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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009**

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **MAR 1, 2009** and ending **FEB 28, 2010**

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

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

**C** Name of organization

**Washington State Snowmobile Association**

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

**P.O. Box 668**

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

**Yakima, WA 98907**

**D** Employer identification number

**91-1334355**

**E** Telephone number

**(800) 783-9772**

**F** Group Exemption Number

▶

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

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

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

**I** Website: ▶ **www.wssa.us**

**J** Tax-exempt status (check only one) — ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 246,458.**

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

1	Contributions, gifts, grants, and similar amounts received	1	7,388.
2	Program service revenue including government fees and contracts	2	197,610.
3	Membership dues and assessments	3	34,525.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	3,383.
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,383.
7a	Gross sales of inventory, less returns and allowances Stmt 5	7a	2,950.
b	Less: cost of goods sold	7b	4,411.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<1,461.>
8	Other revenue (describe ▶ <b>Interest Income</b> )	8	602.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	242,047.
10	Grants and similar amounts paid (attach schedule) Stmt 4	10	1,500.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	209,675.
14	Occupancy, rent, utilities, and maintenance	14	28,945.
15	Printing, publications, postage, and shipping	15	11,408.
16	Other expenses (describe ▶)	16	189,717.
17	Total expenses. Add lines 10 through 16	17	441,245.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<199,198.>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	263,704.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,506.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	241,592.	22 41,302.
23 Land and buildings		23
24 Other assets (describe ▶ <b>See Statement 2</b> )	22,112.	24 23,204.
25 Total assets	263,704.	25 64,506.
26 Total liabilities (describe ▶)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	263,704.	27 64,506.

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

Form **990-EZ** (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? See Statement 8

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

**Expenses**

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

28 See Statement 7(Grants \$ ) If this amount includes foreign grants, check here ☐

28a 39,593.

29 Annual exposition (Snow Show) brings snowmobilers together from all over Washington State. Includes a focus on snowmobile safety and responsible riding.(Grants \$ ) If this amount includes foreign grants, check here ☐

29a 132,887.

30 Legal action - to protect snowmobile access to mountain areas.(Grants \$ ) If this amount includes foreign grants, check here ☐

30a 209,675.

31 Other program services (attach schedule) See Statement 9(Grants \$ ) If this amount includes foreign grants, check here ☐

31a 26,367.

32 Total program service expenses (add lines 28a through 31a)

32 408,522.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kingman, Jim	President			
P.O. Box 668, Yakima, WA 98907	2.00	0.	0.	0.
Younie, Ronna	Vice president			
P.O. Box 668, Yakima, WA 98907	2.00	0.	0.	0.
Marcotte, Joe	Recording secretary			
P.O. Box 668, Yakima, WA 98907	2.00	0.	0.	0.
Mead, Matthew	Publicity secretary			
P.O. Box 668, Yakima, WA 98907	2.00	0.	0.	0.
McCauley, LaRhonda	Membership secretary			
P.O. Box 668, Yakima, WA 98907	2.00	0.	0.	0.
Wolfe, Rhonda	Treasurer			
P.O. Box 668, Yakima, WA 98907	4.00	0.	0.	0.
Alred, Delia	Past president			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Bailey, Elizabeth	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Elkins, Richard	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Coppock, Dick	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Grubbs, John	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Rawls, Bruce	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Stiles, Perry	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Tanner, Terry	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Dollemore, Jason	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.
Younie, Paul	District representative			
P.O. Box 668, Yakima, WA 98907	1.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ▶ WA		
42a The organization's books are in care of ▶ F Pitzer Telephone no. ▶ (800) 783-9772		
Located at ▶ P.O. Box 668, Yakima, WA ZIP + 4 ▶ 98907		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

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

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

1

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instr.)			
	Firm's name (or yours if self-employed)		EIN	
	address and ZIP + 4		Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Form

**4562**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

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

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2009**Attachment  
Sequence No 67

Washington State Snowmobile Association Form 990-EZ Page 1

91-1334355

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,892.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,892.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

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

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

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

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

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

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2009 tax year


**43** Amortization of costs that began before your 2009 tax year

43

322.

**44** Total. Add amounts in column (f). See the instructions for where to report.

44

322.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	Fax	08/01/97	SL	5.00		HY16	400.				400.	400.		0.	400.
9	Copier	08/01/97	SL	5.00		HY16	1,500.				1,500.	1,500.		0.	1,500.
10	Fax	08/01/98	SL	5.00		HY16	1,028.				1,028.	1,028.		0.	1,028.
11	Quickbooks	08/01/98	SL	5.00		HY16	129.				129.	129.		0.	129.
12	Computer	08/01/98	SL	5.00		HY16	1,891.				1,891.	1,891.		0.	1,891.
13	Fax	08/01/98	SL	5.00		HY16	449.				449.	449.		0.	449.
14	Computer & printer	08/01/99	SL	5.00		HY16	2,784.				2,784.	2,784.		0.	2,784.
15	Computer & printer	08/01/00	SL	5.00		HY16	2,608.				2,608.	2,608.		0.	2,608.
16	Computer equipment	08/01/00	SL	5.00		HY16	311.				311.	311.		0.	311.
17	Computer equipment	08/01/01	SL	5.00		HY16	2,155.				2,155.	2,155.		0.	2,155.
18	5 computers and cases	04/09/03	SL	5.00		HY16	7,260.				7,260.	7,260.		0.	7,260.
19	Projector & case (NEC Video)	10/04/03	SL	5.00		HY16	1,214.				1,214.	1,214.		0.	1,214.
20	Laptop computers	06/15/06	SL	5.00		HY16	6,420.				6,420.	3,531.	1,284.	1,284.	4,815.
21	Laptop computer	10/09/07	SL	5.00		HY16	3,039.				3,039.	861.	608.	608.	1,469.
22	Software	05/25/07		36M		HY43	965.				965.	563.	322.	322.	885.
	* Total 990-EZ Pg 1 Depr & Amort						32,153.				32,153.	26,684.	2,214.	2,214.	28,898.

928111  
04-24-09

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



Form 990-EZ	Other Expenses	Statement	1
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Description	Amount
Safety seminars	1,233.
Snow Show: advertising	25,332.
Legislative consulting	17,404.
Snow Show: GES set-up	14,306.
Rendezvous	4,849.
Taxes	8,039.
Marketing	6,406.
Grants to area clubs	2,472.
ISC Congress, ACSA Summit	10,063.
Software and equipment	3,920.
Snow Show: club reimbursements	6,702.
DC Fly-in, Olympia Day	7,730.
Promotions	17,200.
Contributions	2,150.
Snow Show: security, sound, sanitation	4,590.
Meeting expense	1,196.
Membership committee	4,986.
Officer & district expenses	681.
Miscellaneous	1,287.
Insurance	2,902.
Dues	1,625.
Swap Meet expenses	929.
Bank charges	2,533.
Awards	591.
Newsletter	401.
Licenses and permits	171.
Website	
Trail grooming	
Travel reimbursements	28,300.
Grants to area clubs to develop or maintain trails	11,719.
Total to Form 990-EZ, line 16	189,717.

Form 990-EZ	Other Assets	Statement	2
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Description	Beg. of Year	End of Year
Inventories	10,193.	8,749.
Prepaid Expenses and Deferred Charges	6,450.	11,200.
Other Depreciable Assets	5,469.	3,255.
Total to Form 990-EZ, line 24	22,112.	23,204.

Washington State Snowmobile Association

91-1334355

Form 990-EZ      Occupancy, Rent, Utilities and Maintenance      Statement      3

Description	Amount
Depreciation/Amortization	2,214.
Other Expenses	26,731.
Total to Form 990-EZ, line 14	28,945.

Form 990-EZ      Cash Grants and Allocations      Statement      4

Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
Scholarship (college)	None	1,500.

Total Included on Form 990-EZ, Line 10      1,500.

Statement(s) 3, 4

Form 990-EZ

Income and Cost of Goods Sold  
Included on Part I, Line 7a

Statement 5

## Income

1. Gross receipts . . . . .	2,950	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		2,950
4. Cost of goods sold (line 13) . . . . .	4,411	
5. Gross profit (line 3 less line 4) . . . . .		<1,461>

## Cost of Goods Sold

6. Inventory at beginning of year . . . . .	10,193	
7. Merchandise purchased . . . . .	2,967	
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .		
11. Add lines 6 through 10 . . . . .		13,160
12. Inventory at end of year . . . . .	8,749	
13. Cost of goods sold (line 11 less line 12). .		4,411

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

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Statement 6

- A) Did the organization, during the year, receive any funds,  
directly or indirectly, to pay premiums on a personal  
benefit contract? . . . . . [ ] Yes [X] No
- B) Did the organization, during the year, pay premiums,  
directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No
-

Club and convention expenses, magazine (10 issues/year) and website inform approximately 2500 members of activities and issues affecting them and their use and enjoyment of snowmobiles.

Promoting safe and responsible snowmobiling.

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Form 990-EZ	Other Program Services	Statement	9
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Description	Grants	Expenses
Legislative information to educate members on current issues.	0.	25,134.
Safety education for members and the public	0.	1,233.
Legal briefs, defense and filings		
Total to Form 990-EZ, line 31		26,367.

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