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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2007**Open to Public
Inspection**

For the 2007 calendar year, or tax year beginning 5-01

, 2007, and ending 04-30

, 2008

3 Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☒ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

SNOBEEES, INC

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 262

Room/suite

City or town, state or country, and ZIP + 4

BARRE, VT 05641

D Employer identification number

80-0637075

E Telephone number

802-770-0245

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

Website: ► SNOWBEEES.COM

I Organization type (check only one)—☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527

Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 47,783

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	21,459
	3	Membership dues and assessments	3	9,983
	4	Investment income	4	256
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0.00
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	15,795
b	Less direct expenses other than fundraising expenses	6b	8,339	
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	7,456.00	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0.00	
8	Other revenue (describe ► MISCELLANEOUS)	8	290	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	39,444.00	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	15,474
	15	Printing, publications, postage, and shipping	15	2,525
	16	Other expenses (describe ► SEE ATTACHED)	16	29,199
17	Total expenses. Add lines 10 through 16	17	47,198.00	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	(7,754.00)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41,514
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,760.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,669	22 17,915
23 Land and buildings		23
24 Other assets (describe ► FURNITURE & EQUIPMENT)	15,845	24 15,845
25 Total assets	41,514.00	25 33,760.00
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,514.00	27 33,760.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions)**Expenses**What is the organization's primary exempt purpose? SEE ATTACHED

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 GROOMING AND MAINTAINING SNOWMOBILE TRAILS(Grants \$) If this amount includes foreign grants, check here ☐**28a** 23,672**29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services** (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses.** Add lines 28a through 31a**32** 23,672.00**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED				

Part V Other Information (Note the statement requirement in General Instruction V)**Yes No**

33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____**b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____**d** Enter amount of tax on line 40c reimbursed by the organization ▶ _____**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e		
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41 List the states with which a copy of this return is filed. ▶ _____**42a** The books are in care of ▶ **MIKE PERRIGO**Telephone no ▶ **802-770-0245**Located at ▶ **253 SUNSET ROAD, BARRE, VT**ZIP + 4 ▶ **05641****b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c		X
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If "Yes," enter the name of the foreign country ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43****Please
Sign
Here**

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

Signature of officer ▶ *Michael Perrigo*Date ▶ **10/13/10**Type or print name and title ▶ **Michael Perrigo Treas****Paid
Preparer's
Use Only**Preparer's signature ▶ *Michael Perrigo*Date ▶ **10/13/10**Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen Inst X)

P00104850

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

DARLING, KELLY & CO, INCEIN ▶ **03-0223942****P O BOX 302 BARRE, VT 05641**Phone no ▶ **802-476-8480**Form **990-EZ** (2007)

Snowbees, Inc 80-0637075
Form 990 EZ,

Part 1- Line 16- Other Expenses

Expenses related to program service revenue	\$23,672
Advertising	149
Landowner Gifts	3,750
Miscellaneous	690
Office	<u>938</u>
	<u>\$29,199</u>

Snowbees, Inc 80-0637075
Form 990 EZ-Part IV

Officers

President	James Morill 60 Westwood Parkway Barre, VT 05641	
Vice President	Vacant	
Treasurer	Michael Perrigo 40 Palmisano Plaza Barre, VT 05641	
Secretary	Vacant	
Membership	Jean Perrigo 40 Palmisano Plaza Barre, VT 05641	Tina Cyr 18 Ledge Drive Barre, VT 05641
Webmaster	Robert Pembroke 57 Camire Hill Road Barre, VT 05641	
Trailmaster	Vacant	
Trail Coordinator	Vacant	

Directors

John Plante Tamarack Lane Barre, VT 05641	Adam Spaulding PO Box 181 E. Barre, VT 05649
Greg Blake 76 Lague Lane Barre, VT 05641	Dave Watson PO Box 382 Barre, VT 05641
Lionel Cyr 18 Ledge Drive Barre, VT 05641	Jeremy Malone 35 Phelps Road Barre, VT 05641

Ryan Bellavance 597 Higuera Road Barre, VT 05641	Robert Campo 16 Windridge Road Barre, VT 05641
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Snowbees, Inc 80-0637075
Form 990 EZ, Part III-Line 28

- Section 2 The objectives of "the club" shall be:
- a) to encourage the safe, courteous, lawful and responsible use of snowmobiles;
 - b) to encourage the use of private and public lands for snowmobiling on a local, county, and statewide basis; to develop, maintain and groom a system of "club" trails with such interconnecting with adjoining clubs and becoming a part of the VAST statewide trail system;
 - c) to support and encourage reasonable and responsible snowmobile legislation;
 - d) to stimulate a greater family interest in the sport among the citizens within the area served by the club;
 - e) to render public service in case of emergency and/or disaster.