18 %			
	tion D. Computation of Inv									
17	Investment income percentage for	or <b>2012</b> (line 10c, d	column (f) divided	by line 13, colum	n (f))		0.08 %			
18	Investment income percentage fr	om <b>2011</b> Schedule	e A, Part III, line 1	7		18	0.11 %			
19 a	<b>33-1/3% support tests</b> – <b>2012.</b> If the is not more than 33-1/3%, check									
b	<b>33-1/3% support tests</b> – <b>2011.</b> If the line 18 is not more than 33-1/3%,	the organization d , check this box ar	id not check a box nd <b>stop here.</b> The	on line 14 or line organization qual	e 19a, and line 16 ifies as a publicly	is more than 33-1/ supported organiza				
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	see instructions	▶ 🗍			

Scriedule A	(FORM 990 OF 990-EZ) 2012	COLORADO ASSOCIA	LION OF SNOWMORITE	84-0993591	Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; (See instructions).	Complete this part to and Part III, line 12. A	provide the explanations Also complete this part	required by Part II, line 10; for any additional information	า.

2012

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC. 84-0993591

NATURE AND SOURCE	<u> </u>	2012	2	011		2010	200	)9		2008
SALE OF ASSET	AT. Š	0.	Ś	0.	\$ \$	4,500. 4,500.	Ś	0.	Ś	0.

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,

OMB No. 1545-0047

**Open to Public** 

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions. Department of the Treasury Internal Revenue Service Inspection Name of the organization COLORADO ASSOCIATION OF SNOWMOBILE Employer identification number CLUBS, INC. 84-0993591 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part | Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 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. (i) Name and address of individual (vi) Amount paid to (or retained by) (ii) Activity (iv) Gross receipts (iii) Did fundraiser (v) Amount paid to or entity (fundraiser) have custody or control of contributions? from activity (or retained by) fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 COLORADO ASSOCIATION OF SNOWMOBILE 84-0993591 Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) SNOWSHOW NONE through column (c)) (event type) (event type) (total number) REVENUE 12,150. 12,150. 1 Gross receipts..... 2 Less: Charitable contributions . . . . . . . . . **3** Gross income (line 1 minus line 2)..... 12,150 12,150. Cash prizes ..... R E C T 223. 223. 7 Food and beverages ..... EXPENSES 3,985. 3,985. 4,208. Net income summary. Combine line 3, column (d), and line 10. 7,942. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo (add column (a) through column (c)) REVENUE bingo/progressive bingo 32,745. Gross revenue..... 32,745. 1,000 1,000. D X P E N C S T S 12,349. 12,349. 15,560 15,560. Yes 0 <u>8</u> Yes 0 % X Yes 100% X No X No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 28,909. 8 Net gaming income summary. Combine lines 1, column (d) and line 7.................▶ 3,836. 9 Enter the state(s) in which the organization operates gaming activities: CO a Is the organization licensed to operate gaming activities in each of these states?..... No **h** If 'No.' explain:

<b>b</b> in No, explain.	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If 'Yes,' explain:	No

Sche	dule <b>G</b> (Form 990 or 990-EZ) 2012 COLORADO ASSOCIATION OF SNOWMOBILE 8	4-099	3591	Page <b>3</b>
	Does the organization operate gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forr administer charitable gaming?	ned to	Yes	X No
а	Indicate the percentage of gaming activity operated in:  The organization's facility			% 100.0%
	Enter the name and address of the person who prepares the organization's gaming/special events books and  Name RANDY MILLER	records:		
	Address ► <u>PO BOX 395, WALDEN, 80480</u>			
b	Does the organization have a contact with a third party from whom the organization receives gaming revenue of lf 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ [If 'Yes,' enter name and address of the third party:			S X No
	Name •			
	Address ►			 
16	Gaming manager information:			
	Name ► <u>RANDY MILLER</u>			
	Gaming manager compensation ► \$			
	Description of services provided  ALL ASPECTS OF RAFFLE			
	X Director/officer   ☐ Employee   ☐ Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or s		Yes	S X No
-	organization's own exempt activities during the tax year   \$			
Par	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appl this part to provide any additional information (see instructions).	d by P cable.	art I, Iin Also co	e 2b, mplete
		•		

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC 84-0993591 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE TO PROVIDE EDUCATION AND AWARENESS TO AND FOR THE SPORT OF SNOWMOBILING IN THE AREAS OF AVALANCHE AWARENESS, SAFE RIDING PRACTICES, YOUTH RIDING CLINICS, PROPERTY AND WILDLIFE CONSERVATION ISSUES AND SHARING WINTER RECREATION AREAS WITH OTHER RECREATIONISTS. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?... NO

2012	

## SCHEDULE O - SUPPLEMENTAL INFORMATION COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

PAGE 2

84-0993591

FORM 990-EZ,	PART I.	LINE 16
OTHER EXPEN		

ADVERTISING AND PROMOTION	\$ 2,897.
DEPRECIATION DUES AND SUBSCRIPTIONS	3,825. 1 639
INSURANCE	21,313.
MAINTENANCE EXPMISCELLANEOUS EXPENSES	5,845. 7,018.
RIGHT TO RIDE DISBURSEMENTS SCHOLARSHIPS	10,215.
SUPPLIES	346.
TRAVEL	\$ 17,482. 71,580.

### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	<u>BE</u>	<u>GINNING</u>	 ENDING
MACHINERY AND EQUIPMENT PREPAID EXPENSES	\$	12,427.	\$ 10,702.
TOTAL	\$	12,427.	\$ 10,950.

### FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
STEVE FOSTER DIRECTOR DIST 8	4	\$ 0.	\$ 0.	\$ 0.
KAREN BALL SECRETARY	2	0.	0.	0.
RANDY MILLER PRESIDENT	1	0.	0.	0.
SCOTT JONES VICE PRESIDENT	1	0.	0.	0.
BILL REXFORD DIRECTOR DIST 1	1	0.	0.	0.
AARON TODD DIRECTOR DIST 8	1	0.	0.	0.
JIMMY BRITTON DIRECTOR DIST 9	1	0.	0.	0.

2012

### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 3

COLORADO ASSOCIATION OF SNOWMOBILE CLUBS, INC.

84-0993591

#### FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
RON SPENCER DIRECTOR DIST 2	1	\$ 0.	\$ 0.	\$ 0.
DENNIS LYNTON DIRECTOR DIST 3	1	0.	0.	0.
SEAN MARTIN DIRECTOR DIST 4	1	0.	0.	0.
LEE ROTH DIRECTOR DIST 5	1	0.	0.	0.
CARRIE KROSCHEL DIRECTOR DIST 6	1	0.	0.	0.
CURTIS MILLER DIRECTOR DIST 7	1	0.	0.	0.
DAVID FALK TREASURER	10	0.	0.	0.
STEPHEN BURNS DIRECTOR DIST 4	1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	<u>\$ 0.</u>

### Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 5/01 , 2012, and ending 4/30 , 2013 .

OMB No. 1545-1878

**2012** 

Department of the Treasury Internal Revenue Service

Name of exempt organization ► Do not send to the IRS. Keep for your records.

COLORADO ASSOCIATION OF SNOWMOBILE

Employer identification number

84-0993591

Name and title of officer

PRESIDENT

### RANDY MILLER PRESIDE Part I Type of Return and Return Information (Whole Dollars Only)

CLUBS, INC.

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

1 a Form 990 check here	1 b	
2 a Form 990-EZ check here ▶ X b Total revenue, if any (Form 990-EZ, line 9)	2 b	94,405.
<b>3 a</b> Form 1120-POL check here ▶   <b>b Total tax</b> (Form 1120-POL, line 22)	3 b	
4a Form 990-PF check here ▶   b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here ▶	5 b	
	-	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: ch	eck one box or	nıy					
X I authorize	WALL, SMI	ITH,	BATEMAN	INC.	to enter my PIN	04591	as my signature
_	<u> </u>	•	ERO firm	n name	•	Enter five numbers, but do not enter all zeros	_

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Date ►

#### Part III Certification and Authentication

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

84294552378

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► Date ►

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO**