

COMMITTEE ON NATURAL RESOURCES
113th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation oversight hearing on “*Outdoor Recreation Opportunities on State, Local and Federal Lands*”
Thursday, June 27, 2013

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Alexis C. Nelson

2. Name of Organization(s) You are Representing at the Hearing:
The Vermont Association of Snow Travelers, Inc (VAST)

3. Business Address: [Information redacted for privacy]

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Alexis Nelson/Vermont Association of Snow Travelers

Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on
“*Outdoor Recreation Opportunities on State, Local and Federal Lands*”

Thursday, June 27, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Graduated from the Vermont Leadership Institute 2008. Snelling Center for Government – University of Vermont
- Received Bachelors of Science Degree from the University of Montana in Forest Resources Management, 1999
- Received Associates of Applied Science Degree from the State University of New York, College of Environmental Science and Forestry, New York State Ranger School in Forest Technology, 1997
- Received Associated Degree from the State University of New York, Cobleskill in Environmental Studies, 1996

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Executive Director of the Vermont Association of Snow Travelers, Inc (VAST) since January 2012
- Trails Administrator of VAST from July 2001 – January 2012
- Chair of the International Association of Snowmobile Administrators (IASA), 2007-2009
- Chair of the Northeast Chapter of the International Association of Snowmobile Administrators (IASA), 2006-2007, 2010-2012
- Treasurer of the Vermont Trails & Greenways Council, 2006-2011

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

No

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

None

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

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

None

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

None

Witnesses Representing Organizations

Name/Organization: Alexis Nelson/Vermont Association of Snow Travelers

Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on
“*Outdoor Recreation Opportunities on State, Local and Federal Lands*”

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

Executive Director of VAST.

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

None

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

None

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

None

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

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

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **OCT 1**, 2008, and ending **SEPT 30**, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization **VERMONT ASSOC OF SNOW TRAVELERS, INC**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
26 VAST LANE - BERLIN
 City or town, state or country, and ZIP + 4
BARRE, VT 05641

D Employer identification number
23-7157363

E Telephone number
802-229-0005

G Gross receipts \$ **5,157,396**

F Name and address of principal officer:
BRYANT WATSON - EXEC DIRECTOR

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or 527

J Website: **www.vast.org**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1967** **M** State of legal domicile: **VT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: STATEWIDE SNOWMOBILE TRAILS PROGRAM, TRAILS CONSTRUCTION, RIDER EDUCATION AND SAFETY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3 19	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19	
5 Total number of employees (Part V, line 2a)	5 11	
6 Total number of volunteers (estimate if necessary)	6 1,560	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 150,215	
b Net unrelated business taxable income from Form 990-J, line 34	7b (29,651)	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 3,210 Current Year: 10,998.00
	9 Program service revenue (Part VIII, line 2g)	4,435,358 4,945,880.00
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,284 17,868.00
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,715 (5,733.00)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,565,567.00 4,969,013.00
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,393,164 2,603,760.00
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	418,599 473,897.00
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 15,656.00
	b Total fundraising expenses (Part IX, column (D), line 25)	15,656.00
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,729,184 1,255,532.00	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,540,947.00 4,348,845.00	
19 Revenue less expenses. Subtract line 18 from line 12	24,620.00 620,168.00	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year: 3,119,496.00 End of Year: 3,728,020.00
	21 Total liabilities (Part X, line 26)	21,517.00 2,037.00
	22 Net assets or fund balances. Subtract line 21 from line 20	3,097,979.00 3,725,983.00

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's identifying number (see instructions)

P00104850

Firm's name (or yours if self-employed), address, and ZIP + 4 **DARLING, KELLY & CO, INC P O BOX 302 BARRE, VT 05641**

EIN **03-0223942**
Phone no. **802-476-8480**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
THE PURPOSE OF VAST IS TO COORDINATE THE DEVELOPMENT, MAINTENANCE, AND
MANAGEMENT OF VERMONT'S STATE WIDE TRAILS SYSTEM AS WELL AS TO EDUCATE
VERMONT SNOWMOBILERS ABOUT SAFE RESPONSIBLE OPERATION OF SNOWMOBILES

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program
services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 713990) (Expenses \$ 1,590,386 including grants of \$ 1,590,386) (Revenue \$ 1,516,780)
VAST OVERSEES THE STATE WIDE TRAILS GROOMING PROGRAM WHICH IS COMPRISED
OF MORE THAN 6000 MILES OF INTERCONNECTED SNOWMOBILE TRAILS THAT
EXTEND FROM THE CANADIAN BORDER IN THE NORTH TO THE MASSACHUSETTS
BORDER IN THE SOUTH AND FROM THE NEW HAMPSHIRE BORDER IN THE EAST TO
THE NEW YORK BORDER IN THE WEST

4b (Code: 713990) (Expenses \$ 596,564 including grants of \$ 534,049) (Revenue \$ 0)
VAST HAS A GRANTS-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR
GROOMING EQUIPMENT USED BY THE CLUBS IN THE GROOMING OPERATIONS

4c (Code: 713990) (Expenses \$ 658,110 including grants of \$ 211,804) (Revenue \$ 0)
VAST RUNS GRANT-IN-AID PROGRAMS WHICH INCLUDE TRAIL CONSTRUCTION
MAINTENANCE SIGNING AND DEBRUSHING ON THE STATEWIDE TRAILS SYSTEM

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 985,540 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ \$ 3,830,600.00 (Must equal Part IX, Line 25, column (B).)

IV Checklist of Required Schedules

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

IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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 Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		X
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d _____		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	12b _____		

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY DUPREY, 26 VAST LANE BERLIN, VT 229-0005

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONRAD STEWARD DIRECTOR/ADDISON		X					0	0	0	
JOHN PERKINS DIRECTOR/BENNINGTON		X					0	0	0	
KEN GAMMELL DIRECTOR/CALEDONIA		X					0	0	0	
JEFF FAY DIRECTOR/CHITTENDEN		X					0	0	0	
RAY DUBREYIL DIRECTOR/ESSEX		X					0	0	0	
JOHN ROSS DIRECTOR/FRANKLIN		X					0	0	0	
DAVID LADD DIRECTOR/GRAND ISLE		X					0	0	0	
BRIAN CURRIER DIRECTOR/LAMOILLE		X					0	0	0	
LARRY TROTTIER DIRECTOR/ORANGE		X					0	0	0	
MILO DAY DIRECTOR/ORLEANS		X					0	0	0	
MERRITT BUDD DIRECTOR/RUTLAND		X					0	0	0	
JOHN LYNDS DIRECTOR/WASHINGTON		X					0	0	0	
TOM BALTRUS DIRECTOR/WINDHAM		X					0	0	0	
BRUCE MURRAY DIRECTOR/WINDSOR		X					0	0	0	
JIM HILL PRESIDENT				X			0	0	0	
BONNIE HOLBROOK REC. SECRETARY				X			0	0	0	
MARK ELLINGWOOD TREASURER				X			0	0	0	

VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOE CICIA VP				X				0	0	0
BRYANT WATSON EXECUTIVE DIRECTOR					X			68,262	0	0
ALEXIS NELSON TRAILS ADMINISTRATION					X			50,346	0	0
KENT GARDNER VAST NEWS MANAGER						X		55,000	0	0
KATHLEEN DUPREY ADMINISTRATION						X		45,376	0	0
MATTHEW TETREULT TRAILS					X			44,541	0	0
CYNTHIA JUNES RECEPTIONIST						X		36,414	0	0
JESSICA HUDSON SPECIAL PROGRAMS MGR						X		34,530	0	0
1b Total								334,469.00	0.00	0.00

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service
Name of the organization

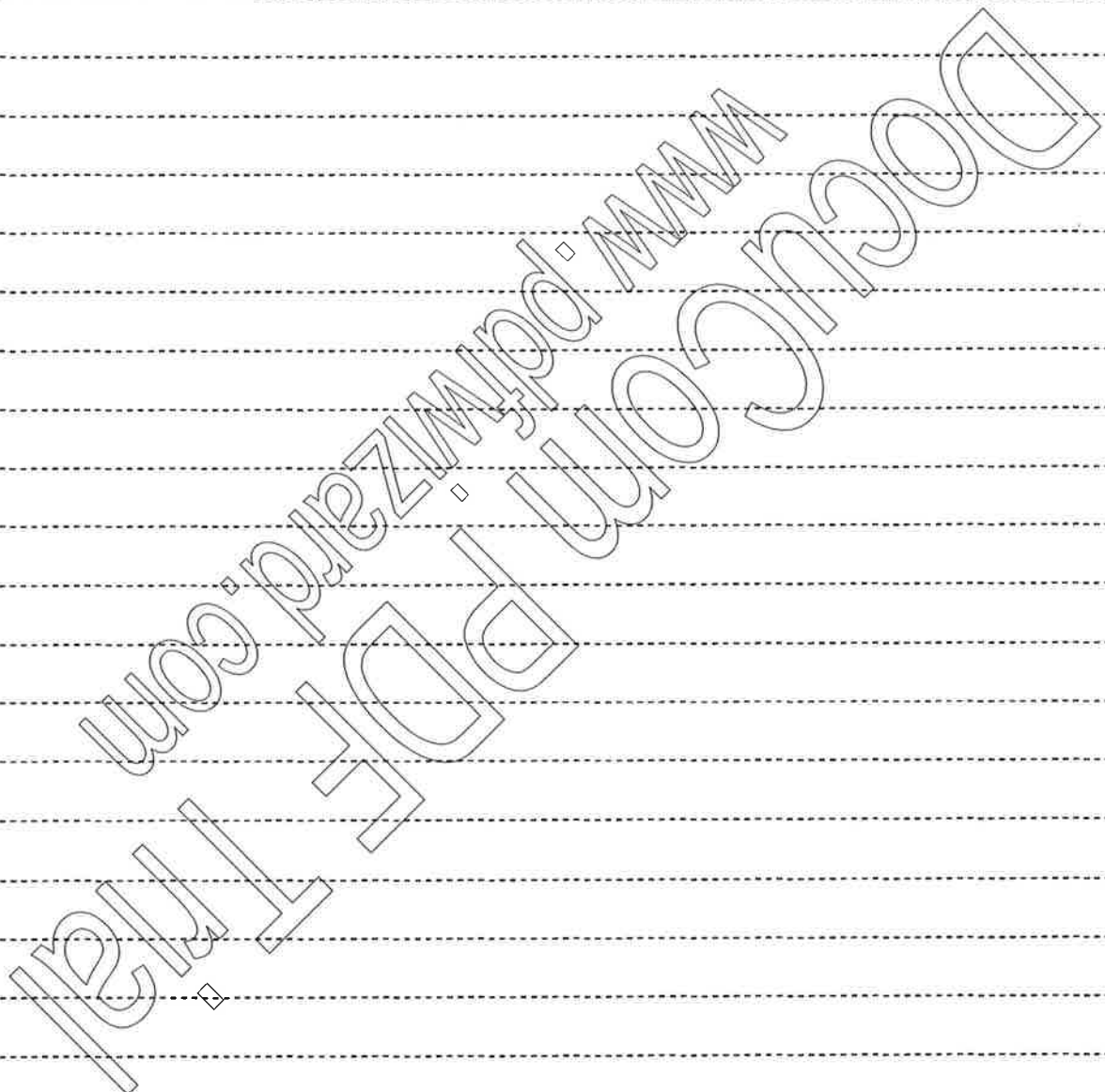
Employer identification number

VT ASSOCIATION OF SNOW TRAVELERS, INC

23-7157363

Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF
INTEREST ISSUES.

Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING.



VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0					
	b Membership dues	1b	0					
	c Fundraising events	1c	0					
	d Related organizations	1d	0					
	e Government grants (contributions).	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,998					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			10,998.00				
Program Service Revenue	2a MEMBERSHIP DUES	Business Code	713990	3,163,787	3,163,787			
	b VAST NEWS		541800	150,215		150,215		
	c GRANTS		713990	1,500,300	1,500,300			
	d VAST INCOME		713990	57,823	57,823			
	e IN-KIND SERVICES		713990	73,755	73,755			
	f All other program service revenue							
	g Total. Add lines 2a-2f			4,345,880.00				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			26,304	26,304			
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0.00	0.00				
		d Net rental income or (loss)			0.00			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)	0.00	(8,436.00)				
		d Net gain or (loss)			(8,436.00)	(8,436)		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		0				
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events			0.00			
	9a Gross income from gaming activities. See Part IV, line 19	a		0				
b Less: direct expenses		b						
c Net income or (loss) from gaming activities				0.00				
10a Gross sales of inventory, less returns and allowances	a		36,336					
	b Less: cost of goods sold	b	50,489					
	c Net income or (loss) from sales of inventory			(14,153.00)	(14,153)			
Miscellaneous Revenue			Business Code					
11a ANNUAL MEETING		713990	3,336	3,336				
b MISCELLANEOUS		713990	5,084	5,084				
c								
d All other revenue								
e Total. Add lines 11a-11d			8,420.00					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4,969,013.00	4,807,800.00	150,215.00			

IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,462,054	2,462,054		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	141,706	141,706		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	118,608	50,346	68,262	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	239,017	106,088	132,929	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,087	0	17,087	0
9 Other employee benefits	69,897	0	69,897	0
10 Payroll taxes	29,288	0	29,288	0
11 Fees for services (non-employees):				
a Management	84,546	77,304	7,242	0
b Legal	9,000	0	9,000	0
c Accounting	21,293	21,293	0	0
d Lobbying	15,656			15,656
e Professional fundraising services. See Part IV, line 17	0	0	0	0
f Investment management fees	0	0	0	0
g Other	13,679	13,679	0	0
12 Advertising and promotion	103,817	40,865	62,952	0
13 Office expenses	6,570	0	6,570	0
14 Information technology	0	0	0	0
15 Royalties	26,512	0	26,512	0
16 Occupancy	11,685	11,685	0	0
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	45,760	0	45,760	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	60,443	46,162	14,281	0
22 Depreciation, depletion, and amortization	141,122	137,472	3,650	0
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SCHEDULE ATTACHED	731,105	721,946	9,159	0
b _____				
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,348,845.00	3,830,600.00	502,589.00	15,656.00
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

VERMONT ASSOCIATION OF SNOW TRAVELERS, INC
 SEPTEMBER 30, 2009 INCOME TAX SCHEDULES - FORM 990

23-7157363

Part 1X - Line 24 - Other Expenses				Management & General
	Total	Program		
Officers expenses	22,381	13,222		9,159
Safety Education	4,057	4,057		0
Special programs	22,291	22,291		0
Trails aid fund	354,135	354,135		0
In-Kind Services	73,755	73,755		0
Scholarships	3,000	3,000		0
Snowmobile	6,801	6,801		0
Law enforcement	128,550	128,550		0
Vast news	116,135	116,135		0
	731,105	721,946		9,159

PDFTral.com

X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,542,019	1	3,447,319
	2 Savings and temporary cash investments	69,975	2	70,291
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	100,000	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,508	9	
	10a Land, buildings, and equipment: cost basis 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b	403,994	10c	2,104,100
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,119,496	16	3,728,020	
Liabilities	17 Accounts payable and accrued expenses	4,540	17	2,037
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	16,977	25	
	26 Total liabilities. Add lines 17 through 25	21,517.00	26	2,037.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,097,979	27	3,725,983
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,097,979	33	3,725,983	
34 Total liabilities and net assets/fund balances	3,119,496	34	3,728,020	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachments
Sequence No. **67**

Department of the Treasury
Internal Revenue Service

▶ See Separate Instructions.

▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

VAST

SNOWMOBILE ORGANIZATION

23-71757363

Part I Election to Expense Certain Property Under Section 179

Note: If you have any "listed property", complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	4,752
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,376
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	46,936

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	8,690
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only; see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			3 yrs.	HY		
b 5-year property		2,211	5 yrs.	HY	200DB	442
c 7-year property		165	7 yrs.	HY	200DB	24
d 10-year property			10 yrs.	HY		
e 15-year property			15 yrs.	HY		
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed Property. Enter amount from line 28	21	1,975
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S Corporations—see instructions	22	60,443
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date place in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		
26 Property use more than 50% in a qualified business use:										
2003	GMAC	05/28/03	100 %	33,877	33,877	5 yrs	200DB	1,975		
			%							
			%							
27 Property use 50% or less in a qualified business use:										
			%			S/L-				
			%			S/L-				
			%			S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1								28	1,975	
29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1								29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total bus./investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (non-commuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sale of Business Property

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

▶ Attach to your return.

▶ See Separate Instructions.

OMB No. 1545-0184

2008

Attachments
Sequence No. **27**

Name(s) shown on return

VAST

Identifying number
23-71757363

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (See instructions) **1** **0**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See Instructions.)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
2 1 PB200	01/04/02	10/29/08	4,949	114,240	123,027	-3,838
2PB100 & 1 PB200	11/28/03	12/01/08	124,509	232,389	361,496	-4,598

3 Gain, if any, from 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter gain or (loss) here, and on the appropriate line as follows: **7** **-8,436**

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 **11** **-8,436**

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 37 and 44a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** **-8,436**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b**

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

SCHEDULE A
Form 990 or 990-EZ

Public Charity Status and Public Support

OMB No. 1545-0047

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **VERMONT ASSOC OF SNOW TRAVELERS, INC** Employer identification number: **23-7157363**

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: (Please check only **one** organization.)

- 1 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).** (Attach Schedule H.)
- 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 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 community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 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).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) 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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0.00

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2007. 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. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,625,399	2,313,533	2,036,843	3,126,906	4,675,085	14,777,766
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	190,092	154,440	82,908	126,572	57,823	611,835
3 Gross receipts from activities that are not an unrelated trade or business under section 513	519,895	619,980	697,674	1,121,084	51,166	3,009,799
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0.00
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0.00
6 Total. Add lines 1-5	3,335,386	3,087,953	2,817,425	4,374,562	4,784,074	18,399,400
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0.00
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0.00
c Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8 Public support (Subtract line 7c from line 6.)						18,399,400

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	3,335,386	3,087,953	2,817,425	4,374,562	4,784,074	18,399,400
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,043	52,205	52,860	49,596	26,304	209,008
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0.00
c Add lines 10a and 10b	28,043	52,205	52,860	49,596	26,304	209,008
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0.00
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,608	9,044	4,890	1,715	8,420	30,677.00
13 Total support. (Add lines 9, 10c, 11, and 12.)						18,639,085

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.71 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.30 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.12 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.44 %

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

VERMONT ASSOC OF SNOW TRAVELERS, INC

23-7157363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(4) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

VERMONT ASSOC OF SNOW TRAVELERS, INC

Employer identification number

23-7157363

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALAN ROBERTSON PO BOX 31 SHEFFIELD, VT 05866	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Political Campaign and Lobbying Activities

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization VERMONT ASSOC OF SNOW TRAVELERS, INC	Employer identification number 23-7157363
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political expenditures	\$ 21,293
3 Volunteer hours	30

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955	\$ 0
2 Enter the amount of any excise tax incurred by organization managers under section 4955	\$ 0
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If "Yes," describe in Part IV.	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$
4 Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals										
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)													
b Total lobbying expenditures to influence a legislative body (direct lobbying)													
c Total lobbying expenditures (add lines 1a and 1b)													
d Other exempt purpose expenditures													
e Total exempt purpose expenditures (add lines 1c and 1d)													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.													
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is: Not over \$500,000</td> <td style="width: 50%;">The lobbying nontaxable amount is: 20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.												
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.												
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.												
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.												
Over \$17,000,000	\$1,000,000.												
g Grassroots nontaxable amount (enter 25% of line 1f)													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No										

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		21,293
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			21,293.00
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			0
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			0
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

VAST HIRES A GOVERNMENT RELATIONS FIRM TO TRACK LEGISLATION THAT COULD PARTIALLY IMPACT THE OPERATIONS OF VAST. THIS ORGANIZATION REPRESENTS VAST'S POSITION ON SUCH LEGISLATION BEFORE APPROPRIATE ADMINISTRATION OFFICIALS, LEGISLATORS AND LEGISLATIVE COMMITTEES. VAST'S EXECUTIVE DIRECTOR MONITORS THE ABOVE FIRM TO ENSURE THEY ARE WORKING ON OUR BEHALF AND HAS CONTACT WITH ADMINISTRATIVE OFFICIALS, LEGISLATORS AND LEGISLATIVE COMMITTEES WHEN ASKED AND AS NECESSARY. THE VAST EXECUTIVE COMMITTEE

IV Supplemental Information (continued)

HOSTS AN ANNUAL COFFEE FOR LEGISLATORS, AT THIS TIME LEGISLATORS ARE ADVISED OF VAST POSITIONS AND PRIORITIES.

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Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **VERMONT ASSOC OF SNOW TRAVELERS, INC**
Employer identification number: **23-7157363**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		56,000		56,000.00
b Buildings		168,942	50,703	118,239.00
c Leasehold improvements				
d Equipment		682,466	653,239	29,227.00
e Other		47,033	40,089	6,944.00
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				210,410.00

ASSET DEPRECIATION SHORT REPORT
 /AST Sep. 30, 2009

Sorted: ASSET A/C#
 Method: 1-FEDERAL-Std Conv Applied

Range: BUILDING - VEHICLES
 Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: GROOMERS - GROOMERS								
12/22/00	2PB100'S	SL/ 7.00	207,060.00	0.00	207,060.00	207,060.00	0.00	207,060.00
11/04/02 D	1 PB200	SL/ 7.00	123,027.00	0.00	123,027.00	114,239.50	0.00	114,239.50
11/02/02	3 PB1005 GROOMERS	SL/ 7.00	323,136.00	0.00	323,136.00	253,891.00	46,162.00	300,053.00
11/28/03 D	2PB100 & 1 PB200	SL/ 7.00	361,496.00	0.00	361,496.00	232,389.00	0.00	232,389.00
Grand totals: GROOMERS - GROOMERS (4 assets)			1,014,719.00	0.00	1,014,719.00	807,579.50	46,162.00	853,741.50
Less: 2 Disposed assets (Current Depreciation: \$0.00)			484,523.00	0.00	484,523.00	346,628.50		346,628.50
Net totals: GROOMERS - GROOMERS (2 assets)			530,196.00	0.00	530,196.00	460,951.00	46,162.00	507,113.00

ASSET A/C#: LAND - LAND								
11/15/97	LAND	LAND/ 0.00	56,000.00	0.00	56,000.00	0.00	0.00	0.00
Grand totals: LAND - LAND (1 assets)			56,000.00	0.00	56,000.00	0.00	0.00	0.00

ASSET A/C#: SOFTWARE - SOFTWARE								
11/13/97	COMPUTER SOFTWARE	AMORT/ 5.00	382.80	0.00	382.80	382.80	0.00	382.80
04/20/00	SOFTWARE ADDITIONS	AMORT/ 3.00	2,524.11	0.00	2,524.11	2,524.11	0.00	2,524.11
01/18/01	SOFTWARE	SL/ 3.00	169.96	0.00	169.96	169.96	0.00	169.96
08/16/01	SOFTWARE	SL/ 3.00	98.94	0.00	98.94	98.94	0.00	98.94
09/13/01	SOFTWARE	SL/ 3.00	363.65	0.00	363.65	363.65	0.00	363.65
09/20/01	SOFTWARE	SL/ 3.00	2,000.77	0.00	2,000.77	2,000.77	0.00	2,000.77
06/20/02	ADDITIONS	AMORT/ 3.00	2,641.40	0.00	2,641.40	2,641.40	0.00	2,641.40
04/01/03	SOFTWARE ADDITIONS	SL/ 3.00	604.82	0.00	604.82	604.82	0.00	604.82
04/01/04	SOFTWARE ADDITIONS	SL/ 3.00	422.14	0.00	422.14	422.14	0.00	422.14
03/15/05	SOFTWARE	SL/ 3.00	1,625.49	0.00	1,625.49	1,625.49	0.00	1,625.49
06/21/07	SOFTWARE	SL/ 3.00	1,600.86	0.00	1,600.86	801.00	534.00	1,335.00
09/18/08	SOFTWARE	SL/ 3.00	720.70	0.00	720.70	120.00	240.00	360.00
Grand totals: SOFTWARE - SOFTWARE (12 assets)			13,155.64	0.00	13,155.64	11,755.08	774.00	12,529.08

ASSET A/C#: VEHICLES - VEHICLES								
05/28/03	2003 GMAC 2500 HD CREW CAB	M*200/ 5.00	33,876.75	0.00	33,876.75	25,585.00	1,975.00	27,560.00
Grand totals: VEHICLES - VEHICLES (1 assets)			33,876.75	0.00	33,876.75	25,585.00	1,975.00	27,560.00

Grand totals for all accounts: (69 assets)			1,438,963.09	0.00	1,438,963.09	1,030,217.26	60,442.64	1,090,659.90
Less: 2 Disposed assets (Current Depreciation: \$0.00)			484,523.00	0.00	484,523.00	346,628.50		346,628.50
Net totals for all accounts: (67 assets)			954,440.09	0.00	954,440.09	683,588.76	60,442.64	744,031.40

	Cost	Curr Depr	Ending A/Depr
Depreciable Assets (64 assets)	948,891.78	60,442.64	738,483.09
Amortizable Assets (3 assets)	5,548.31	0.00	5,548.31

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	1,438,963.09	0.00	0.00	1,438,963.09	1,030,217.26	60,442.64	1,090,659.90	348,303.19
Less: Inactive Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Disposed Assets	484,523.00	0.00	0.00	484,523.00	346,628.50	0.00	346,628.50	137,894.50
Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active Assets)	954,440.09	0.00	0.00	954,440.09	683,588.76	60,442.64	744,031.40	210,408.69

Total Additional First Year Depreciation Taken at 30% Rate: 0.00
 Total Additional First Year Depreciation Taken at 50% Rate: 2,376.00
 Total Additional First Year Depreciation Taken: 2,376.00

ASSET DECIATION SHORT REPORT
 /AST Sep. 30, 2009

Sorted: ASSET A/C#
 Method: 1-FEDERAL-Std Conv Applied

Range: BUILDING - VEHICLES
 Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: BUILDING - BUILDING								
11/15/97	BUILDING	MSL/39.00	135,383.90	0.00	135,383.90	40,640.00	3,471.00	44,111.00
11/08/98	BUILDING FINAL PAYMENT SUMMITT CONSM	MSL/39.00	4,965.03	0.00	4,965.03	1,360.00	127.00	1,487.00
13/19/98	BASEMENT HEATING SYSTEM	MSL/39.00	2,347.89	0.00	2,347.89	633.00	60.00	693.00
19/19/02	SIDING	MACRS/39.00	2,400.00	0.00	2,400.00	375.00	62.00	437.00
15/24/07	PAVING	MSL/15.00	23,845.00	0.00	23,845.00	2,385.00	1,590.00	3,975.00
Grand totals: BUILDING - BUILDING (5 assets)			168,941.82	0.00	168,941.82	45,393.00	5,310.00	50,703.00
ASSET A/C#: EQUIPMENT - FURNITURE & EQUIPMENT								
11/15/97	EQUIP & FURNISHINGS	MSL/ 7.00	40,715.71	0.00	40,715.71	40,715.71	0.00	40,715.71
14/30/98	FURNITURE (BOISE CASCADE)	M*200/ 7.00	3,160.00	0.00	3,160.00	3,160.00	0.00	3,160.00
15/04/98	COMPUTERS	M*200/ 5.00	3,409.90	0.00	3,409.90	3,409.90	0.00	3,409.90
12/23/98	MQ EQUIPMENT	M*200/ 7.00	190.67	0.00	190.67	190.67	0.00	190.67
12/18/99	MQ STORAGE BUILDING	M*200/ 7.00	3,595.00	0.00	3,595.00	3,595.00	0.00	3,595.00
13/25/99	MQ COMPUTERS COMPUTER ASSISTANCE	M*200/ 5.00	2,400.00	0.00	2,400.00	2,400.00	0.00	2,400.00
16/03/99	MQ EQUIPMENT	M*200/ 7.00	329.99	0.00	329.99	329.99	0.00	329.99
18/12/99	MQ COPIER	M*200/ 7.00	14,405.15	0.00	14,405.15	14,405.15	0.00	14,405.15
18/13/99	MQ EQUIPMENT	M*200/ 7.00	180.00	0.00	180.00	180.00	0.00	180.00
10/01/99	MQ CHAMPION GPS	M*200/ 5.00	2,983.00	0.00	2,983.00	2,983.00	0.00	2,983.00
11/18/99	MQ COMPUTERS	M*200/ 5.00	2,023.00	0.00	2,023.00	2,023.00	0.00	2,023.00
12/30/99	MQ COMPUTER ASSIS	M*200/ 5.00	99.00	0.00	99.00	99.00	0.00	99.00
11/13/00	MQ COMPUTER EQUIP	M*200/ 5.00	4,724.50	0.00	4,724.50	4,724.50	0.00	4,724.50
14/27/00	MQ COMPUTER EQUIPMENT	M*200/ 5.00	509.99	0.00	509.99	509.99	0.00	509.99
12/28/00	MODEM	M*200/ 5.00	100.98	0.00	100.98	100.98	0.00	100.98
12/22/01	COMPUTER EQUIP	M*200/ 5.00	5,285.23	0.00	5,285.23	5,285.23	0.00	5,285.23
15/03/01	VACCUM CLEANER	M*200/ 7.00	218.95	0.00	218.95	218.95	0.00	218.95
17/05/01	OIL PAINTING	M*200/ 7.00	650.00	0.00	650.00	650.00	0.00	650.00
17/26/01	COLOR PRINTER	M*200/ 5.00	460.00	0.00	460.00	460.00	0.00	460.00
19/13/01	SAFETY TRAILER	M*200/ 7.00	16,961.15	0.00	16,961.15	16,961.15	0.00	16,961.15
19/20/01	COMPUTER EQUIP	M*200/ 5.00	2,671.00	0.00	2,671.00	2,671.00	0.00	2,671.00
15/02/02	G4	M*200/ 5.00	2,198.00	0.00	2,198.00	2,198.00	0.00	2,198.00
15/16/02	COMPUTER BACKUP	MA200/ 5.00	1,373.00	0.00	1,373.00	1,373.00	0.00	1,373.00
16/10/02	IMAC	MA200/ 5.00	1,399.00	0.00	1,399.00	1,399.00	0.00	1,399.00
17/05/02	COMPUTER	MA200/ 5.00	3,350.00	0.00	3,350.00	3,350.00	0.00	3,350.00
17/05/02	COMPUTER	MA200/ 5.00	822.00	0.00	822.00	822.00	0.00	822.00
18/15/02	FIRE FILE	M*200/ 7.00	1,516.50	0.00	1,516.50	1,440.00	76.50	1,516.50
11/07/02	BULLETIN BOARDS	M*200/ 7.00	293.50	0.00	293.50	254.00	26.00	280.00
14/10/03	KEYBOARD	M*200/ 5.00	79.00	0.00	79.00	79.00	0.00	79.00
15/29/03	NETWORK HUB	M*200/ 5.00	1,520.92	0.00	1,520.92	1,520.92	0.00	1,520.92
17/03/03	DELL LATITUDE	M*200/ 5.00	2,393.54	0.00	2,393.54	2,393.54	0.00	2,393.54
17/31/03	CD/RW	M*200/ 5.00	1,455.00	0.00	1,455.00	1,455.00	0.00	1,455.00
18/21/03	REFRIGERATOR	M*200/ 7.00	529.97	0.00	529.97	459.00	47.00	506.00
19/18/03	WET/DRY VAC	M*200/ 7.00	83.99	0.00	83.99	73.00	7.00	80.00
11/20/03	FURNITURE	M*200/ 7.00	828.00	0.00	828.00	643.00	74.00	717.00
14/14/04	SUPERWAREHOUSE	M*200/ 5.00	701.37	0.00	701.37	661.00	40.37	701.37
16/17/04	PALM PILOTS	M*200/ 5.00	869.77	0.00	869.77	820.00	49.77	869.77
17/08/04	ORMSBYS	M*200/ 5.00	289.00	0.00	289.00	272.00	17.00	289.00
11/18/04	COMPUTER	M*200/ 5.00	2,171.89	0.00	2,171.89	1,796.00	251.00	2,047.00
11/06/05	PALM PILOTS	M*200/ 5.00	994.95	0.00	994.95	823.00	115.00	938.00
13/17/05	CDI/CHOKO DESIGN	M*200/ 5.00	995.00	0.00	995.00	823.00	115.00	938.00
10/27/05	JAMAR COUNTERS	MA200/ 5.00	15,741.69	0.00	15,741.69	11,208.00	1,813.00	13,021.00
16/21/07	COMPUTR EQUIPMENT	MA200/ 5.00	1,253.61	0.00	1,253.61	652.00	241.00	893.00
10/18/07	COMPUTER EQUIPMENT	MA200/ 5.00	1,584.94	0.00	1,584.94	317.00	507.00	824.00
14/01/09 A	ADDITIONS	MA200/ 5.00	4,422.04	0.00	4,422.04	0.00	2,653.00	2,653.00
18/07/09 A	ADDITIONS	MA200/ 7.00	329.98	0.00	329.98	0.00	189.00	189.00
Grand totals: EQUIPMENT - FURNITURE & EQUIPMENT (46 assets)			152,269.88	0.00	152,269.88	139,904.68	6,221.64	146,126.32

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization
VERMONT ASSOC OF SNOW TRAVELERS, INC

Employer identification number
23-7157363

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KEN HOEPPNER	FUNRAISER		X	5,565	15,656	0
Total				5,565.00	15,656.00	0.00

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				()
	9 Net income summary. Combine lines 3 and 8 in column (d)				()

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				()	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?		
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: _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
15b		
16		
17a		
17b		

**SCHEDULE I
(Form 990)**

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

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

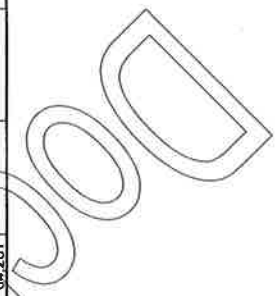
Club	Address	City	State	Zip	(b) EIN (C)IRC Section	(d) Amount of Cash Grant	(e) Non Cash Assistance	(f) Method of Valuation	(g) Description of non-cash Assistance	(h) Purpose of Grant
Barre Town Thunder Club	34 Goldsbury Woods Road	Barre	VT	05641		\$ 18,897				Grooming, Construction, Signaling
Billtown Moonshiners	PO Box 731	Williamstown	VT	05679		\$ 12,424				Grooming, Construction, Signaling
Bridport Sno-Birds	7497 VT Rte 22A	Addison	VT	05491		\$ 6,289				Grooming, Construction, Signaling
Brighton Smbli Club	PO Box 446	Island Pond	VT	05846		\$ 177,981				Grooming, Construction, Signaling
Brookfield Trail Blazers	45 Willow Grove Lane	E. Randolph	VT	05041		\$ 6,287				Grooming, Construction, Signaling
Buckaroos of 302	482 Lakeside Dr	Groton	VT	05046		\$ 11,574				Grooming, Construction, Signaling
Buzzy's Grooming	234 Buzzy's Way	Groton	VT	05046		\$ 29,508				Grooming, Construction, Signaling
Cal Cty Smbli Trails Club	PO Box 34	East Haven	VT	05837		\$ 80,282				Grooming, Construction, Signaling
Canaan Border Riders	549 Christian Hill	Canaan	VT	05813		\$ 129,781				Grooming, Construction, Signaling
Cavendish Gr Min Snow Fleas	16 Parker Avenue	Proctorsville	VT	05783		\$ 21,751				Grooming, Construction, Signaling
Chester Snowmobile Club	13 Partridge Lane	Southwick	MA	01077		\$ 32,098				Grooming, Construction, Signaling
Chittenden Dammers	77 Casey Road	Chittenden	VT	05737		\$ 18,708				Grooming, Construction, Signaling
Cold Hollow Barons	370 St. Pierre Rd	Enosburg Falls	VT	05450		\$ 15,946				Grooming, Construction, Signaling
Conn Valley Sno-Riders	PO Box 33	Gulldhal	VT	05805		\$ 38,449				Grooming, Construction, Signaling
Country Riders	5876 VT Rte 105	Newport Ctr	VT	05857		\$ 88,826				Grooming, Construction, Signaling
Covered Bridge Smbli Club	PO Box 176	Montgomery	VT	05470		\$ 13,479				Grooming, Construction, Signaling
D&D Grooming	153 Farr View Rd	E. Harwich	VT	05836		\$ 19,461				Grooming, Construction, Signaling
Danville S-Ski-Mos	PO Box 141	W. Danville	VT	05873		\$ 110,360				Grooming, Construction, Signaling
Deerfield Valley Stump Jump	31 Stanavage Rd.	Colchester	VT	05475		\$ 40,895.49				Grooming, Construction, Signaling
Derry Sled Dogs	PO Box 674	Londonderry	VT	05448		\$ 18,168				Grooming, Construction, Signaling
Drift Dusters	PO Box 439	Derby	VT	05829		\$ 44,791				Grooming, Construction, Signaling
Driftskippers	1952 VT Route 114	East Burke	VT	05832		\$ 24,018				Grooming, Construction, Signaling
E.S.T.	42 Conkey Hill Rd.	Orwell	VT	05760		\$ 5,941				Grooming, Construction, Signaling
East Montpelier Gully Jump	1811 Horn of the Moon Rd.	Montpelier	VT	05602		\$ 7,734				Grooming, Construction, Signaling
Fletcher Rough Riders	655 Rugs Road	East Fairfield	VT	05448		\$ 14,133				Grooming, Construction, Signaling
Foote Of Min. Sno. Travelers	2287 River Road	New Haven	VT	05472		\$ 29,207				Grooming, Construction, Signaling
Franklin Cty Snow Raiders	167 Holyoke Farm Rd.	St Albans	VT	05478		\$ 5,562				Grooming, Construction, Signaling
Frigid Frost Fighters	6 Upper Village Rd.	Chelsea	VT	05038		\$ 10,706				Grooming, Construction, Signaling
GP's Trail Grooming	9643 Route 25	E. Corinth	VT	05035		\$ 18,477				Grooming, Construction, Signaling
Gene Armstrong Excavating	2660 Theodore Roosevelt Hwy.	Waterbury	VT	05676		\$ 21,062				Grooming, Construction, Signaling
Gilbon Trak Packers	1579 Belvidere Road	Eden	VT	05652		\$ 33,904				Grooming, Construction, Signaling
Glover Trail Winders	PO Box 18	West Glover	VT	05875		\$ 28,045				Grooming, Construction, Signaling
Grafton Outing Club	PO Box 12	Grafton	VT	05146		\$ 9,283				Grooming, Construction, Signaling
Green Mtn. Snow Flyers	684 Hawkins Road	East Wallingford	VT	05742		\$ 14,751				Grooming, Construction, Signaling
Green Mtn. Trail Blazers	680 Wideawake Road	Manchester	VT	05255		\$ 25,636				Grooming, Construction, Signaling
Hardwick Snoflake Ridge Runners	498 Harrall St.	Morrisville	VT	05661		\$ 26,409				Grooming, Construction, Signaling
Hartland Hill Hoppers	PO Box 63	Hartland	VT	05048		\$ 11,365				Grooming, Construction, Signaling
Hawks Mtn. Ridge Riders	120 Baltimore Rd.	N. Springfield	VT	05150		\$ 18,638				Grooming, Construction, Signaling
Hazen's Notch Smbli Club	PO Box 142	Lowell	VT	05847		\$ 30,564				Grooming, Construction, Signaling
Hurricane Riders	785 Neal Rd.	White River Jct.	VT	05001		\$ 56,951				Grooming, Construction, Signaling
Jacksonville E-Z Riders	PO Box 432	Jacksonville	VT	05342		\$ 9,765				Grooming, Construction, Signaling
Justin Morrill Drift Skib.	4088 Rte. 132	Thetford Ctr.	VT	05075		\$ 46,941				Grooming, Construction, Signaling
Lamolla Ctr. Sno-Packers	PO Box 1326	Morrisville	VT	05661		\$ 25,681				Grooming, Construction, Signaling

**SCHEDULE I
(Form 990)**

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

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

Organization	Address	City	State	Zip	Amount	Code	Description
Lunenburg Polar Bears	296 Colby Road	Lunenburg	VT	05906	\$ 42,679		Construction, Grooming, Signing
Lndon Sno Cruisers	654 Crestwood Rd	Lndonville	VT	05851	\$ 25,489		Grooming, Construction, Signing
M&M Grooming	904 Goose Green Rd	Braintree	VT	05933	\$ 14,428		Grooming
Mead River Ridge Runners	1271 Pine Brook Rd	Waitsfield	VT	05673	\$ 10,837		Construction
Malletts Bay Lakers	42 Browe Court	Burlington	VT	05408	\$ 6,692		Grooming, Construction
Middle Valley Polar Bears	PO Box 274	E. Randolph	VT	05041	\$ 21,103		Grooming
Missisquoi Bearcats	178 West Jay Road	Richford	VT	05476	\$ 21,874		Grooming, Construction
Moose River Rock Daddies	PO Box 26	Granby	VT	05840	\$ 21,078		Debrushing, Grooming, Signing
Mountain Tamers	2560 Dog Pond Rd	East Calais	VT	05650	\$ 18,788		Grooming, Construction, Signing
Mt. Abe Snow Sports	690 Handsprable Road	Bristol	VT	05443	\$ 8,221		Grooming, Equip. Grant
Newbury Border Riders	2698 Leighton Hill Rd	Wells River	VT	05081	\$ 5,228		Grooming
News Grooming	5327 Monument Hill Rd	Castleton	VT	05735	\$ 13,633		Grooming, Signing
North Country Mountaineers	783 Vance Hill Road	Newport Center	VT	05667	\$ 28,361		Grooming, Construction, Signing
Northfield Snowmobilers	152 Terrace Rd	Northfield	VT	05663	\$ 12,662		Grooming, Construction, Signing
Northwest Riders	24 Bluff Lane	St. Albans	VT	05478	\$ 29,904		Grooming, Construction, Signing
Orleans Snow Stormers	48 Natural Hill	Newport	VT	05855-8798	\$ 31,768		Grooming, Construction, Signing
Pant Grooming	192 N Pasture Lane	Charlotte	VT	05445	\$ 6,370		Grooming
Plymouth Snow Sneakers	PO Box 140	Plymouth	VT	05956	\$ 26,234		Grooming, Construction
Poultney Valley Snnbl Devils	1763 Hampshire Hollow Rd	Poultney	VT	05764	\$ 49,317		Debrushing, Construction, Grooming
Ridge Runners Snow Grooming	PO Box 324	Waitsfield	VT	05673	\$ 67,507		g, Plowing, Equip. Grant, Signing
Roy-L Family Sno-Travelers	114 Steeple View Way	Pattney	VT	05346	\$ 19,971		Grooming, Equip. Grant
Rt. 100 Snow Travelers	238 South Hollow Lane	Rochester	VT	05767	\$ 5,490		Grooming, Construction
Shrewsbury Sno-Birds	PO Box 365	Cubsgoville	VT	05738	\$ 40,605		Debrushing, Grooming, Signing
Skihill Cronchers	PO Box 222	Ludlow	VT	05149	\$ 13,280		Debrushing, Signing, Equip. Grant
SKitchewaun Trail Riders	75 Route 5	Springfield	VT	05156	\$ 82,128		Equip. Grant, Grooming
Snaugler's Notch Snnbl Club	9553 VT Route 15	Jeffersonville	VT	05664	\$ 15,056		Construction, Signing
Sno-Bees of Barre	60 Westwood Parkway	Barre	VT	05641	\$ 69,653		Construction, Grooming
Stirling Snow Riders	376 Maple Hill Road	Johnson	VT	05656	\$ 25,071		Construction, Grooming
Trackmakers Snnbl Club	2068 Elm St.	Montpelier	VT	05602	\$ 40,367		Debrushing, Signing, Equip. Grant
Tri-Town Trail Travelers	62 Town Farm Rd.	Tunbridge	VT	05077	\$ 18,946		Grooming, Construction, Signing
Tweed Valley Travelers	2834 Rt. 100	Pittsfield	VT	05762	\$ 5,259		Grooming
Twinfield Snow Travelers	P. O. Box 275	Plainfield	VT	05667	\$ 11,945		Debrushing, Signing
Upper Valley Snow Packers	50 Austin Rd	West Fairlee	VT	05083	\$ 80,082		Equip. Grant, Construction, Grooming
Washington Snow Flyers	PO Box 128	Washington	VT	05675	\$ 27,420		Grooming, Construction
Waterford Ridge Runners	303 Walsh Road	Waterford	VT	05819	\$ 18,946		Grooming, Plowing
Weathersfield Pathfinders	37 Reservoir Road	Springfield	VT	05156	\$ 18,946		Grooming, Construction, Signing
Weybridge Trail Bazers	2989 Weybridge Road	Middlebury	VT	05757	\$ 6,140		Grooming
White River Valley Ramblers	2361 Route 107	Bethel	VT	05612	\$ 15,612		Grooming, Construction
White River Valley Sno Goers	2912 Rford Brook Rd.	Braintree	VT	05060	\$ 24,853		Grooming, Construction
Williston Hill Hawks	P O Box 162	Williston	VT	05495	\$ 27,967		Equip. Grant
Windsor Cty. Snnbl Club	7056 RT 131	Perkinsville	VT	05151	\$ 27,420		Debrushing, Construction, Grooming
Woodford SnoBusters	6080 VT Route 9	Woodford	VT	05201	\$ 64,281		Construction, Grooming, Plowing



SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

VERMONT ASSOC OF SNOW TRAVELERS, INC

Employer identification number

23-7157363

PART III-LINE 2 VAST HAS RECEIVED A FEDERAL HIGH PRIORITY GRANT FOR THE CREATION OF A 93 MILE LONG FOUR-SEASON RECREATIONAL TRAIL ON THE LAMOILLE VALLEY RAILROAD BED. THE FEDERAL GRANT REQUIRES THAT VAST CONTRIBUTE A 20% MATCH FOR THE PROJECT. THE PROJECT IS PROJECTED TO COST IN EXCESS OF \$6.4 MILLION DOLLARS. VAST MEMBERSHIP HAS APPROVED LENDING UP TO \$850,000 TOWARDS THE PROJECT. THE GRANT AMOUNT IS \$4.93 MILLION DOLLARS. THE BALANCE OF \$620,000 WILL HAVE TO BE RAISED THROUGH FUNDRAISING.

PART III-LINE 4D OTHER PROGRAM SERVICES INCLUDE SPECIAL PROGRAMS RIDER SAFETY EDUCATION, LAW ENFORCEMENT COSTS FOR TRAIL SAFETY, AND A MEMBERSHIP NEWSLETTER.

PART VI-SECTION B-LINE 12C VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF INTEREST ISSUES.

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10/1/2009, and ending 9/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>VT ASSOCIATION OF SNOW TRAVELERS, I</u> Doing Business As		D Employer identification number <u>23-7157363</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>26 VAST LANE</u>		E Telephone number <u>(802) 229-0005</u>
		City or town, state or country, and ZIP + 4 <u>BARRE VT 05641</u>		G Gross receipts \$ <u>4,257,599</u>
		F Name and address of principal officer: <u>BRYANT WATSON - EXEC DIR 26 VAST LANE, BARRE, VT 05641</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: www.vast.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1967 **M** State of legal domicile: VT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>STATEWIDE SNOWMOBILE TRAILS PROGRAM, TRAILS CONSTRUCTION, RIDER EDUCATION AND SAFETY</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>19</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>19</u>
	5	Total number of employees (Part V, line 2a)	<u>5</u>	<u>10</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>
7b		Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>-56,058</u>
8		Contributions and grants (Part VIII, line 1h)	Prior Year <u>10,998</u>	Current Year <u>5,711</u>
9		Program service revenue (Part VIII, line 2g)	<u>4,945,880</u>	<u>4,122,706</u>
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>17,868</u>	<u>87,851</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-5,733</u>	<u>-6,525</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,969,013</u>	<u>4,209,743</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,603,760</u>	<u>654,800</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>473,897</u>	<u>486,076</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>15,656</u>	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>1,255,532</u>	<u>2,787,180</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>4,348,845</u>	<u>3,928,056</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>620,168</u>	<u>281,687</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year <u>3,728,020</u>	End of Year <u>4,010,131</u>
	21	Total liabilities (Part X, line 26)	<u>2,037</u>	<u>2,461</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>3,725,983</u>	<u>4,007,670</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
<u>MICHAEL WILLETT PLLC</u>	<u>8/10/2011</u>	<input checked="" type="checkbox"/>	<u>P00104850</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
<u>62 BRULE ROAD, BARRE, VT 05641</u>	<u>27-3754975</u>		<u>(802) 461-4450</u>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE PURPOSE OF VAST IS TO COORDINATE THE DEVELOPMENT, MAINTENANCE, AND MANAGEMENT OF VERMONT'S STATEWIDE TRAILS SYSTEM AS WELL AS TO EDUCATE VERMONT SNOWMOBILERS ABOUT SAFE RESPONSIBLE OPERATION OF SNOWMOBILES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,182,521 including grants of \$) (Revenue \$ 792,247)
VAST OVERSEES THE STATEWIDE TRAILS GROOMING PROGRAM WHICH IS COMPRISED OF MORE THAN 6000 MILES OF INTER-CONNECTED SNOWMOBILE TRAILS THAT EXTEND FROM THE CANADIAN BORDER IN THE NORTH TO THE MASSACHUSSETS BORDER IN THE SOUTH AND FROM THE NEW HAMPSHIRE BORDER IN THE EAST TO THE NEW YORK BORDER IN THE WEST

4b (Code:) (Expenses \$ 568,170 including grants of \$ 440,936) (Revenue \$ 440,936)
VAST HAS A GRANT-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR GROOMING EQUIPMENT USED BY THE CLUBS IN THE GROOMONG OPERATIONS

4c (Code:) (Expenses \$ 474,525 including grants of \$) (Revenue \$ 274,206)
VAST RUNS GRANT-IN-AID PROGRAMS WHICH INCLUDE TRAIL CONSTRUCTION, MAINTENANCE, SIGNING AND DEBRUSHING ON THE SATEWIDE TRAILS SYSTEM

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,236,597 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,461,813

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (19); 1b Enter the number of voting members that are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. (X); b Other officers or key employees of the organization. (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X)

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY DUPREY (802) 229-0005 26 VAST LANE, BERLIN, VT 05641

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONRAD STEWART DIRECTOR/ADDISON	2.	X								
JOHN PERKINS DIRECTOR/BENNINGTON	2.	X								
KEN GAMMELL DIRECTOR/CALEDONIA	2.	X								
JEFF FAY DIRECTOR/CHITTENDEN	2.	X								
RAY DUBREUIL DIRECTOR/ESSEX	2.	X								
JOHN ROSS DIRECTOR/FRANKLIN	2.	X								
DAVID LADD DIRECTOR/GRAND ISLE	2.	X								
BRIAN CURRIER DIRECTOR/LAMOILLE	2.	X								
LARRY TROTTIER DIRECTOR/ORANGE	2.	X								
MILO DAY DIRECTOR/ORLEANS	2.	X								
MERRITT BUDD DIRECTOR/RUTLAND	2.	X								
JOHN LYNDS DIRECTOR/WASHINGTON	2.	X								
TOM BALTRUS DIRECTOR/WINDSOR	2.	X								
JIM HILL PRESIDENT	2.			X						
BONNIE HOLBROOK RECORDING SECRETARY	2.			X						
MARK ELLINGWOOD TREASURER	2.			X						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOE CICIA VICE-PRESIDENT	2			X						
BRYANT WATSON EXECUTIVE DIRECTOR	40				X		69,575			
ALEXIS NELSON TRAILS ADMINISTRATOR	40				X		60,644			
KENT GARDNER VAST NEWS MANAGER	40					X	56,058			
KATHLEEN DUPREY ADMINISTRATIVE ASSISTANT	40					X	45,103			
MATTHEW TETREULT TRAILS ASSISTANT	40					X	45,592			
CYNTHIA JONES RECEPTIONIST	40					X	36,836			
JESSICA HUDSON SPECIAL PROGRAMS MANAGER	40					X	38,169			
1b Total							351,977			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
VHB Pioneer P O BOX 9151, WATERTOWN, MA 02471	CONSTRUCTION	217,566

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,711				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		5,711				
Program Service Revenue	2a	MEMBERSHIP DUES & REGISTRATIONS	Business Code 713990	2,382,075	2,382,075			
	b	VAST NEWS	541800	136,285		136,285		
	c	GRANTS	713990	1,507,388	1,507,388			
	d	VAST INCOME	713990	28,407	28,407			
	e	IN-KIND SERVICES	713990	68,551	68,551			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		4,122,706				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,423	27,423			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				68,122				
				7,694				
				60,428				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)		60,428	60,428				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a						
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a	29,500					
		b	40,162					
c	Net income or (loss) from sales of inventory		-10,662	-10,662				
Miscellaneous Revenue			Business Code					
11a	ANNUAL MEETING	713990	1,291	1,291				
b	MISCELLANEOUS	713990	2,846	2,846				
c							
d	All other revenue							
e	Total. Add lines 11a-11d		4,137					
12	Total revenue. See instructions		4,209,743	4,067,747	136,285			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	654,800	654,800		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	130,219	60,644	69,575	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	236,812	121,674	115,138	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,920		16,920	
9	Other employee benefits	73,169		73,169	
10	Payroll taxes	28,956		28,956	
11	Fees for services (non-employees):				
a	Management				
b	Legal	9,357		9,357	
c	Accounting	15,084	8,532	8,552	
d	Lobbying	11,410	11,410		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,345	1,345		
13	Office expenses	79,886	42,039	37,847	
14	Information technology	6,559		6,559	
15	Royalties				
16	Occupancy	30,443		30,443	
17	Travel	14,211	14,211		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,366		43,366	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,128	15,389	11,739	
23	Insurance	140,052	133,684	6,368	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	OFFICER EXPENSES	20,169	11,915	8,254	
b	SAFETY EDUCATION	9,772	9,772		
c	SPECIAL PROGRAMS	31,181	31,181		
d	TRAILS AID FUND	1,727,047	1,727,047		
e	IN-KIND SERVICES	61,026	61,026		
f	All other expenses SEE ATTACHED	559,144	559,144		
25	Total functional expenses. Add lines 1 through 24f	3,928,056	3,461,813	466,243	
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	3,447,319	1	3,761,284
	2	Savings and temporary cash investments	70,291	2	70,341
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 642,588		
	b	Less: accumulated depreciation	10b 464,082	210,410	10c 178,506
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,728,020	16	4,010,131	
Liabilities	17	Accounts payable and accrued expenses	2,037	17	2,461
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	2,037	26	2,461	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,725,983	27	4,007,670
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,725,983	33	4,007,670	
34	Total liabilities and net assets/fund balances	3,728,020	34	4,010,131	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other MOD CASH
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

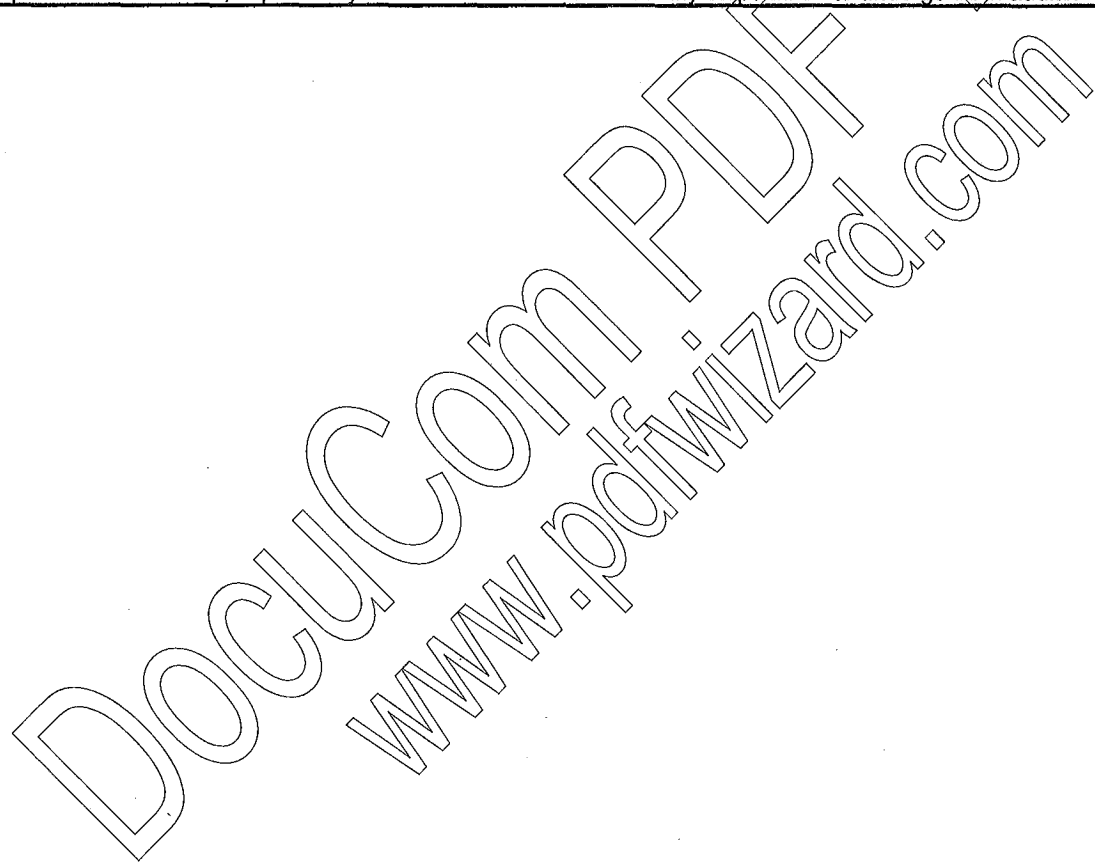
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

- Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	



Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Open to Public Inspection
for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2009 or other tax year beginning 10/1/2009, and
ending 9/30/2010 See separate instructions.

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501 (c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) VT ASSOCIATION OF SNOW TRAVELERS, INC	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 23-7157363
		Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 26 VAST LANE	
		City or town, state, and ZIP code BARRE VT 05641	E Unrelated business activity codes (See instructions for Block E on page 9.) 511120

C Book value of all assets at end of year 4,010,131

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **VAST NEWS ADVERTISING INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **KATHY DUPREY** Telephone number **(802) 229-0005**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11	136,285	148,309	-12,024
12 Other income (See page 10 of the instructions; attach schedule.)	12			
13 Total. Combine lines 3 through 12	13	136,285	148,309	-12,024

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule X)	14		
15 Salaries and wages	15		44,034
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		44,034
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-56,058
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-56,058
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-56,058

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . \$ _____
 (2) Additional 3% tax (not more than \$100,000) . . . \$ _____
c Income tax on the amount on line 34 . . . **35c**
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) . . . **36**
37 Proxy tax. See page 16 of the instructions . . . **37**
38 Alternative minimum tax . . . **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies . . . **39**

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see page 16 of the instructions) . . . **40b**
c General business credit. Attach Form 3800 . . . **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) . . . **40d**
e Total credits. Add lines 40a through 40d . . . **40e**
41 Subtract line 40e from line 39 . . . **41**
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 . . . **43**
44 a Payments: A 2008 overpayment credited to 2009 . . . **44a**
b 2009 estimated tax payments . . . **44b**
c Tax deposited with Form 8868 . . . **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) . . . **44d**
e Backup withholding (see instructions) . . . **44e**
f Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total **44f**
45 Total payments. Add lines 44a through 44f . . . **45**
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . . . **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . **47**
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . **48**
49 Enter the amount of line 48 you want: **Credited to 2010 estimated tax** **Refunded** **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . **Yes** **No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year . . .	1		6 Inventory at end of year . . .	6	
2 Purchases . . .	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . .	7	
3 Cost of labor . . .	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . .		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 a Additional section 263A costs (attach schedule) . . .	4a				
b Other costs (attach schedule) . . .	4b				
5 Total. Add lines 1 through 4b . . .	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer's Use Only

Preparer's signature Date 8/10/2011 Check if self-employed Preparer's SSN or PTIN P00104850

Firm's name (or yours if self-employed), address, and ZIP code MICHAEL WILLETT PLLC EIN 27-3754975

62 BRULE ROAD, BARRE, VT 05641 Phone no. (802) 461-4450

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and (c) Deductions. Includes rows for (1)-(4) and a Total row.

Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows for (1)-(4) and a Totals row.

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows for (1)-(4).

Table for Nonexempt Controlled Organizations with 5 main columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows for (1)-(4) and a Totals row.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VAST NEWS	136,285	148,309				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	136,285	148,309	-12,024			

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	136,285	148,309				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 136,285	Enter here and on page 1, Part I, line 11, col. (B). 148,309				Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on page 1, Part II, line 14.			

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2008. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,313,533	2,036,843	3,126,906	4,675,085	3,895,399	16,047,766
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	154,440	82,908	126,572	57,823	35,362	457,105
3 Gross receipts from activities that are not an unrelated trade or business under section 513	619,980	697,674	1,121,084	51,166	110,568	2,600,472
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,087,953	2,817,425	4,374,562	4,784,074	4,041,329	19,105,343
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						19,105,343

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,087,953	2,817,425	4,374,562	4,784,074	4,041,329	19,105,343
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,205	52,860	49,596	26,304	28,163	209,128
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	52,205	52,860	49,596	26,304	28,163	209,128
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,044	4,890	1,715	8,420	4,137	28,206
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,149,202	2,875,175	4,425,873	4,818,798	4,073,629	19,342,677

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.77%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.71%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.08%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.12%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

Political Campaign and Lobbying Activities

2009

Open to Public Inspection

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

▶ Complete if the organization is described below.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: **VT ASSOCIATION OF SNOW TRAVELERS, INC** Employer identification number: **23-7157363**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 11,410
- 3 Volunteer hours 42

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4956 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	11,410													
c	Total lobbying expenditures (add lines 1a and 1b)	11,410													
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)	11,410													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	2,282													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	571													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-	9,128													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV.			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members.	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year.	2a
b Carryover from last year.	2b
c Total.	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions).	5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part I-A Line 1 VAST HIRES A GOVERNMENT RELATIONS FIRM TO TRACK LEGISLATION THAT COULD PARTIALLY IMPACT THE OPERATIONS OF VAST. THIS ORGANIZATION REPRESENTS VAST'S POSITION ON SUCH LEGISLATION BEFORE APPROPRIATE ADMINISTRATION OFFICIALS, LEGISLATORS AND LEGISLATIVE COMMITTEES. VAST'S EXECUTIVE DIRECTOR MONITORS THE ABOVE FIRM TO ENSURE THEY ARE WORKING ON OUR BEHALF AND HAS CONTACT WITH ADMINISTRATIVE OFFICIALS, LEGISLATORS AND LEGISLATIVE COMMITTEES WHEN ASKED AND AS NECESSARY. THE VAST EXECUTIVE COMMITTEE

Part I-A Line 1 HOSTS AN ANNUAL COFFEE FOR LEGISLATORS, AT THIS TIME LEGISLATORS ARE

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

VT ASSOCIATION OF SNOW TRAVELERS, INC

Employer identification number

23-7157363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,209,743
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,928,056
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	281,687
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	281,687

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,257,599
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	47,856
e	Add lines 2a through 2d	2e	47,856
3	Subtract line 2e from line 1	3	4,209,743
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,209,743

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,975,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	47,856
e	Add lines 2a through 2d	2e	47,856
3	Subtract line 2e from line 1	3	3,928,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,928,056

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII Line 2d Costs related to sales deducted from revenues on form 990

Part XIII Line 2d Costs related to sales deducted from revenue on form 990

Part I

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

VT ASSOCIATION OF SNOW TRAVELERS, INC

23-7157363

Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF

INTEREST ISSUES.

Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING.

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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)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 10/1/2010, and ending 9/30/2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization VT ASSOCIATION OF SNOW TRAVELERS, INC
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
26 VAST LANE
 City or town, state or country, and ZIP + 4
BARRE VT 05641

D Employer identification number
23-7157363

E Telephone number
(802) 229-0005

G Gross receipts \$ 4,588,478

F Name and address of principal officer:
ALEXIS NELSON - EXEC DIR 26 VAST LANE, BARRE, VT 05641

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "NO," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.vast.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1967 **M** State of legal domicile: VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>STATEWIDE SNOWMOBILE TRAILS PROGRAM, TRAILS CONSTRUCTION, RIDER EDUCATION AND SAFETY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>19</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>19</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>10</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>140,830</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>-5,298</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>5,711</u>	<u>2,205</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>4,122,706</u>	<u>4,494,663</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>87,851</u>	<u>45,943</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,209,743</u>	<u>4,556,876</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>654,800</u>	<u>1,049,270</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>486,076</u>	<u>482,679</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>2,787,180</u>	<u>3,474,868</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>3,928,056</u>	<u>5,006,817</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>281,687</u>	<u>-449,941</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>4,010,131</u>	<u>3,572,535</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>2,461</u>	<u>14,806</u>
		<u>4,007,670</u>	<u>3,557,729</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name MICHAEL WILLET Preparer's signature _____ Date 8/15/2012 Check if self-employed PTIN P00104850

Firm's name ▶ MICHAEL WILLET PLLC Firm's EIN ▶ 27-3754975

Firm's address ▶ 62 BRULE ROAD, BARRE, VT 05641 Phone no. (802) 461-4450

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PURPOSE OF VAST IS TO COORDINATE THE DEVELOPMENT, MAINTENANCE, AND MANAGEMENT OF VERMONT'S STATEWIDE TRAILS SYSTEM AS WELL AS TO EDUCATE VERMONT SNOWMOBILERS ABOUT SAFE RESPONSIBLE OPERATION OF SNOWMOBILES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,785,771 including grants of \$) (Revenue \$ 2,688,620.)
VAST OVERSEES THE STATEWIDE TRAILS GROOMING PROGRAM WHICH IS COMPRISED OF MORE THAN 6000 MILES OF INTER-CONNECTED SNOWMOBILE TRAILS THAT EXTEND FROM THE CANADIAN BORDER IN THE NORTH TO THE MASSACHUSSETS BORDER IN THE SOUTH AND FROM THE NEW HAMRSHIRE BORDER IN THE EAST TO THE NEW YORK BORDER IN THE WEST

4b (Code:) (Expenses \$ 610,003 including grants of \$ 610,003) (Revenue \$ 474,122.)
VAST HAS A GRANT-IN-AID PROGRAM FOR LOCAL CLUBS WHICH HELPS PAY FOR GROOMING EQUIPMENT USED BY THE CLUBS IN THE GROOMONG OPERATIONS

4c (Code:) (Expenses \$ 841,356 including grants of \$) (Revenue \$ 863,475.)
VAST RUNS GRANT-IN-AID PROGRAMS WHICH INCLUDE TRAIL CONSTRUCTION, MAINTENANCE, SIGNING AND DEBRUSHING ON THE SATEWIDE TRAILS SYSTEM

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,337,844 including grants of \$) (Revenue \$ 224,102)

4e Total program service expenses ▶ 4,574,974

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Response (Yes/No). Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b and a grid for Yes/No responses. Includes sub-questions for various IRS forms and organizational details.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY DUPREY (802) 229-0005
 26 VAST LANE, BERLIN, VT 05641

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONRAD STEWART DIRECTOR/ADDISON	2	X								
(2) JOHN PERKINS DIRECTOR/BENNINGTON	2	X								
(3) KEN GAMMELL DIRECTOR/CALEDONIA	2	X								
(4) JEFF FAY DIRECTOR/CHITTENDEN	2	X								
(5) RAY DUBREUIL DIRECTOR/ESSEX	2	X								
(6) JOHN ROSS DIRECTOR/FRANKLIN	2	X								
(7) DAVID LADD DIRECTOR/GRAND ISLE	2	X								
(8) BRIAN CURRIER DIRECTOR/LAMOILLE	2	X								
(9) MARK RICHARDSON DIRECTOR/ORANGE	2	X								
(10) MILO DAY DIRECTOR/ORLEANS	2	X								
(11) MERRITT BUDD DIRECTOR/RUTLAND	2	X								
(12) JIM MORRILL DIRECTOR/WASHINGTON	2	X								
(13) RICHARD JEWETT DIRECTOR/WINDSOR	2	X								
(14) JIM HILL PRESIDENT	2			X						
(15) BONNIE HOLBROOK RECORDING SECRETARY	2			X						
(16) MARK ELLINGWOOD TREASURER	2			X						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOE CICIA VICE-PRESIDENT	2.			X						
(18) BRYANT WATSON EXECUTIVE DIRECTOR	40.				X		70,312			
(19) ALEXIS NELSON TRAILS ADMINISTRATOR	40.				X		61,767			
(20) KENT GARDNER VAST NEWS MANAGER	40.					X	56,649			
(21) KATHLEEN DUPREY ADMINISTRATIVE ASSISTANT	40.					X	45,416			
(22) MATTHEW TETREULT TRAILS ASSISTANT	40.					X	46,853			
(23) CYNTHIA JONES RECEPTIONIST	40.					X	37,746			
(24) JESSICA HUDSON SPECIAL PROGRAMS MANAGER	40.					X	38,260			
(25)										
(26)										
(27)										
(28)										
1b Sub-total							357,003			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							357,003			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
	ENGINEERING	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,205				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		2,205				
Program Service Revenue				Business Code				
	2a	MEMBERSHIP DUES & REGISTRATIONS	713990	2,378,771	2,378,771			
	b	VAST NEWS	541800	140,830		140,830		
	c	GRANTS	713990	1,887,858	1,887,858			
	d	VAST INCOME	713990	34,502	34,502			
	e	IN-KIND SERVICES	713990	52,702	52,702			
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		4,494,663					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		27,681	27,681			
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				18,262				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)		18,262				
	d	Net gain or (loss) ▶		18,262	18,262			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events ▶							
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances	a	30,468					
		b	Less: cost of goods sold	b	31,602			
		c	Net income or (loss) from sales of inventory ▶		-1,134	-1,134		
Miscellaneous Revenue			Business Code					
11a	ANNUAL MEETING	713990	600	600				
b	MISCELLANEOUS	713990	14,599	14,599				
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		15,199					
12	Total revenue. See instructions ▶		4,556,876	4,413,841	140,830			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,049,270	1,049,270		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	132,079	61,510	70,569	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	239,378	122,992		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,023		18,023	
9	Other employee benefits	63,646		63,646	
10	Payroll taxes	29,553		29,553	
11	Fees for services (non-employees):				
a	Management				
b	Legal	102,568	95,401	7,167	
c	Accounting	20,300	19,650	9,650	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	742	742		
13	Office expenses	69,960	40,439	29,521	
14	Information technology	1,221		1,221	
15	Royalties				
16	Occupancy	31,875		31,875	
17	Travel	15,685	15,685		
18	Payments of travel or entertainment expenses for any federal, state or local public officials				
19	Conferences, conventions, and meetings	26,965		26,965	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,457		10,457	
23	Insurance	138,852	133,684	5,168	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	OFFICER EXPENSES	28,448	16,806	11,642	
b	SAFETY EDUCATION	3,970	3,970		
c	SPECIAL PROGRAMS	7,051	7,051		
d	TRAILS AID FUND	2,309,659	2,309,659		
e	IN-KIND SERVICES	52,702	52,702		
f	All other expenses SEE ATTACHED	654,413	654,413		
25	Total functional expenses. Add lines 1 through 24f	5,006,817	4,574,974	315,457	
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	3,761,284	1	3,331,260
	2	Savings and temporary cash investments	70,341	2	70,468
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	537,633		
	10b	Less: accumulated depreciation	366,826	178,506	170,807
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,010,131	16	3,572,535	
Liabilities	17	Accounts payable and accrued expenses	2,461	17	2,591
	18	Grants payable		18	
	19	Deferred revenue		19	12,215
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,461	26	14,806
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,007,670	27	3,557,729
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,007,670	33	3,557,729	
34	Total liabilities and net assets/fund balances	4,010,131	34	3,572,535	

Part XI Reconciliation of Net Assets

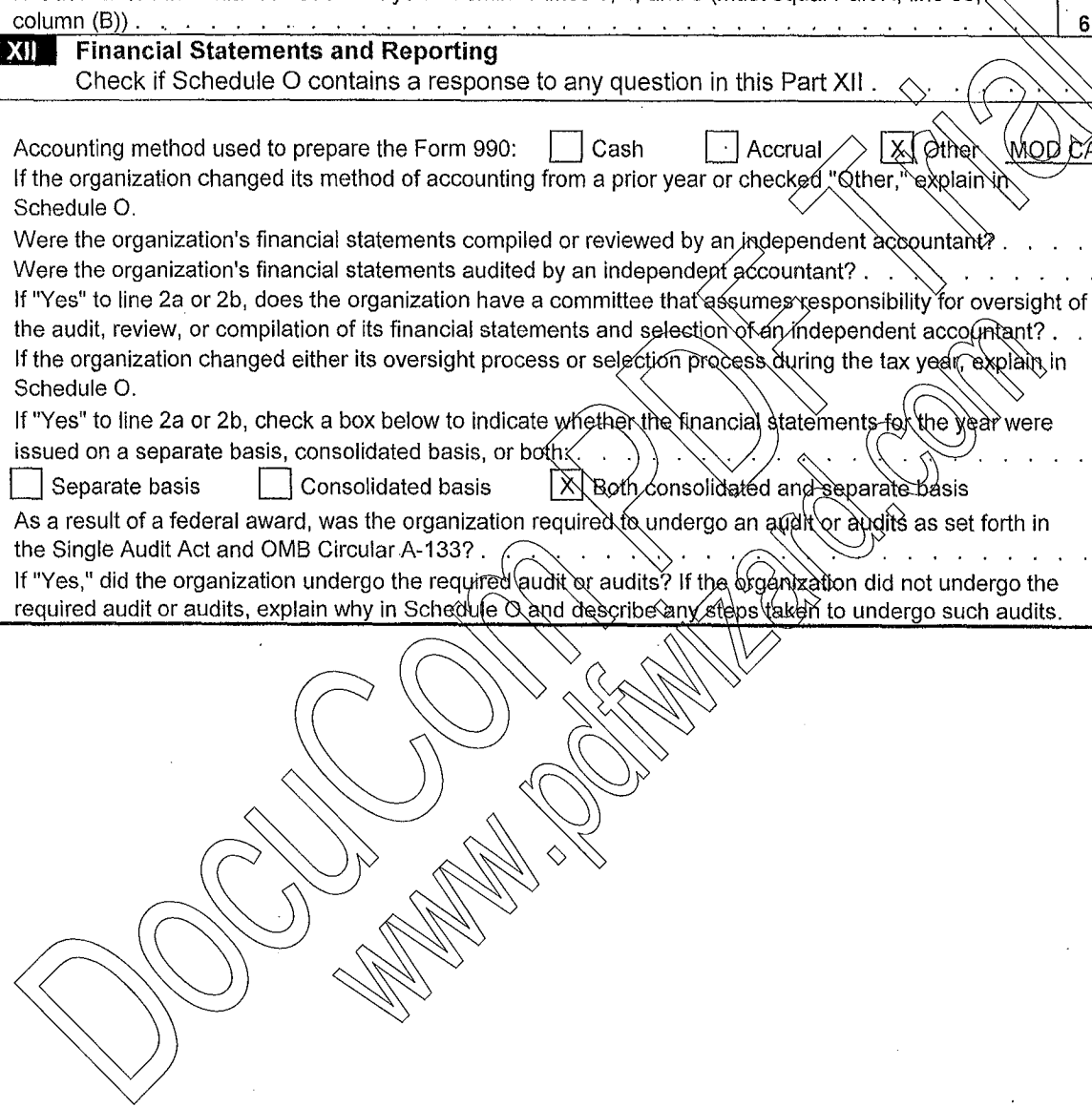
Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,556,876
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,006,817
3	Revenue less expenses. Subtract line 2 from line 1	3	-449,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,007,670
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,557,729

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MOD CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization: **VT ASSOCIATION OF SNOW TRAVELERS, INC** Employer identification number: **23-7157363**

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.)

- 1 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part II.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) 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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,036,843	3,126,906	4,675,085	3,895,399	4,268,834	18,003,067
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,908	126,572	57,823	35,362	34,502	337,167
3 Gross receipts from activities that are not an unrelated trade or business under section 513	697,674	1,121,084	51,166	110,566	48,730	2,029,222
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,817,425	4,374,562	4,784,074	4,041,329	4,352,066	20,369,456
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						20,369,456

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	2,817,425	4,374,562	4,784,074	4,041,329	4,352,066	20,369,456
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,860	49,596	26,304	28,163	27,681	184,604
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	52,860	49,596	26,304	28,163	27,681	184,604
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,890	1,715	8,420	4,137	15,199	34,361
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,875,175	4,425,873	4,818,798	4,073,629	4,394,946	20,588,421
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.94%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.77%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.90%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.08%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part III Line 12 MISCELLANEOUS INCOME

Area with horizontal dashed lines for supplemental information.

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Supplemental Financial Statements

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete If the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

VT ASSOCIATION OF SNOW TRAVELERS, INC

23-7157363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,000		56,000
b Buildings		168,942	61,323	107,619
c Leasehold improvements				
d Equipment		265,659	260,838	4,821
e Other		47,032	44,665	2,367
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				170,807

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,556,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,006,817
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-449,941
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-449,941

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	4,581,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	24,729
e	Add lines 2a through 2d	24,729
3	Subtract line 2e from line 1	4,556,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4,556,876

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	5,031,545
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	24,728
e	Add lines 2a through 2d	24,728
3	Subtract line 2e from line 1	5,006,817
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5,006,817

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII Line 2d EXPENSE REIMBURSEMENT NETTED ON TAX RETURN

Part XIII Line 2d EXPENSE REIMBURSEMENT NETTED ON TAX RETURN

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

23-7157363

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Employer identification number
23-7157363

VT ASSOCIATION OF SNOW TRAVELERS, INC

Form 990, Part III, Line 4d: Program Service Expenses: 151,357, Grants and allocations: 0,

Revenue: 224,102 CONSTRUCTION OF LAMOILLE VALLEY RAIL TRAIL PROJECT.

Form 990, Part III, Line 4d: Program Service Expenses: 1,186,487, Grants and allocations: 0,

Revenue: 0 SPECIAL PROJECTS, LAW ENFORCEMENT, PUBLIC RELATIONS AND (A ALL OTHER)

PROGRAM EXPENSES

Form 990 Part III Line 4d VAST OVERSEES A PROJECT KNOWN AS LAMOILLE VALLEY RAIL TRAIL WHICH
IWILL BE A 93 MILE LONG FOUR-SEASON RECREATIONAL TRAIL

Form 990 Part VII Section C Line 19 VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF
INTEREST ISSUES.

Form 990 Part VI Section B Line 12C VAST MONITORS ON A MONTHLY BASIS ANY POTENTIAL CONFLICT OF
INTEREST ISSUES.

Form 990 Part XI Line 1 MODIFIED CASH BASIS OF ACCOUNTING

Name of the organization

Employer identification number

VT ASSOCIATION OF SNOW TRAVELERS, INC

23-7157363

Area with horizontal dashed lines for supplemental information.

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