

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

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

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سے	Name change  Initial return  Name change  See 26 VAST LANE - BERLIN											802-	229-00	05			
≥ س	Specific Instruc- City or town, state or country, and ZIP + 4														_		
	$\Box$		d return	tions	BAF	RRE,	VT 0	5641						<b>G</b> Gross receipts \$ 5, 157, 396			
ENVELOPE POSTNARK DATE			on pending	F Nam	ne and	address	of principa	al officer					H(a) to th		rn for affiliates?		No
		ррисско		BRYA	TNL	WATS	ON -	EXEC	DIREC	CTOR					included?		
		Tax-exe	empt status				nsert no )		a)(1) or [	527			1		a list (see ins		INU
	J	Websi	te: ► WW						,,,,	<u> </u>			1	exemption n	•		
	K	Type of	organization	X Corpo	ration [	Trust [	Associati	on 🗋 Othe	r 🕨		L Year o	f formation			of legal domi	cile VT	
	Pa	rt (	Summ	ary													_
		1 1	Briefly de	escribe	the c	rganiza	tion's m	ission or	most sia	nıfıcant	activities	STATE	WIDE	SNOW	MOBILE	TRAII	_S
	اہ		PROGR	AM,	TRA	ĭĽS	CONST	TRUCTI	ON, Ř	IDER	EDUCA	TION	AND S	AFETY	·		
	2	_				<b></b>								<b></b>			
	Activities & Governance	_				<b></b>											
	o e	2	Check this	box ▶		the orgar	ization di	scontinued	its operation	ons or dis	sposed of m	ore than 25	5% of its a	ssets			
	ঞ	3 !	Number o	of votin	g me	mbers	of the g	overning	body (Pa	rt VI, lin	e 1a).			3	<u></u>		<u> 19</u>
	es				_		-	_			ly (Part VI,	line 1b)		4			19
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	Act								sary)		<u> </u>	1		. 6		1,56	
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		b l	Net unrel	ated bu	usine	ss taxal	ole incor	ne from F	orm 990	-T, line	34 . Q			7b		(29,65)	<u>51</u> )
								25	AUG	192	010		Prior Y			ent Year	
	9	8 (	Contribut	ions ar	nd gra	ants (Pa	art VIII, li	ne 1h)			RS.	l		3,210	<del></del>	<u>, 998. (</u>	
	Revenue	9 F	⊃rogram	service	reve	nue (Pa	art VIII, le	ne 2g) .	· OOT			ļ. <u>. </u>			4,945		
	Ze V	10 I	nvestme	nt incoi	me (F	Part VIII	, columr	ı (A), lı <u>hes</u>	$_{3}$ QG $_{3}$	$\frac{d^2 Fd^2}{d^2}$	<u>U I</u>	」.		5,284		<u>,868.0</u>	
	_	11 (	Other rev	enue (F	Part \	/III, colι	ımn (A),	lines 5, 6	5d, 8c, 9c	, 10с, а	ınd 11e)			1,715		,733.0	
											nn (A), line	12) 4,			4,969		
									umn (A), I			.	2,39	3,164	2,603	, /60.0	<u> </u>
					o or for members (Part IX, column (A), line 4)						41	0 500	172	,897.0	$\frac{1}{10}$		
	xpenses								-		A), lines 5–	10)					
	beu								A), line 11		 15,656		3.45° \$15°	_		, 656.0	
	Ĕ			_					line 25) ▶		15,656		<u>1 7つ</u>	0 10/	1,255		
									a–11d, 11			· · /	<del></del>		4,348		
								ust equal 18 from lu			(A), line 25	) <del>[ /</del>		20.00		,168.0	
	P 8	10	reveiled I	COO CAL	GIISE	5 Oubli	act inte	TO HOITI III	10 12 .		<u> </u>		Beginning		<del></del>	of Year	<u>.                                     </u>
	Net Assets or Fund Balances	20	Total acc	oto /Do	H V 1	lina 16\									3,728		00
	Ass Ba		Fotal ass Fotal liab	-										17.00		,037.0	
<u></u>	Net Line					•	,	ct line 21	from line	20		; <u>3</u> ,			3,725		
2010		rt II		ature I					,					· —			_
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€			and belief	, it is true	e, corre	ect, and c	omplete I	Declaration	of preparer	(other thai	n officer) is b	ased on all	information	of which p	reparer has a	iny knowled	ge
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	May	the I	RS discu	iss this	retur	n with 1	the prep	arer show	vn above	ィ(see ir	nstructions	3)			. X Y	′es 📙 N	lo

I G	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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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
	Other program services (Describe in Schedule O) (Expenses \$ 985,540 including grants of \$ 0) (Revenue \$ 0)  Total program service expenses > \$ 3,830,600,00  (Must equal Part IX, Line 25, column (B))
	<u> </u>

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Part IV	Checklist	UI NEUL	III EU 31	cumes

			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	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ_	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
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	5	_	
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? If "Yes," complete Schedule D, Part I	6_		Х
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>	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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	9_		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		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 U.S.? If "Yes," complete Schedule F, Part I	14b	-	Χ_
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	15		Х
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	16	77	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18	Х	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		$\frac{X}{X}$
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a VII Yes, complete Schedule 6, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25	24a		_X_
b		24b		_X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>X</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>X</u>
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? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		Х

### Form 990 (2008) Part 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		- Tage 1	40
а	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)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x_
С	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? If "Yes," complete Schedule L, Part $IV$ .	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32_		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
		1		

Form **990** (2008)

Pai	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	1 1		議書	<b>34</b>	
	U.S. Information Returns Enter -0- if not applicable	1a	13	_Y\$\frac{1}{2}_2	ڪلاپيو. جندست	(100 m)
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		34.44 3.34	
	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and	reportable		erece Le le	3 5 5
	gaming (gambling) winnings to prize winners?			1c	X	CONTRACT OF
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	11			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employments and the second			- J	SPAPPAK SPAPPAK	1417, 42,41
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file instructions)	this re	eturn (see			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the this return?	year c	overed by	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedul	le O		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature		er authority			
-	over, a financial account in a foreign country (such as a bank account, securities account,					
	account)?			4a	English MK.	X
b	If "Yes," enter the name of the foreign country ▶				erates Eksterni	-t-=-
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report	of For	eign Bank			
	and Financial Accounts		_		POW A	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax she			JD.		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Ta	ıx-Exer	npt Entity	5c		X
6-	Regarding Prohibited Tax Shelter Transaction?		'	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	· ·		6b	. The substant	anas
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contributi	ion of r	more than	70		X
	\$75?			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provide		· ·	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property to	tor wni	ich it was	7c		X
А	required to file Form 8282?	7d		7385-77 4387-7	150	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur	ns on a	a nersonal			2
C	benefit contract?			7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be	enefit o	contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 a			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a	Form 1	1098-C as		.	
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fun	ds and	d section	, v. =		19 19-19
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained	by a s	ponsoring	أندين .	idit i	1
_	organization, have excess business holdings at any time during the year?			8	ا اعرا م	* 12% E
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fund	S.		9a	<i>-</i> 11	i i i
a	Did the organization make any taxable distributions under section 4966?			9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter		• • •			報信
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		基系	1 1000 1000 1000 1000 1000 1000 1000 10	
11	Section 501(c)(12) organizations. Enter					和海
	Gross income from members or shareholders	11a				· · · · · · · · · · · · · · · · · · ·
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		rm 1041?	12a	- Tue-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			当はなるな	<b>≥₹</b> /₹/점

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

Sec	tion A. Governing Body and Management	_		
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	1	् हूँ	د مان ال
	circumstances, processes, or changes in Schedule O See instructions	400	福籌	
1a	Enter the number of voting members of the governing body	٠٠, دو ب	4.50	
b	Enter the number of voting members that are independent		1840 - 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1,100		
_	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		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			್ಷ ಆದರಿಕೆ ಈ
•	the year by the following		1-1-1	
а	The governing body?	8a	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	_
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		İ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	4.		3.7
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		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			Х
	tion B. Policies	11_		
Sec	iiiii B. Folicies	<sub>-</sub>	Yes	No.
40-	D	12a	X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	X	
	rise to conflicts?	120	^	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Х	
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	> 12	الله الله الله الله الله الله الله الله	歌。
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	فكند	भावत्व <u>भावत्व</u> ्य	
а	The organization's CEO, Executive Director, or top management official?	15a		_X
b	Other officers or key employees of the organization?	15b	A	<u>X</u>
	Describe the process in Schedule O (see instructions)	<b>\$</b>	<b>表</b> 一	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Fig.		
	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		1 = 1 × 1	
	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		
Sec	tion 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(cr	(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 inte	rest	
	policy, and financial statements available to the public			
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	

# 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. 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 co		any o	offic	er,	dire	ctor,	trus	stee, or key em	ployee		
(A)	(B) (C) (D) (E) (F)										
Name and Title	Average	Positi	on (d	checl	k all	that ap		Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
CONRAD STEWARD											
DIRECTOR/ADDISON		X		<u></u> .	ļ			0	0	0	
JOHN PERKINS DIRECTOR/BENNINGTON		Х		l				0	0	0	
KEN GAMMELL											
DIRECTOR/CALEDONIA		X						0	0	0	
JEFF FAY DIRECTOR/CHITTENDEN		X						ol	o	0	
RAY DUBREYIL	_	Λ					<u> </u>	0	0		
DIRECTOR/ESSEX		X						0	0	0	
JOHN ROSS		3.7					ļ			^	
DIRECTOR/FRANKLIN DAVID LADD		X	- '					0	0	0	
DIRECTOR/GRAND_ISLE		Х						0	0	0	
BRIAN CURRIER		Х									
DIRECTOR/LAMOILLE LARRY TROTTIER								0	0	0	
DIRECTOR/ORANGE		Х						0	0	0	
MILO DAY								_	_		
DIRECTOR/ORLEANS		X						0	0	0	
MERRITT BUDD DIRECTOR/RUTLAND		Х						0	0	0	
JOHN LYNDS											
DIRECTOR/WASHINGTON		X						0	0	0	
TOM BALTRUS											
DIRECTOR/WINDHAM		X						0	0	0	
BRUCE MURRAY											
DIRECTOR/WINDSOR		Х						0	0	0	
JIM HILL PRESIDENT				X				0	o	0	
BONNIE HOLBROOK				42	<u> </u>						
REC. SECRETARY				Х				0	0	0	
MARK ELLINGWOOD											
TREASURER				X				0	0	0	

(A)	(B)		,		C)	<u> </u>		(D)	(E)	(F)
Name and title	Average	Positi	on (d		•	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOE CICIA VP				Х				0	C	) 0
BRYANT WATSON EXECUTIVE DIRECTOR					Х			68,262	C	0
ALEXIS NELSON TRAILS ADMINISTRATION					Х			50,346	C	0
KENT GARDNER VAST NEWS MANAGER						X.		55,000	C	0
KATHLEEN DUPREY ADMINISTRATION						Х		45,376		0
MATTHEW TETREAULT TRAILS						Х		44,541	C	0
CYNTHIA JUNES RECEPTIONIST						X		36,414	C	0
JESSICA HUDSON SPECIAL PROGRAMS MGR						Х		34,530	С	0
Al. Tabl									0.00	0.00
<ul> <li>Total</li></ul>		o rec			nore			334,469.00 00,000 in repo		<del></del>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Si							oyee	e, or highest c	ompensated	Yes No
For any individual listed on line 1a, is the sthe organization and related organizations and individual										4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue <i>Yes," comp</i>	comp lete S	ens Sch	edu	n f <i>le J</i>	rom a	any <i>uch</i>	unrelated organic person		5 X
Section B. Independent Contractors  1 Complete this table for your five highest co				200			otor	a that recover	l more than ¢1	00 000 -f
compensation from the organization		u mae	eper	nue			Clor		more than \$1	·
Name and business add	ress							(B) Description of se	ervices	(C) Compensation
NONE						_				
				-		_				
2 Total number of independent contractors (compensation from the organization ▶	including t	hose	ın 1 0	l) w	ho I	receiv	ed i	more than \$10	00,000 in	

m 9						T		Page
धार	VII	Statement of Re	venue	Determine the second of the	(A)	(B)	(C)	(D)
%, '- 3.					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business	excluded from tax under sections
201.5	m, i )		The same of the sa		r .	revenue	revenue	512, 513, or 514
and other similar amounts	1a	Federated campaigns	1a	0		自動造作 4		
٦		Membership dues	1b	0	4			
" È		Fundraising events	1c	0	関しては多い			
, ie		Related organizations	1d					
Ē		Government grants (contri	. –		2 4 5 4 2			
.S.	-	• ,	ibations)		Transfer and			
her	Ť	All other contributions, gifts, g	grants,	10 000		Tet a land		
ಠ		and similar amounts not inclu		_10,998		A STATE OF THE STA		
2	g	Noncash contributions include			70.000.00			
	n	Total. Add lines 1a-1f	<del> <u>.</u> .</del>	. Posta a contra	10,998.00	· 文章是理	S AMERICAN	
Program Service Revenue				Business Code	.: (, · · · · ]			
ַב !	2a	MEMBERSHIP DUES		713990	3,163,787			
	b	VAST NEWS		541800	150,215	<del></del>	150,215	
2	С	GRANTS		713990	1,500,300	1,500,300		
<u>ק</u>	d	VAST INCOME		713990	57,823	57,823		
	e	IN-KIND SERVICES	S	713990	73,755	73,755		
,	f	All other program service						
:	g	Total. Add lines 2a-2f		•	4,945.880 00			
7	2	<del>-</del>		<del>-</del>	1			7-78-3
	3	Investment income (inc			26,304	26,304		
-		other similar amounts)			20,304	20,304	· -	
	4 5	Income from investment o	ı tax-exempt bor	iu proceeds	0			
Į	5	Royalties	(i) Real	(ii) Personal	* * 7 %	1.5 143 1	LA HOTAES TEST	
-			(i) Iteal	(II) Fersonal		1 1 2 1		7.
-	6a	Gross Rents						
-	b	Less rental expenses						
- [	C	Rental income or (loss)	0.00	<del></del>		YKYSK		
-	d	Net rental income or (lo	oss) . <u></u>	<u> </u>	0.00			
1	7a	Gross amount from sales of	(i) Securities	(ii) Other		963		
		assets other than inventory		129,458				
	b	Less cost or other basis		·				
	-	and sales expenses .		137,894				
	c	Gain or (loss)	0.00		15 E 25 T 15 T			
		Net gain or (loss)		▶	(8,436.00	(8,436	)	And the second s
1	_				The state of the s	***		<b>"</b> "是的特殊。
-	Вa	Gross income from						
		events (not including \$			The second			
		of contributions reported	•		THE PERSON NAMED IN COLUMN TWO	· 学品的		
		See Part IV, line 18	<b>u</b>	<u> </u>	The state of the state of			Maria Caracana
1		Less direct expenses						
	С	Net income or (loss) fro	m tundraising e	events ►	0.00	<u>4</u>	TERRIPORT	1.00
	9a	Gross income from gam	ing activities					
		See Part IV, line 19	а	0			<b>用量的小线</b> 置	
		Less direct expenses,	b		Malaconi Table			EXECUTE OF THE PROPERTY OF THE
	С	Net income or (loss) fro	m gaming activ	vities ▶	0.00			
	10a	Gross sales of inve	entory. Jess					
		returns and allowances	•	36,336				
	b	Less cost of goods sol						
		Net income or (loss) from			(14,153.00)	(14,153	- 1 100 1127 1111 11111 11111	· x rat water and and the
f		Miscellaneous Reve		Business Code				
	112	ANNUAL MEETING		713990	3,336	3,336	To the State of th	
	b	MISCELLANEOUS		713990	5,084	5,084		
	Ď			, 13370	3,004	3,004	<del> </del>	
	C	A.D						
		All other revenue			0 100 00		paranta a dinadakan	****
		Total. Add lines 11a-11		▶	8,420.00	TACTICE SE		
1	2	Total Revenue. Add Im	es 1h, 2g, 3, 4	, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e		<u> </u>	4,969,013 00	4,807,800 00	150,215 00	

### Part IX Statement of Functional Expenses

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

	Section 501(c)(3) and 50 All other organizations must complete co				(C), and (D).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(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	0	0		
4	U S See Part IV, lines 15 and 16  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)	239,017	106,088	0 132,929	0
7	Other salaries and wages	239,017	106,000	132,929	
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	
10	Payroll taxes	29,288	0	29,288	0
11	Fees for services (non-employees)				
а	Management	24.54.5		7.040	
	Legal	84,546		7,242	0
	Accounting	9,000		9,000	0
	Lobbying		21,233		15,656
	Professional fundraising services See Part IV, line 17	0	0	0	0
	Investment management fees Other	0	0	0	0
g 12	Advertising and promotion	13,679	13,679	0	0
13	Office expenses	103,817	40,865	62,952	0
14	Information technology	6,570	0	6,570	0
15	Royalties	0	0	0	0
16	Occupancy	26,512		26,512	0
17	Travel	11,685	11,685	0	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0 45 760	0	0 45,760	0
19	Conferences, conventions, and meetings .	45,760	0	43,760	0
20	Interest	0	0	0	0
21 22	Payments to affiliates	60,443	46,162	14,281	0
23	Insurance	141,122		3,650	0
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 b	SCHEDULE ATACHED	731,105	721,946	9,159	0
C					
d e					
f 25	All other expenses  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 ▶ ☐ 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				- 000

Pa	rt X	Balance Sheet					
			(A) Beginning of year			(B) nd of y	
	1	Cash—non-interest-bearing	2,542,019		3		7,31
	2	Savings and temporary cash investments	69,975	<del> </del>	ļ	70	0,29
	3	Pledges and grants receivable, net		3	<del>                                     </del>		
	4	Accounts receivable, net		4_	<del> </del> -		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	(A. S. 1. 7. M. A	5	V-1	34.9	
	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			
ts	7	Notes and loans receivable, net	100,000	7_			
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	3,508	9			7 45 500
	10a	Land, buildings, and equipment cost basis 10a		<b>2</b>			
	b	Less accumulated depreciation Complete Part VI of Schedule D	403,994	10c	2	,104	4,10
	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	<u> </u>		
	14	Intangible assets		14	ļ		
	15 16	Other assets See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	3,119,496	15 16	3		3,02
	17	Accounts payable and accrued expenses	4,540	17			2,03
	18	Grants payable		18			
ies	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability Complete Part IV of Schedule D		21			/ T.San 194
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		22			
	23	persons Complete Part II of Schedule L	<del></del>	23	-		
	24	Unsecured notes and loans payable		24	_		
	25	Other liabilities Complete Part X of Schedule D	16,977		-		
ľ	26	Total liabilities. Add lines 17 through 25	21,517.00			2,03	37.00
ses	-	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.					
ä	27	Unrestricted net assets	3,097,979	27	3	, 725	5, 983
Bal	28	Temporarily restricted net assets		28			
Þ	29	Permanently restricted net assets		29			
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ğ	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	3,097,979				5,983
	34	Total liabilities and net assets/fund balances	3,119,496	34	3,	<u>, 728</u>	3,020
Pa	rt XI	Financial Statements and Reporting				—	
					<u> </u>	Ye	
1		punting method used to prepare the Form 990   Cash   Accrual			[J. ]		x
2a		e the organization's financial statements compiled or reviewed by an ind		7.		eb X	_
b		e the organization's financial statements audited by an independent acc		· ·		2b X	+-
С		es" to lines 2a or 2b, does the organization have a committee that assumes		-		2c x	ر ا
За		ludit, review, or compilation of its financial statements and selection of an in result of a federal award, was the organization required to undergo an				<u> </u>	
		Single Audit Act and OMB Circular A-133?				a X	:
h	If "Y	es" did the organization undergo the required audit or audits?			2	h X	5

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

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number 23-7157363 VERMONT ASSOC OF SNOW TRAVELERS, INC 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated a 🗌 Type I **b** Type II **d** Type III–Other e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(ı) and (III) below, the governing body of the supported organization? . . . 11g(ii) (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? . . . |11g(III)| Provide the following information about the organizations the organization supports (III) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions) US? Yes No Yes No Yes

0.00

Total

	Support Schedule for Org (Complete only if you chec	<b>janizations (</b> ked the box (	Described in on line 5, 7, c	Sections 17 or 8 of Part I)	0(b)(1)(A)(iv	v) and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</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	J2824			381. A2854.	1 / 海柱警察 / 小/ 英	
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	EL THEM	が表記し、どう	學、性學學的	J		
	tion B. Total Support	<del> </del>				<del></del>	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	<u> </u>					
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)	of the control of the		Note of all the second	THE CONTRACTOR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11	Total support. Add lines 7 through 10	420		性 人。这种			
12	Gross receipts from related activities, etc	(see instruction	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re <u></u>	<u></u> .		or fifth tax ye		501(c)(3) ▶ □
	tion C. Computation of Public Su						<u></u> %
14	Public support percentage for 2008 (line 6			, column (f))		14	<del></del>
15	Public support percentage from 2007 Sch					15	
16a	331/3% support test—2008. If the organization			•		•	. —
	and stop here. The organization qualifies						
b	331/3% support test—2007. If the organization quality box and stop here. The organization quality	lifies as a publi	cly supported o	rganization			▶ 🗆
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "forganization meets the "facts-and-circums						
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization did organizatio	acts-and-circum nces" test The o	stances" test, ch rganization quali	neck this box ar fies as a publicly	nd <b>stop here.</b> supported orga	Explain in Part I anization	V how the

# 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.)

<u></u>	(Complete only if you checke	a the box on	ine 9 or Par	11)			
	ction A. Public Support	(=) 0001	(h) 2007	(a) 2000	(4) 2027	(-) 0000	(A) T-4-1
Ua	alendar year (or fiscal year beginning in) <b>&gt;</b>	(a) 2004	<b>(b)</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	<u>5</u> 19,895	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_0
	Add lines 7a and 7b	0 00	0 00	0 00	0 00	0 00	0 00
8	line 6 )			Company of	** ** ** **		18,399,400
	tion B. Total Support	( ) 555 (	(1) 2005	( ) 0000	(1) 0007	4 ) 0000	(S.T. )
Ca	elendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6	28,043	3,087,953 52,205	2,817,425	4,374,562	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
с 11	Add lines 10a and 10b	28,043	52,20 <u>5</u> 0	52,860	49,596	26,304	209,008
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 toganization, check this box and stop	here			or fifth tax yea		501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	· •	<del>-</del>				
15 16	Public support percentage for 2008 (line Public support percentage from 2007 S	chedule A, Pai	rt IV-A, line 27			15 16	98 71 <b>%</b> 98 30 <b>%</b>
Sec	tion D. Computation of Investmen	t Income Pe	rcentage			<del></del>	
17 18	Investment income percentage for 2008 Investment income percentage from 20	olumn (f))	17	1 12 % 1 44 %			
19a	331/3% support tests—2008. If the orga 17 is not more than 331/3%, check this bo						
b	331/3% support tests—2007. If the organi line 18 is not more than 331/3%, check this	zation did not o box and <b>stop l</b>	heck a box on nere. The organ	line 14 or line 1 ization qualifies	9a, and line 16 as a publicly s	is more than 3 supported organ	3⅓%, and ization ► 💂
20	Private foundation If the organization	did not check a	hay an line 17	1 10a or 10h	check this hav	and see instri	ictions > 17

Schedule A (Form 990 or 990-EZ) 2008 Page <b>4</b>						
Part IV	<b>Supplemental Information.</b> 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)					
<del></del>						
<b></b>						
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· • • • • • • • • • • • • • • • • • • •						
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· • • • • • • • • • • • • • • • • • • •						

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

### Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

• 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 Employer identification number 23-7157363 VERMONT ASSOC OF SNOW TRAVELERS, INC 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 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Volunteer hours . To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details Enter the amount of any excise tax incurred by the organization under section 4955 . . . . • \$\_\_\_\_\_\_ 1 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ \$\_\_\_\_\_ 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . . . 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 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and 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 (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization if none, enter -0-

_	
Page	4

	2000					i agc =			
Pa	To be completed by orga (election under section 50					5768			
	Check ▶ ☐ if the filing organization belongs to an affiliated group								
<u>B</u> _	Check <b>&gt;</b> lf the filing organization			control" provisi	ons apply				
	Limits on Lob (The term "expenditures" m	bying Expend leans amount	litures ts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence	e public opini	on (grass roots lo	bbying)					
Ł									
c	Total lobbying expenditures (add lines	1a and 1b)							
C	Other exempt purpose expenditures				<b>-</b>				
E					-				
f	Lobbying nontaxable amount Enter the columns	e amount from	the following tab	le in both					
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		nontaxable amoui mount on line 1e	nt is:					
	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	s 10% of the excess	over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000		5% of the excess	over \$1,500,000					
—_	Over \$17,000,000	\$1,000,000				And the control of th			
õ	•								
h		•							
į,	Subtract line 1f from line 1c Enter -0- If there is an amount other than zero on				rm 4720 reporting				
J	section 4911 tax for this year?		· · · · ·			☐ Yes ☐ No			
	(Some organizations that ma columns below. See	ide a section		lo not have to co		five			
	Lobbying	Expenditure	s During 4-Year	Averaging Perior	<u>-</u>				
_	Calendar year (or fiscal year beginning ın)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
	Total lobbying expenditures								
d	Grassroots non-taxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))				等。 第3章 第2章 第2章 20章				
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

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 Yes No Amount 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 8 4.5 **£**aki referendum, through the use of X a Volunteers? . . . . . . . . . X Paid staff or management (include compensation in expenses reported on lines 1c through 1))? X c Media advertisements? Х d Mailings to members, legislators, or the public? . . . . . X Publications, or published or broadcast statements? Χ Grants to other organizations for lobbying purposes? . . . . . . . . Χ 21,293 Direct contact with legislators, their staffs, government officials, or a legislative body? X Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Х Other activities? If "Yes." describe in Part IV 21,293.00 Χ 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 0 **b** If "Yes," enter the amount of any tax incurred under section 4912 ō c If "Yes." enter the amount of any tax incurred by organization managers under section 4912 1 200 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? Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 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 Dues, assessments and similar amounts from members 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). 2a 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . 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 4 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 5 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

Part IV	Supplemen	tal Informat	t <b>ion</b> (continu	ued)	· · · · · ·				-	
HOSTS A	AN ANNUAL	COFFEE	FOR LEG	ISLATORS	5, AT	THIS	TIME L	EGISLA'	TORS AI	RE
ADVISE	OF VAST	POSITIO	NS AND	PRIORIT	IES.					
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### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public Inspection

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.

	e of the organization		Employer identification number
_	RMONT ASSOC OF SNOW TRAVE		23-7157363
Pa			ar Funds or Accounts. Complete if
	the organization answered "Yes"		
		(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 funds are the organization's property, subjections	donor advisors in writing that the assets ect to the organization's exclusive legal of	held in donor advised control? Yes No
6	Did the organization inform all grantees, do used only for charitable purposes and not impermissible private benefit?	or the benefit of the donor or donor adv	usor or other
Ba		date if the errorization anawared "Vac	
Pa		lete if the organization answered "Yes	
2	Purpose(s) of conservation easements held  Preservation of land for public use (e g  Protection of natural habitat  Preservation of open space  Complete lines 2a–2d if the organization held	, recreation or pleasure)	ation of an historically important land area ation of certified historic structure
~	on the last day of the tax year	ra quamica conscivation continuation in ti	ne form of a conservation casement
	,		Held at the End of the Year
2	Total number of conservation easements .		2a
h	Total acreage restricted by conservation ea		2b
C	Number of conservation easements on a co		2c
d	Number of conservation easements include	• •	2d
3	Number of conservation easements modified the taxable year ▶	` · · ·	
4	Number of states where property subject to	conservation easement is located.	
			ootion violations and
5	Does the organization have a written policy enforcement of the conservation easements	s it holds?	Yes No
6	Staff or volunteer hours devoted to monitor		
7	Amount of expenses incurred in monitoring		
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		ents of section Yes . No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the the organization's accounting for conservation	e text of the footnote to the organization	
Pai		ctions of Art, Historical Treasures,	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	8
1a	If the organization elected, as permitted und art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnote	ts held for public exhibition, education, o	or research in furtherance of public service,
b	If the organization elected, as permitted und historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or ese items	research in furtherance of public service,
	(i) Revenues included in Form 990, Part V		• \$
	(ii) Assets included in Form 990, Part X .		• \$
2	If the organization received or held works following amounts required to be reported u		
a b	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X		<b>▶</b> \$

Par	t III Organizations Maintain	ing Collections of Art,	Historical Treasur	es, or Other Simila	r Assets (continued)
3	Using the organization's accession items (check all that apply)	and other records, check	any of the following	that are a significant	use of its collection
а	Public exhibition	(	d 📙 Loan or exc	hange programs	
b	Scholarly research	1	e 🗌 Other		
C	Preservation for future general	tions			
4	Provide a description of the organiz Part XIV		plain how they furthe	er the organization's e	xempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe				. Yes No
Par	Trust, Escrow and Cust Part IV, line 9, or reporter			tion answered "Yes"	to Form 990,
	Is the organization an agent, trusted included on Form 990, Part X?			tions or other assets	not
b	If "Yes," explain the arrangement in	Part XIV and complete the	ne following table		
					Amount
С	Beginning balance			1c	· · <del>- ·</del>
d	Additions during the year			1d	<del></del>
e	Distributions during the year			. <u>1e</u>	
f				. 1f	
	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV			. L Yes L No
Par	t V Endowment Funds. Co	<del>, , , , , , , , , , , , , , , , , , , </del>			7
		<del></del>	rior year (c) Two yea		back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Investment earnings or losses			The second	ACCUMENTATION.
d	Grants or scholarships	; 3			
е	Other expenditures for facilities				<b>新州市</b>
	and programs	18.	- 1.00 mg		
f	Administrative expenses	· · ·			A STATE OF THE STA
g	End of year balance			Leave bearing	
2	Provide the estimated percentage o	of the year end balance he	eld as		
а	Board designated or quasi-endowm	ent ▶%			
b	Permanent endowment ▶	<b>%</b>			
С	Term endowment ▶				
3a	Are there endowment funds not in th organization by	e possession of the organi	zation that are held a	and administered for th	Yes No
	(i) unrelated organizations				3a(i)
	(**)1-41				3a(ii)
b	If "Yes" to 3a(ii), are the related org		ed on Schedule R?		3b
4	Describe in Part XIV the intended u				
Par	t VI Investments—Land, Bu	uildings, and Equipme	nt. 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
_	Buildings		168,942		
b	Leasehold improvements	. ,	,		
_	·	, ,	682,466	653,239	29,227.00
d e	Equipment		47,033	-	
	. Add lines 1a–1e (Column (d) should	equal Form 990, Part X, col			210,410.00

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

### **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

Department of the Treasury
Internal Revenue Service
Name of the second

JERMONT ASSOC OF SN	OW TRAVELER	S, IN	IC		23 - 715736	
Part I Fundraising Activ	ities. Complete if	the orga	anization a	enswered "Yes" t	o Form 990, Part	IV, line 17
<ul> <li>Indicate whether the organizations</li> <li>Mail solicitations</li> <li>Email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a workey employees listed in Footbe of the compensated at least \$1.</li> </ul>	rritten or oral agreen orm 990, Part VII) or paid individuals or e	e 2 f _ g 2 nent with entity in	Solicitati Solicitati Special f any individu connection undraisers)	on of non-government on of government fundraising events all (including office) with professional to agree	nent grants grants rs, directors, trustee fundraising services ments under which	? X Yes No the fundraiser is
(i) Name of individual or entity (fundraiser)	(ii) Activity	cústody o	ndraiser have or control of butions?	(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
					<del></del>	
			-			
						· · · · · · · · · · · · · · · · · · ·
			-		-	
Total			▶	5,565.00	15,656.00	0.00
3 List all states in which the org registration or licensing	ganization is registe	ered or li	censed to	solicit funds or ha	s been notified it i	s exempt from
	· • • • • • • • • • • • • • • • • • • •					
	······					
	·	<b></b> -				

Pa	rt II	Fundraising Events. C more than \$15,000 on F	omplete if the organization 990-EZ, line 6a	ation answered "Yes" to	Form 990, Part IV, lir	ne 18, or reported 5,000	
			(a) Event #1	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (cl))	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross revenue (line 1 minus line 2)			,		
	4	Cash prizes					
nses	5	Non-cash prizes					
Direct Expenses	6	Rent/facility costs					
Direct	7	Other direct expenses					
	8 9	Direct expense summary Ad Net income summary Comb	ine lines 3 and 8 in colu	ımn (d)		( )	
- F &	rt III	Gaming. Complete if t than \$15,000 on Form	the organization answ 990-EZ, line 6a	vered "Yes" to Form S	990, Part IV, line 19,	or reported more	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
⊢ Re	1	Gross revenue					
sesu	2	Cash prizes					
Direct Expenses	3	Non-cash prizes				1	
Direct	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No		
	7	Direct expense summary Ad	ld lines 2 through 5 in ci	olumn (d)		( )	
	8	Net gaming income summary	/ Combine lines 1 and	7 ın column (d)	<u> </u>		
9		ter the state(s) in which the o	•			Yes No	
a b		the organization licensed to o		s in each of these state			
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain						
11 12	ls t	es the organization operate g he organization a grantor, be ned to administer charitable (	eneficiary or trustee of a			11 antity 12	

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raye	•

Schedule G	(Form	990 or	990-FZ)	2008
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		No	Yes	No
13	Indicate the percentage of gaming activity operated in	14		- 32 No.
а	The organization's facility	慶	4	25.7 [5] 2 - 4€
b	An outside facility			4
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records		- 4	
	Name &			49
	Name ▶			
	Address >		(株) まか、迷	
		200		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		- 1	E :
	revenue?	15a		ಕ್ಷಾಪ್ತ್ಯು
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		1 3 m	
_	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information	· 過		
, ,	Cuming manager information			<b>葵</b>
	Name &		八潭	
	Name ▶			
	Gaming manager compensation ▶ \$		‱	
	Description of services provided ▶			
				*
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandaton, distributions			
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to	2 A		
a	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	2		
	in the organization's own exempt activities during the tax year ▶ \$			61.4 **

Schedule G (Form 990 or 990-EZ) 2008

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Attach to Form 990

OMB No 1545-0047

Open to Public

**%** □ (h) Purpose of grant or assistance Inspection 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. Use Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on  $\boxtimes$ 23-7157363 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States assistance (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance INC VERMONT ASSOC OF SNOW TRAVELERS, (b) EIN 1 (a) Name and address of organization or government ATTACHED Name of the organization Part II SEE

Schedule I (Form 990) 2008

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

Enter total number of other organizations

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► 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.

VERMONT ASSOC OF SNOW TRAVELERS, INC	23-7157363
PART III-LINE 2 VAST HAS RECEIVED A FEDERAL	HIGH PRIORITY GRANT FOR
THE CREATION OF A 93 MILE LONG FOUR-SEASON RE	CREATIONAL TRAIL ON THE
LAMOILLE VALLEY RAILROAD BED. THE FEDERAL GRA	AND REQUIRES THAT VAST
CONTRIBUTE A 209 MATCH FOR THE PROJECT. THE F	PROJECT IS PROJECTED TO COST
IN EXCESS OF \$6.4 MILLION DOLLARS. VAST MEMBE	RSHIP 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 IN	
SAFETY EDUCATION, LAW ENFOREMENT COSTS FOR TR	RAIL SAFETY, AND A MEMBERSHIP
NEWSLETTER.	
PART VI-SECTION B-LINE 12C VAST MONITORS	ON A MONTHLY BASIS ANY
POTENTIAL CONFLICT OF INTEREST ISSUES.	

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	Clty	State	ZIp (b)	EIN (C)IRC Section	(d) Amount of	(e) Non Cash	(f) Method of	(g) Description of non-cash	
Daile Town Inunder Chic	34 Goldsbury Woods Road	Barre	LΛ			16	POSISIE PA	Valuation	Assistance	(h) Purpose of Grant
Billiown Moonshiners	PO Box 731	Williamstown	5	05679	-					Grooming.Construction, Signing
anapon Sno-Birds	7497 VT Rt 22A	Addison	>	05491		P2C.2				Grooming, Consruction, Signing
										Grooming
Brighton Snmbl Club	PO Box 448	leland Dond	<u> </u>	27						Debrushing, Construction, Debrushing Equip Grant Plowing St
Brookfield Trail Blazers	85 Willow Grove Lane	F Pandolph	> 5	02640		\$ 177,981				gning
Buckaroos of 302	482 Lakeside Dr	Gradon Colonia	> !	U5041		1				Grooming
Buzzy's Groamina	234 Ruzzy's Way	Giolon	I !	05046		Ì				Debrushing Construction Sunno
	YOU COLLY S WHY	Groton	5	05046						Gmorning, Company, City in 19
Cal Cty Snmbl Trails Club	PO Box 34	East Haven	- 15	05837						Equip Grant, Grooming,
the Control of the Control						9 00,282				Signing, Construction
Cavendish Gr Mrs Sour Floor	549 Christian Hill	Canaan	۲	05913		\$ 129.781				Grooming,Construction,
Chester Snowmobile Olish	12 Defende	Proctorsville	7	05153		\$ 21,751				Gmomino Construction
	מבוכלט במוט	SOUTHWICK	MA	01077		\$ 32,098				Construction Grooming Plowing
Chittenden Dammers	77 Casey Road	Chittenden	<u> </u>	05737		40.700				Grooming.
Cold Hollow Barons	370 St Pierre Rd	Enosburg Fails	1/	05450		15046				Debrushing
Conn Valley Sno-Biders	DO Box 33		!							Grooming Construction
		Gollanal	>	05905		\$ 38,449				Signing, Debrushing, Plowing
Country Riders	5876 VT Rt 105	Newbort Ctr.	5	05857.0541						Debrushing, Construction, Groomin
Covered Bridge Snmbl Club	PO Box 175	Montgomery		05/20		98,820				g.Signing
&D Grooming	153 Farr View Rd	E Hardwick	5	05836		13,4/9				Grooming, Construction
Damulla S. Ski-Mos	777									Grooming
Deedleid Valley String trugg	21 State 22	W Danville	5	05873		\$ 110,360				Googling, Consultation, Four Grant
Derry Sied Dogs	D D Box 674	Colchester	5	06415		40 895 49				Grooming Construction.
	C BOX 624	Londonderry	5	05148		\$ 18,168				Grooming, Equip Grant
Drift Dusters	PO Box 439	Derby	5	05829		6 44.751				
Unitskippers	1952 VT Route 114	East Burke	۲	05832						Groming Construction, Debrushing
O TO	42 Conkey Hill Rd	Orwell	Τ/	05760		5 041				Grooming, Construction
rasi montheller Gully Jump	1811 Horn of the Moon Rd	Montpelier	5	05602						Grooming Steeling
Fletcher Rough Riders	655 Blood Boad	7 17 27 17 17 17 17 17 17 17 17 17 17 17 17 17	!							Grooming Construction
Foote Of Mtn Sno-Travelers	2267 River Road	New Care	- L	05448		1				Debrushing
Franklin Cty Snow Raiders	167 Holvoke Farm Rd	St Albane	> 5	05472		"				Construction, Grooming, Signing
Frigid Frost Fighters	6 Upper Village Rd	Chelsea	5 5	02470	-	}				Grooming, Signing
GP's Trail Grooming	9643 Route 25	F Cornth	5	2000						Construction
Gene Armstrong Excavating	2680 Theodore Roosevelt Hwy	Waterhiny	5	05030						Grooming
Gihon Trak Packers	1579 Belvidere Road	Eden	5	05652	+	290.12				Grooming
			-	1000						Grooming Construction, Signing
Grafton Ording Club	PO Box 16	West Glover	5	05875		\$ 28,045				centasiilig, colistraction, Groom a Signina
	21 xno 0	Cratton	<b>-</b>	05146		\$ 9,783				Grooming Construction
Green Mtn Snow Flyers	664 Hawkins Road	East Wallingford	Υ	05742		\$ 14.751				Debrushing, Construction, Groomin
Green Mtn. Trail Blazers	660 Wideawake Road	Manchaeter	5	22030						Signing, Construction,
	_		-	00000		969'67				Grooming Debrushing, Plowing
Hardwick Snoflake Ridge Runners		Morrisville	7	05661		\$ 26,409				Grooming, Construction, Debrushina
Hawke Min Didos Didos	200 P.U. Box 53	Hartland	5	05048						Grooming
and Night Night	120 Banimore Kd	N Spungfield	5	05150		\$ 18,638				Grooming
Hazen's Notch Snmbl Club	PO Box 142	Lowell	5	05847						Debrushing, Construction, Groomin
Hurncane Riders	785 Neal Rd	White River Jct	5	05001	-	56.064				g.signing
Jacksonville E-Z Riders	PO Box 432	Jacksonville	15	05342		5 9 765				Equip Grant, Grooming
Justin Morrill Drift Skip	4088 Rt 132	Thetford Ctr	V	05075	-					Chocking, Cortsti Bandi
moille ("hy Spo Dockey	0007				-			_	_	Companies Faire Crass

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

Lunenburg Polar Bears	298 Colby Road	Lunenburg	1	00000	-	
Lyndon Sno Cruisers	654 Crestwood Rd	Lyndonyille	5	0.5050	\$ 42,679	Construction Grooming, Signing
M&M Grooming	904 Goose Green Rd	Bradford	5	05033		Grooming, Construction, Signing
Mad River Ridge Runners	271 Pine Brook Rd	Wartsfield	5	05033		Graaming
Malletts Bay Lakers	42 Browe Court	Burlington	5	06400		Construction
Middle Valley Polar Bears	PO Box 274	E Randolph	5	00400		Grooming, Construction
Missisquoi Bearcats	778 West Jay Road	Richford		11000		Grooming
Moose River Rock Dodgers	PO Box 26	Granhv	> >	OFFICE		Groaming, Construction
Mountain Tamers	2500 Dog Pond Rd	East Calais	5	0.000		Debrushing, Grooming, Signing
Mt. Abe Snow Sports	990 Hardscrabble Road	Bristol	5	05543		Grooming, Construction, Signing
Newbury Border Riders	2698 Leighton Hill Rd	Wells River	5	05084	177'0	Grooming
News Grooming	5327 Monument Hill Rd	Castleton	5	05735	1	Grooming, Equip Grant
North Country Mountaineers	783 Vance Hill Road	Newport Center	5	05857		Graaming
Northfield Snowmobilers	152 Terrace Rd	Northfield	7	05663		Grooming.Signing
Northwest Riders	24 Bluff Lane	St. Albans	5	05478	\$ 29,002	Grooming Construction, Signing
Orleans Snow Stormers	4 S S S S S S S S S S S S S S S S S S S	10000	- !			Glooming, Construction, Signing
Pant Grooming	192 N Dasture I and	Chadata	<u> </u>	9828-8796	\$ 31,768	Grooming, Construction, Signing
Plymouth Snow Speakers	DO DO: 140	Chanode	> !	05445		Grooming
700000	10 80% 140	Flymouth	5	05056	\$ 26,234	Grooming Construction
Poultney Valley Snmbl Devils	1783 Hampshire Hollow Rd	Pouttney	5	06764		Debrushing Construction, Groomin
Ridge Runners Snow Grooming	PO Box 324	Watsfeld	5	0,000	49,317	9.Plowing, Equip Grant Signing
Roy-L-Family Sno-Travelers	114 Steeple View Wav	Pirtney	5	0,5346	/0c'/0	Grooming Equip Grant
Rt 100 Snow Travelers	238 South Hollow Lane	Rochester	<u> </u>	06787	Ì	
Shrewsbury Sno-Birds	PO Box 365	Cutinosville	5	05738	9 G G G G G G G G G G G G G G G G G G G	Grooming, Construction
			-	00.700	0,480	Debrushing, Grooming, Signing
Sidehill Cronchers	PO Box 222	Ludlow	ΤV	05149	\$ 40,605	 Grooming Construction, Debaishing Spains Groot
Skiichewaug Irail Riders	75 Route 5	Springfield	<b>-</b>	05156		בפחות היות היות בחתום פוצנו
Smuggler's Notch Snmbl Club	9553 VT Route 15	Jeffersonville	5	05464		Equip Grant, Grooming,
Sno-Bees of Barre	60 Westwood Parkway	Вате	5	05641	\$ 32,128	Construction, Signing
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-			Construction, Grooming
Trackmaker South Out	376 Fig. 64	Johnson	5	05656		Debrushing Signing, Equip Grant
Tri-Town Trail Travelers	69 Town Form Da	Montpeller	5	05602	-	Grooming Construction, Staning
	of town railing	Innonge	ĹΣ	05077	\$ 17,330	Grooming
Tweed Valley Travelers	2834 Rt 100	Prttsfield	5	05762	\$ 40,367	 Construction, Grooming, Debarshing Storing
Twinfield Snow Travelers	P O Box 275	Plainfield	5	05667		Equip Grant, Construction Groomin
Upper Valley Snow Packers	50 Austin Rd	West Fairlee	5	05083	200,000	5
Washington Snow Flyers	PO Box 128	Washington	5	05675		GIDORINIG, CONSTRUCTION
Waterford Ridge Runners	303 Walsh Road	Waterford	5	05819	340	Graoming, Plowing
Weathersfield Pathfinders	37 Reservoir Road	Springfield	5	05156	\   	Gradining, Construction, Signing
Weybridge Trail Blazers	2989 Weybridge Road	Middlebury	5	05757		Greening
White River Valley Ramblers	2361 Route 107	Bethel	5	05032	\   	Gleoning
White River Valley Sno Goers	2912 Riford Brook Rd	Braintree	7	09090		Growing Construction
Williston Hill Hawks	P O Box 152	Williston	5	05495		Grooming, Construction,
			-	200		Popularion Control of Control
Woodford SpoBustons	7056 RT 131	Perkinsville	۲,	05151	\$ 27,420	Decrusing, Construction, Groomin
מוספוסים כיווססחפופים	10080 VI ROUG 9	Woodford	5	05201		Construction, Grooming, Plawing

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

Range BUILDING - VEHICLES

Include All assets

								Includes Section	
ate Acq	Description		Meth/Life	Cost	Section 179	Depr Basis	Beg A/Der	r Curr Dep	r End A/De
SSET A/C#	: GROOMERS - GROO	OMERS							
2/22/00	2PB100'S		SL/7.00	207,060 00		207,060 00	207,060 0		· <b>,</b>
1/04/02 D	1 PB200		SL/ 7.00	123,027 00		123,027 00	114,239.5		. ,
1/02/02	3 PB1005 GROOME	RS	SL/ 7 00	323,136 00	0 00	323,136 00	253,891 0	0 46,162 0	0 300,053
1/28/03 D	2PB100 & 1 PB200		SL/ 7 00	361,496 00	0 00	361,496 00	232,389.0	0 00	0 232,389
rand totals	GROOMERS - GROO	MERS (4 assets)		1,014,719 00	0 00	1,014,719 00	807,579 5	D 46;162 0	0 853,741
ess 2 Disp	osed assets (Current D	epreciation \$0.00)		484,523 00	0 00	484,523 00	346,628.5	D	346,628
let totals GF	ROOMERS - GROOME	RS (2 assets)		530,196 00	0 00	530,196.00	460,951 0	9 46,162.0	0 507,113
SSET A/C#	: LAND - LAND		<del></del>						
1/15/97	LAND		LAND/ 0.00	56,000 00	0 00	56,000.00	0.00	0 00	0.0
rand totals	LAND - LAND (1 asset	ts)		56,000 00	0 00	56,000 00	0 00	0 00	) 0 (
SSET A/C#	SOFTWARE - SOFTW	VARE	<del></del>		<del></del>				
1/13/97	COMPUTER SOFTW	VARE	AMORT/ 5 00	382 80	0 00	382 80	382 80	0 00	382 8
4/20/00	SOFTWARE ADDITI	ONS	AMORT/300	2,524 11	0 00	2,524 11	2,524 11	0 00	2,524 1
1/18/01	SOFTWARE		SL/3 00	169 96	0 00	169.96	169 96	0 00	169 9
3/16/01	SOFTWARE		SL/ 3.00	98 94	0 00	98 94	98 94	0 00	98 9
9/13/01	SOFTWARE		SL/3 00	363 65	0 00	363 65	363 65	0 00	363.6
3/20/01	SOFTWARE		SL/3 00	2,000 77	0 00	2,000 77	2,000 77	0 00	2,000 7
5/20/02	ADDITIONS		AMORT/300	2,641 40	0 00	2,641 40	2,641 40	0 00	2,641 4
/01/03	SOFTWARE ADDITIO	ONS	SL/ 3.00	604 82	0 00	604 82	604 82	0 00	604 8
/01/04	SOFTWARE ADDITIO	ONS	SL/ 3.00	422 14	0 00	422 14	422 14	0 00	422 1
3/15/05	SOFTWARE		SL/ 3 00	1,625 49	0 00	1,625 49	1,625 49	0 00	1,625 4
/21/07	SOFTWARE		SL/3.00	1,600 86	0 00	1,600 86	801 00	534 00	1,335 00
/18/08	SOFTWARE		SL/3 00	720 70	0 00	720 70	120 00	240 00	360 00
and totals	SOFTWARE - SOFTW.	ARE (12 assets)	_	13,155 64	0.00	13,155 64	11,755 08	774 00	12,529 08
SET A/C#:	VEHICLES - VEHICLE	S	<del></del> =			<del></del>			
/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
and totals	VEHICLES - VEHICLES	6 (1 assets)	_	33,876 75	0 00	33,876 75	25,585 00	1,975 00	27,560 00
Grand to	tals 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 D	isposed assets (Cui	rrent 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
des that ma	ay appear next to the d			Disposal, T - Trade	ed, MQ - Mid Quar	ter Applied	<del></del>	<del></del>	9,010,01
Additions	al Summary Statistics	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
	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
	ess Inactive Assets	0 00	0.00	0 00	0 00	0.00	0 00	000	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	00 0
Net Tr	otals (Active Assets)	954,440 09	0 00	0 00	954,440 09	683,588 76	60,442 64	744,031 40	210,408 69
	otal Additional First Ye			0.00		<del></del>	<del></del>		
	otal Additional First Ye			2,376.00		-			
,,		onal First Year Depre		2,376.00					
	i Diai Addilli	שנוט וואני ובוויו ובווע pret	Jacon Idken;	2,3/0.00					

### SSET DEPRECIATION SHORT REPORT

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range BUILDING - VEHICLES

Include \_All assets

4 <i>ST</i>	Sep. 30, 2009		Menioc	1,222.5	.,			
	·					<b>I</b>	udes Section 179 Curr Depr	End A/Depr
	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Cuit Depi	Ella Albebi
ite Acq	Description /C#: BUILDING - BUILDING				.== 000 00	40,640 00	3,471.00	44,111 00
/15/97	BUILDING  BUILDING	MSL/39 00	135,383 90	0 00	135,383 90 4,965 03	1,360 00	127 00	1,487 00
/08/98	BUILDING FINAL PAYMENT SUMMITT CO	VSMSL/39 00	4,965 03	0 00	4,965 03 2,347 89	633 00	60 00	693 00
3/19/98	BASEMENT HEATING SYSTEM	MSL/39 00	2,347 89	0 00	2,347 69	375 00	62.00	437 00
3/19/02	SIDING	MACRS/39 00	2,400 00	0 00	23,845 00	2,385 00	1,590 00	3,975.00
5/24/07	PAVING	_MSL/15 00	23,845 00	0 00		45,393.00	5,310 00	50,703 00
rand tot	als BUILDING - BUILDING (5 assets)		168,941 82	0 00	168,941 82	+0,000.00		
	C#: EQUIPMENT - FURNITURE & EQUIPMENT	<del></del>				40 745 74	0 00	40,715 71
	EQUIP & FURNISHINGS	MSL/ 7 00	40,715 71	0 00	40,715 71	40,715 71	0 00	3,160 00
1/15/97 4/30/98	FURNITURE (BOISE CASCADE)	M*200/7 00	3,160 00	0 00	3,160 00	3,160 00	0 00	3,409 90
	COMPUTERS	M*200/ 5.00	3,409.90	0 00	3,409 90	3,409 90	0 00	190.67
5/04/98	MQ EQUIPMENT	M*200/ 7 00	190 67	0.00	190 67	190 67	0 00	3,595.00
2/23/98	MQ STORAGE BUILDING	M*200/ 7 00	3,595 00	0.00	3,595 00	3,595 00	0 00	2,400 00
2/18/99	MQ COMPUTERS COMPUTER ASSISTANCE	M*200/ 5 00	2,400 00	0 00	2,400 00	2,400 00	0 00	329 99
3/25/99	MQEQUIPMENT	M*200/ 7 00	329 99	0 00	329 99	329 99	0 00	14,405 15
6/03/99	MQCOPIER	M*200/ 7 00	14,405 15	0 00	14,405 15	14,405 15	0 00	180.00
8/12/99	MQ EQUIPMENT	M*200/ 7 00	180 00	0 00	180.00	180.00	0 00	2,983.00
8/13/99	MQ CHAMPION GPS	M*200/ 5 00	2,983 00	0 00	2,983 00	2,983 00	0.00	2,983.00
0/01/99	MQCOMPUTERS	M*200/ 5 00	2,023 00	0 00	2,023.00	2,023.00		99 00
1/18/99	MQ COMPUTER ASSIS	M*200/ 5 00	99 00	0 00	99 00	99 00	0 00	
2/30/99	MQ COMPUTER EQUIP	M*200/ 5 00	4,724 50	0 00	4,724.50	4,724.50	0 00	4,724.50
1/13/00	MQ COMPUTER EQUIPMENT	M*200/ 5 00	509 <b>9</b> 9	0 00	509 <b>9</b> 9	509 99	0 00	509 99
4/27/00		M*200/ 5 00	100 98	, 0,00	100.98	100 98	0 00	100.98
2/28/00	MODEM	M*200/ 5 00	5,285 23	0 00	5,285 23	5,285 23	0 00	5,285.23
12/22/01	COMPUTER EQUIP	M*200/ 7 00	218 95	0 00	218 95	218 95	0 00	218.95
15/03/01	VACCUM CLEANER	M*200/ 7 00	650 00	0 00	650 00	650 00	0 00	650.00
17/05/01	OIL PAINTING	M*200/ 5 00	460 00	0 00	460 00	460 00	0 00	460.00
)7/26/01	COLOR PRINTER	M*200/ 7.00	16,961 15	0 00	16,961 15	16,961 15	0 00	16,961 15
)9/13/01	SAFETY TRAILER	M*200/ 5 00	2,671 00	0 00	2,671 00	2,671 00	0 00	2,671 00
)9/20/01	COMPUTER EQUIP	M*200/ 5 00	2,198 00	0.00	2,198 00	2,198 00	0 00	2,198 00
)5/02/02	G4	MA200/ 5 00	1,373 00	0 00	1,373 00	1,373 00	0 00	1,373.00
)5/16/02	COMPUTER BACKUP	MA200/ 5 00	1,399 00	0 00	1,399 00	1,399 00	0 00	1,399 00
06/10/02	IMAC	MA200/ 5 00	3,350 00	00 0	3,350 00	3,350 00	0 00	3,350 00
37/05/02	COMPUTER	MA200/ 5 00	822 00	0 00	822 00	822 00	0 00	822 00
07/05/02	COMPUTER	M*200/ 7 00	1,516.50	0 00	1,516 50	1,440.00	76 50	1,516.50
08/15/02	FIRE FILE	M*200/ 7 00	293 50	0.00	293.50	254 00	26 00	280.00
11/07/02		M*200/ 5.00	79 00	0 00	79 00	79 00	0 00	79 00
04/10/03		M*200/ 5.00	1,520 92	0 00	1,520.92	1,520.92	0 00	1,520 92
05/29/03		M*200/ 5.00	2,393.54	0 00	2,393 54	2,393 54	0 00	2,393.54
07/03/03	DELL LATITUDE	M*200/ 5.00 M*200/ 5.00	1,455.00	0 00	1,455.00	1,455 00	0 00	1,455 00
07/31/03		M*200/ 7 00	529 97	0.00	529 97	459 00	47 00	506 00
08/21/03		M*200/ 7 00	83 99	0 00	83 99	73 00	7 00	80 00
09/18/03		M*200/ 7 00	828 00	0 00	828.00	643 00	74 00	717 00
11/20/03		M*200/ 5 00	701 37	0.00	701 37	661 00	40 37	701.37
04/14/04		M*200/ 5 00	869 77	0.00	869 77	820 00	49 77	869 77
06/17/04		M*200/ 5.00	289 00	0 00	289.00	272 00	17 00	289.00
07/08/04		M*200/ 5.00 M*200/ 5.00	2,171.89	0.00	2,171 89	1,796 00	251.00	2,047 00
11/18/04		M*200/ 5 00	994.95	0.00	994 95	823.00	115.00	938 00
01/06/05		M*200/ 5 00	995 00	0.00	995.00	823.00	115.00	938,00
03/17/05		MA200/ 5.00	15,741.69	0 00	15,741.69	11,208.00	1,813.00	13,021.00
10/27/05			1,253 61	- 0.00	1,253 61	652.00	241.00	893 00
06/21/07		MA200/ 5 00 MA200/ 5.00	1,584.94	0.00	1,584.94	317.00	507 00	824 00
10/18/07			4,422 04	0.00	4,422 04	0 00	2,653 00	2,653.00
04/01/09		MA200/ 5.00	329.98	0.00	329.98	0 00	189 00	189.00
08/07/09	A ADDITIONS	MA200/7.00	152,269.88	0 00	152,269 88	139,904.6B	6,221.64	146,126 32
Grand to	otals EQUIPMENT - FURNITURE & EQUIPMENT (	46 assets) =	104,408.00				<del> </del>	<del></del>

VERMONT ASSOCIAT SEPTEMBER 30, 2009 II	TION OF SNOW TRAVEL NCOME TAX SCHEDULE		23-7157363
Part 1X - Line 24 - Other Expenses			Management
	Total	Program	& General
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
-			

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### Form

## **Depreciation and Amortization**

(Including Information on Listed Property)

▶ Attach this form to your return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See Separate Instructions.

Attachments Sequence No

<b>172</b>	CT.

Business or activity to which this form relates SNOWMOBILE ORGANIZATION

ldentifying number 23-71757363

-									
	Partil Election to Expe	ense Certain	Property Unde Emplete Part V before y	r Section 17 ou complete Part	79 1				
"1	Maximum amount. See the instru							1	250,000
, 2	Total cost of section 179 propert	y placed in service	e (see instructions)		-			_2	4,752
(3	Threshold cost of section 179 pr		·	nstructions)				3	800,000
4	•		•					4	
5	Dollar limitation for tax year Sub	tract line 4 from lir	ne 1 If zero or less, ente	er -0- if married fi	ling separa	itely,		1	
	see instructions	<del></del>						5	250,000
6	(a) Description of pro	perty		(b) Cost (business	use only)	(C) Elec	ted cost		4
٠,>				<b></b>					4
·-	·	·			<del></del>				- J
<b>'7</b>	Listed property Enter the amount				7				
8	Total elected cost of section 179			s 6 and 7				8	<del></del>
∙9	Tentative deduction Enter the sn	naller of line 5 or li	ne 8 .					9	<del></del>
10	Carryover of disallowed deduction	•						10	0
11	Business income limitation Enter				5 (see inst	ructions)		11	250,000
12	Section 179 expense deduction A							12	0
13	Carryover of disallowed deduction				13				
No					sted proper	th/\ /Pag.	nstruct		
"₽ê	Special Depreciation All				<del></del>	<del></del>	nstruct	ions )	
14	Special depreciation allowance for	qualified property	(other than listed prope	erty) placed in sen	vice during			1	2,376
	the tax year (see instructions)		•		•			14_	2,376
15	Property subject to section 168(f)(	· •						15	<del>                                     </del>
16	Other depreciation (including ACF		<del> </del>					16	46,936
Pa	MACRS Depreciation (Do			ructions.)					_ <del></del>
			ction A						2 500
17	MACRS deductions for assets pla		. •					17	8,690
18	if you are electing to group any as		vice during the tax year	into one or more			<u> </u>		•
	general asset accounts, check her Section B - Assets Place	e d in Carrico Duri	ng 2000 Tay Vear Hei	ng the General D	)enreciatio	n System	:Ш		
	Section B - Assets Fidee	(b) Month and	(C) Basis for depreciation		Pepreciation	Jii System			<u> </u>
	(a) Classification of property	year placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Conve		Method		(g) Depreciation deduction
9a	3-year property			3 yrs.	HY				<del></del>
b	5-year property	_	2,211	5 yrs.	НУ		2001		442
С	7-year property	_	165	7 yrs.	HY		2001	)B	24
d	10-year property		ļ. <b></b>	10 yrs.	HY				
<u>e</u> _			<del> </del>	15 yrs.	HY				
f	20-year property	-		20 yrs.	HY				
g	25-year property	<del> </del>	<del> </del>	25 yrs	HY		S/L		
h	· · ·	ļ	<del></del>	27.5 yrs	MM		S/L		<del></del>
	property	<del> </del>		27 5 yrs	MM_		S/L		
İ	Nonresidential real	<u></u>	<del></del>	39 yrs	MM_		S/L		
	property		- 0000 T 16 11-in	39 yrs.	MM.	4:	S/L		
	Section C - Assets Placed	I III Service Durii	ig 2008 Tax Year Usin	g the Alternative	pebrecia	tion Syste			
0a	Class life .	<b>√</b> 1			<del></del>		S/L_		
b	12-year	<u> </u>		12 yrs		<del></del>	S/L		
	40-year			40 yrs	MM	<del></del>	S/L		
	Summary (See instruction			<del></del>				~	1 075
21	Listed Property Enter amount from		7 June 40 and 00 m				$\vdash$	21	1,975
	<b>Total.</b> Add amounts from line 12, li on the appropriate lines of your retu	rn Partnerships a	nd S Corporations-see	instructions .	21. Enter h	ere and		22	60,443
	For assets shown above and placed	-	the current year, enter t	the portion	}				
	of the basis attributable to section 2	63A 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

	unough (0) of	CCCHOIT / BIF C	7 00000 D. L	770 00	CHOIL O II GPPII	000,0								
St	ection A - Depreciation	and Other Info	ormation (Ca	ution:	See ins		s for limits f							
<u>24</u>	a Do you have evidence to	support the busir		t use c	laimed?	Yes	X No	24b  f"Y	es," is the	evidenc	ce writter	13	Yes	s X N
	(a)	(b)	Business/	- 1	(d)	يم أ	(e) Basis for epreciation	(f)	(g		(h)		,	(i)
	*,	Date place in	investment use		Cost or other	- (	business/ nvestment -	Recovery period	Meth Conve	1	Depreci Deduc		I	lected tion 179
	(list vehicles first)  Special depreciation alle	service	percentage				use only)	periou	Conve	1	Deduc			cost
25	-r,r		•	, ,	· ·		ng the tax	•		25		•		
26	year and used more that Property use more than				(see instructio	ns)				25			ļ	
		/28/03	100		33,87	<del>7</del>	33,877	5 yrs	200DB		1	,975		
_				%										
	_			%										
<u>2</u> 7	Property use 50% or les	ss in a qualified	business us	<u>e</u>	<u> </u>			<del></del> -	<del></del>	<del></del>				
				<u>% </u>		┼		<del></del>	S/L-					
				%	<del></del>	├			S/L-					
	Add amounts in column	(h) lines 25 th	<u> </u>	%	total bara and	on line	21 page 1		S/L-	28		975	<del></del>	<del></del>
28 29							21, page 1		. (	-20 (		29		
_				Section	n B - Informa	tion or								
Co	mplete this section for veh	hicles used by a	sole propriet	tor, pa	rtner, or other	more th	nan 5% own	er," or relat	ed person	If you p	provided	vehicle	s to	
you	ır employees, first answer									nose ve		<del></del>		
30	Total bus /investment miles	(a) S Vehic			(b) hicle 2		(C) hicle 3	(d Vehi	•		( <b>e</b> ) ehicle 5		(f	
-	driven during the year (do r	( 001110	ile i		niiGle 2	VE.	THICKE 5	V6/11	C16 4		eniole 5	-+-	ven	icle 6
	include commuting miles)													
31	Total commuting miles driven during the year .													
20	Total other personal (non-	\	<del></del>											
32	commuting) miles driven .													
33	Total miles driven during													
	the year Add lines 30 through 32 .													
21	Was the vehicle available for	Yes	No '	Yes	No	Yes	No	Yes	No	Yes	No		Yes	No
<b>J</b> 4	personal use during off-duty						J j	]	j					
	hours?				<del>  -</del>		<del> </del>							
35	Was the vehicle used primarily by a more than 5%	6	}				]	}	j					]
	owner or related person?	<del>  </del>			<del> </del>		<del> </del>							
36	is another vehicle available				] ]		] ]		ļ		}			
	for personal use?	المحمد المحمد			1411 5	7.6 17	1.1.1.5.	11 5 76-						, <u>,</u>
Ans	S wer these questions to de	ection C - Que	estions for E neet an excer	mpioy stion to	yers wno Pro completing Sc	viae ve ection B	for vehicles	use by Ine sused by e	eir Empio mplovees	<b>yees</b> who are	not more	e than 5	%	
	ers or related persons (se		<del></del>										<del></del> -	
												<u> </u>	/es	No_
37	Do you maintain a writt	en policy stater	nent that prof	nibits a	ili personal use	of vehi	cles, includi	ing commut	ing,			- }		
	by your employees?								•		_	<b>—</b>		
8	Do you maintain a writte See the instructions for								y your em	ployees	?			
•			•			1 70 01	ITIOLE DAVITEL	5					$\longrightarrow$	<del></del>
9	Do you treat all use of v Do you provide more th	, ,				 		 معاد مددندان				-	$\longrightarrow$	
0	vehicles, and retain the			oyees,	, optain intorni	alion no	in your emp	noyees abor	ut the use	oi me				
1	Do you meet the require			autom	ohile demonsti	ration us	se? (See ins	structions )			-	_	$\overline{}$	
•	Note: If your answer to								cles				<del></del>	
a													*************	***************************************
	(a)		(b)	-	(c)			(d)		(e)	)		(f)	
	Description of cost	ts	Date amortiz	ation	Amortiz		ļ	Code	1	Amortiz penoi		Am	(י) ortizatio	חכ
			begins		amou			section		регсеп		for	this yea	r
2	Amortization of costs th	at begins during	g your 2008 t	ax yea	r (see instructi	ons)		<del></del>	<del></del>		<del></del> -			
—	<del></del>	<del></del>	<del>-</del>		<del></del>		<del></del>		<del> </del>					
	<b>R</b>										<del></del>			
5	Amortization of costs the	-	•	-						•	43			
<u> </u>	Total. Add amounts in	column (f) Sec	e me instructi	UIIS TO	wnere to repo	ort .				<del></del>	44			

### Sale of Business Property

Form 4797

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99) (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b(2))

 OMB No 1545-0184

2008

Attachments Sequence No 2

Identifying number

V	AST					23-7	T/2/3	163
1	Enter the gross proceeds from sales or	r exchanges report	ed to you for 200	08 on Form(s) 1099-B	or 1099-S (or	·—		
	substitute statement) that you are inclu	ding on line 2, 10,	or 20 (See instri	uctions)			1	
2	Part I Sales or Exchanges of Pro				Conversions Fro	om Other Ti	nan Cas	ualty or
-	Theft - Most Property Held  (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 of basis, properties of the cost	lus nts and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
-2	1 PB200	01/04/02	10/29/08	4,949		12	3,027	-3,83
	2PB100 £ 1 PB200	11/28/03	12/01/08	124,509			1,496	<del></del>
_								
3	Gain, if any, from 4684, line 39						3	
4			-	· .			4	
5	Section 1231 gain or (loss) from like-kii	_			•		5	
6	Gain, if any, from line 32, from other the	an casualty or then		•				
7	Combine lines 2 through 6 Enter gain	or (loss) here, and	on the appropri	ate line as follows		•	7	-8,43
	Partnerships (except electing large prostructions for Form 1065, Schedule K Individuals, partners, S corporation from line 7 on line 11 below and skip lin 1231 losses, or they were recaptured in on the Schedule D filed with your return	, line 10, or Form of shareholders, an es 8 and 9 If line an earlier year, en	1120S, Schedul d all others. 7 is a gain and y ter the gain from	e K, line 9 Skip lines 8 If line 7 is zero or you did not have any properties of the following the following states of the fol	a loss, enter the for year section	elow		,
8 9	Nonrecaptured net section 1231 losses Subtract line 8 from line 7 If zero or les If line 9 is more than zero, enter the am long-term capital gain on the Schedule I	s, enter -0- If line ount from line 8 on	9 is zero, enter t line 12 below ai	nd enter the gain from	line 12 below line 9 as a		8	
12	art II Ordinary Gains and Los			into no j		•———	1 5 1	
	Ordinary gains and losses not included	on lines 11 through	16 (include pro	perty held 1 year or les	ss)	·		
		rŤ	Т	<del></del>	<del></del>		T	<del></del>
_						··		
								-
1	Loss, if any, from line 7.						11	-8,436
2	Gain, if any, from line 7 or amount from li	ine 8, if applicable					12	
	Gain, if any, from line 31						13	
4	Net gain or (loss) from Form 4684, lines	37 and 44a					14	
	Ordinary gain from installment sales from				•		15	
	Ordinary gain or (loss) from like-kind exc	hanges from Form	8824				16	
	Combine lines 10 through 16	-	•			•	17	-8,436
	For all except individual returns, enter the			oriate line of your return	n and skip			· · · · · · · · · · · · · · · · · · ·
	lines a and b below For individual returns if the loss on line 11 includes a loss from	•		enter that nart of the I	oss here Enter			
	the part of the loss from income-producin							
	loss from property used as an employee of						40	
	18a " See instructions .					• •	18a	<del></del>
	Redetermine the gain or (loss) on line 17, ine 14	excluding the loss	, if any, on line 1	8a Enter here and on	Form 1040,		1 <b>8</b> b	
-								