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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**

<b>A</b> For the 2008 calendar year, or tax year beginning <b>July 1,</b> , 2008, and ending <b>June 30</b> , 20 <b>09</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEW HAMPSHIRE SNOWMOBILE ASSOCIATION</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>614 LACONIA ROAD</b> <b>4</b> City or town, state or country, and ZIP + 4 <b>TILTON, NH 03276</b>
<b>D</b> Employer identification number <b>02 0279965</b>	<b>E</b> Telephone number <b>( 603 ) 273-0220</b>
<b>F</b> Group Exemption Number . . . ►	
<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ► <b>www.nhsa.com</b>	
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> 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.	
<b>L</b> 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 ► \$ <b>793,532</b>	

**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	2,650.
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	286,850.
	4	Investment income . . . . .	4	774.
	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	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	376,557.
b	Less: direct expenses other than fundraising expenses . . . . .	6b	285,026.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	91,531.	
Expenses	7a	Gross sales of inventory, less returns and allowances <b>STATE 6</b> . . . . .	7a	9184.
	b	Less: cost of goods sold . . . . .	7b	4,997.
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	4,187.
	8	Other revenue (describe ► <b>SEE STATEMENT 4</b> ) . . . . .	8	117,517.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. . . . .	9	503,509.
	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	100,685.
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	13	64,790.
	14	Occupancy, rent, utilities, and maintenance <b>SEE STATEMENT 5</b> . . . . .	14	20,155.
	15	Printing, publications, postage, and shipping. <b>SEE STATEMENT 1</b> . . . . .	15	142,407.
	16	Other expenses (describe ► <b>SEE STATEMENT 1</b> ) . . . . .	16	115,563.
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	443,600.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	59,909.
	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	233,218.
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20		
21	Net assets or fund balances at end of year. <b>Combine lines 18 through 20.</b> . . . . .	21	293,127.	

**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 . . . . .	220,474.	227,920.
23	Land and buildings . . . . .		
24	Other assets (describe ► <b>SEE STATEMENT 2</b> ) . . . . .	44,330.	62,332.
25	<b>Total assets</b> . . . . .	264,804.	342,252.
26	<b>Total liabilities</b> (describe ► <b>SEE STATEMENT 3</b> ) . . . . .	31,586.	49,125.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	233,218.	293,127.

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

Cat No 106421

Form **990-EZ** (2008)

SCANNED MAR 15 2010

SCANNED MAR 10 2010

## Expenses

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

28a	301,193.
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<b>28a</b>	<b>301,193.</b>
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29a	142,407.
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29a	142,407.
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30a	
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30a

31a	
-----	--

31a

32	443.600.
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(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
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Form **990-EZ** (2008)

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b> 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 . . . . .	<b>34</b>	✓
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .	<b>37b</b>	✓
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>NH</b> . . . . .		
<b>42a</b> The books are in care of ▶ <b>CRAIG MAYO</b> . . . . . Telephone no. ▶ ( <b>603</b> ) <b>273-0220</b>		
Located at ▶ <b>614 LACONIA ROAD- SUITE 4, TILTON NH</b> . . . . . ZIP + 4 ▶ <b>03276</b>		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . . N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b> 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 . . . . .	<b>45</b>	✓

**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 |
|--|------------|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .   | <b>49b</b> |    |
- 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
N/A				
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
N/A		
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 TERRY CALLUM, PRESIDENT Date 12/12/10

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) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2008

**Open To Public Inspection**

Name of the organization

## NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

Employer identification number

02 0279965

**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.

[illegible]

**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>GRASS DRAGS</b> (event type)	(b) Event #2 <b>E.S. RIDE-IN</b> (event type)	(c) Other Events <b>2</b> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>341,423.</b>	<b>11,653.</b>	<b>23481.</b>	<b>376,557.</b>
	<b>2</b> Less: Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	<b>341,423.</b>	<b>11,653.</b>	<b>23,481.</b>	<b>376,557.</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>33,889.</b>			<b>33,889.</b>
	<b>5</b> Non-cash prizes . . . . .			<b>10,900.</b>	<b>10,900.</b>
	<b>6</b> Rent/facility costs . . . . .	<b>73,642.</b>			<b>73,642.</b>
	<b>7</b> Other direct expenses . . . . .	<b>138,527.</b>	<b>20,082.</b>	<b>7,986.</b>	<b>166,595.</b>
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				<b>( 285,026.)</b>
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				<b>91,531.</b>

**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))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				<b>( )</b>
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**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 ▶ \$



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CLUB INSURANCE EXPENSE		27,385.	
CONFERENCES/CONVENTIONS/MEETINGS		18,328.	
DUES AND SUBSCRIPTIONS		12,897.	
PAYROLL TAXES		6,851.	
CONTRIBUTIONS		6,025.	
OFFICE AND STORE SUPPLIES		5,314.	
REGISTRATION EXPENSE		5,291.	
PUBLIC RELATIONS		5,125.	
FEDERAL INCOME TAXES		4,440.	
TRAVEL AND ENTERTAINMENT		4,155.	
EQUIPMENT LEASE		3,690.	
INSURANCE EXPENSE		3,291.	
TELEPHONE AND INTERNET		2,913.	
OFFICE EXPENSES		2,066.	
WEBSITE		420.	
OTHER EXPENSES		7,372.	
TOTAL TO FORM 990-EZ, LINE 16		115,563.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	22,102.	46,185.	
INVENTORY	7,181.	4,276.	
ACCOUNTS RECEIVABLE	9,123.	7,279.	
FEDERAL TAXES RECEIVABLE	0.	470.	
OTHER DEPRECIABLE ASSETS	5,924.	4,122.	
TOTAL TO FORM 990-EZ, LINE 24	44,330.	62,332.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	6,629.	21,406.	
DEFERRED REVENUE	15,240.	24,765.	
PAYROLL LIABILITIES	4,774.	2,954.	
FEDERAL TAXES PAYABLE	4,943.	0.	
TOTAL TO FORM 990-EZ, LINE 26	31,586.	49,125.	

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FORM 990-EZ	OTHER REVENUE	STATEMENT	4
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DESCRIPTION	AMOUNT
ADVERTISING INCOME	74,906.
CLUB INSURANCE REVENUE	27,619.
TRAIL PATROL	439.
PROMOTIONAL AND EDUCATIONAL CONFERENCES	12,730.
LIBERTY MUTUAL DISCOUNT PROGRAM	1,823.
TOTAL TO FORM 990-EZ, LINE 8	117,517.

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	2,272.
OTHER EXPENSES	17,883.
TOTAL TO FORM 990-EZ, LINE 14	20,155.

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FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 6

## INCOME

1. GROSS RECEIPTS . . . . .	9,184	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		9,184
4. COST OF GOODS SOLD (LINE 13) . . . . .	4,997	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		4,187

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	7,181	
7. MERCHANDISE PURCHASED . . . . .	2,092	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		9,273
12. INVENTORY AT END OF YEAR . . . . .	4,276	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		4,997

990-EZ PG 2

STATEMENT 8

PROMOTE AND FOSTER SNOWMOBILING AND PROVIDE SUPPORT TO MEMBERS AND THEIR  
RELATED ORGANIZATIONS.

# 2008-2009 Officers & Directors

as of March 2009

## PRESIDENT

Terry Callum, Jr  
1253 Second NH Turnpike  
Newport, NH 03773  
863-8901

## VICE-PRESIDENT

Jim Bronson  
76 N Bennington Rd  
Bennington, NH 03442  
588-6297

## SECRETARY

M A Ricci  
940 NH Route 120  
Cornish, NH 03745  
542-7714

## TREASURER

Craig A Mayo  
65 Prescott Road  
Sanbornton, NH 03269  
934-3327

## PAST PRESIDENT

Craig A Mayo  
65 Prescott Road  
Sanbornton, NH 03269  
934-3327

Officers  
devoting  
4 hrs per  
week

## BELKNAP DIRECTOR

Tyson McKenna  
30 Lockes Hill Road  
Gilford, NH 03249  
393-7595  
tyson@winnisecurity.com

## COOS DIRECTOR

John Letson  
437 Dalton Road  
Dalton, NH 03598  
837-8890  
jprod@localnet.com

## ROCKINGHAM DIRECTOR

Gary Scott  
288 South Road  
Deerfield, NH 03261  
463-9443  
gscott@metrocast.net

## BELKNAP ASSISTANT

Russ Davis, Jr  
407 Province Road  
Belmont, NH 03220  
520-0816  
rdavisjr@metrocast.net

## COOS ASSISTANT

Larry Gomes  
10 Old Flanders Road  
Westborough, MA 01581  
508-366-1172  
Larry@twolakeslodge.com

## ROCKINGHAM ASSISTANT

Jeff MacLeod  
84 Highland Road  
Merrimac, MA 01860  
978-807-0493 Cell  
freedomrider\_in\_nh@comcast.net

## CARROL DIRECTOR

Tom Willard  
PO Box 13  
Wolfeboro Falls, NH 03896  
569-4130  
tops4u@metrocast.net

## GRAFTON DIRECTOR

Marie Hixson  
1332 Winona Road  
New Hampston, NH 03256  
968-9038  
murecz@myfairpoint.net

## STRAFFORD DIRECTOR

Joe Gorman, Sr  
28 Finchey Road  
Alton, NH 03809  
875-2173  
gorman3@worldpath.net

## CARROL ASSISTANT

Larry Jean  
2 Gov. Wentworth Highway  
Mirror Lake, NH 03853  
569-0041  
LJEAN5037@AOL.COM

## GRAFTON ASSISTANT

~ Vacant ~

## STRAFFORD ASSISTANT

~ Vacant ~

## CHESHIRE DIRECTOR

Barry LaBombarde  
180 Tower Hill Road  
Hinsdale, NH 03451  
336-7372  
Barry180@myfairpoint.net

## HILLSBORO DIRECTOR

Cliff Russell  
PO Box 163  
Greenfield, NH 03047  
547-2722  
russells99@myfairpoint.net

## SULLIVAN DIRECTOR

Roger Wright  
630 Red Water Brook Road  
Claremont, NH 03743  
543-3669  
rogr.wright@comcast.net

## CHESHIRE ASSISTANT

~ Vacant ~

## HILLSBORO ASSISTANT

Bruce Caron  
62 Blueberry Hill Road  
Deering, NH 03244  
464-5473  
lcaron@conknet.com

## SULLIVAN ASSISTANT

~ Mark Giglio  
158 Bennington Road  
Hancock, NH 03449  
603-525-9368  
mwgservices@yahoo.com

## MERRIMACK DIRECTOR

George Burdick  
PO Box 62  
Salisbury, NH 03268  
648-2304

## CONTRIBUTOR / DEALER DIRECTOR

Scott Hill  
223 Elm Street  
Penacook, NH 03303  
753-2100  
scottjools@comcast.net

## MERRIMACK ASSISTANT

Kent Symonds  
32 Snowshoe Trail  
Contoocook, NH 03229  
746-2757

Officers  
devoting  
2 hrs.  
per  
week

**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

FORM 990-EZ PAGE 1

02-0279965

**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	
3	Threshold cost of section 179 property before reduction in limitation	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	
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	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
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)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,272.

**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	
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		

**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						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
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	
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 instr.	22	2,272.
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	

**Part V 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 the 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 placed 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
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**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

25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 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 here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter 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	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> 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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**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
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**42** Amortization of costs that begins during your 2008 tax year:


**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

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

**2008**

Attachment  
Sequence No **27**

Name(s) shown on return

Identifying number

**NEW HAMPSHIRE SNOWMOBILE ASSOCIATION**

**02-0279965**

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

**1**

**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)
<b>2</b>						

**3** Gain, if any, from Form 4684, line 45

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

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

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

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

**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)

**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

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

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

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

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

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

**17** Combine lines 10 through 16

**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 41, 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

**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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)



**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
<b>A THEFT OF COMPUTER</b>		05/02/05	06/15/09
<b>B</b>			
<b>C</b>			
<b>D</b>			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1 before completing )	20	0.	
21 Cost or other basis plus expense of sale	21	710.	
22 Depreciation (or depletion) allowed or allowable	22	710.	
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a	710.	
b Enter the smaller of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291			
a Additional depreciation after 1975 (see instructions)	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a		
b Enter the smaller of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a		
b Enter the smaller of line 24 or 29a (see instructions)	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 39. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>NEW HAMPSHIRE SNOWMOBILE ASSOCIATION</b>	Employer identification number <b>02-0279965</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>614 LACONIA ROAD, NO. 4</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TILTON, NH 03276</b>	

**Check type of return to be filed**(file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**CRAIG MAYO**

- The books are in the care of ► **614 LACONIA ROAD UNIT 4 - TILTON, NH 03276**  
Telephone No. ► **(603) 273-0220** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)