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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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

10/29/10 VCP

TC59918

A For the 2008 calendar year, or tax year beginning 05-01 , 2008, and ending 04-30 , 2009

B 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
SNOBEES, INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 262

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) ▶

I **Website:** ▶ SNOBEES.COM

J **Organization type** (check only one) – ☒ 501(c) (7)◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 45,341

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	24,281
	3	Membership dues and assessments		3	7,719
	4	Investment income		4	147
	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 (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 12,620		
	b	Less direct expenses other than fundraising expenses	6b 8,079		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,541.00
	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	574
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	37,262.00
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	7,288
	15	Printing, publications, postage, and shipping		15	2,359
	16	Other expenses (describe ▶ SEE ATTACHED)		16	30,490
	17	**Total expenses.** Add lines 10 through 16 ▶		17	40,137.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(2,875.00)
	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	33,760
	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	30,885.00

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	17,915	22	15,040
23 Land and buildings		23	
24 Other assets (describe ▶ FURNITURE & EQUIPMENT)	15,845	24	15,845
25 **Total assets**	33,760.00	25	30,885.00
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	33,760.00	27	30,885.00

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE ATTACHED

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

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

28	GROOMING AND MAINTAINING SNOWMOBILE TRAILS		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	22,046
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	22,046.00

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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 requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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, 6a, and 7a (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 section 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," complete applicable parts of Schedule N	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," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 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," complete Schedule L, Part I	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? If "Yes," complete Form 8886-T	40e		X

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

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

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: 10/13/10

Type or print name and title: MICHAEL PERRIGO TREAS

Paid Preparer's Use Only

Preparer's signature	Date 10/13/10	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

Snowbees, Inc 80-0637075
Form 990 EZ,

Part 1- Line 16- Other Expenses

Expenses related to program service revenue	$22,046
Advertising	149
Landowner Gifts	6,161
Miscellaneous	1,294
Annual Meeting	420
Office	420
	$30,490

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

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.