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Short Form Return of Organization Exempt From Income Tax

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
U P THUNDER RIDERS INC

D Employer identification number
38-3128357

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 587

E Telephone number
906 358-4821

City or town state or country ZIP + 4
WATERSMEET MI 49969

F Group Exemption Number ▶ **0000**

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: ▶ **N/A**

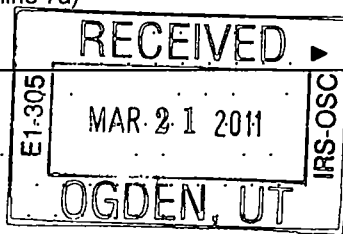
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **82,244**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	69,872
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	12,247
	4 Investment income	4	125
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82,244
Net Assets/Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	15,662
	13 Professional fees and other payments to independent contractors	13	1,500
	14 Occupancy, rent, utilities, and maintenance	14	380
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	84,290
	17 Total expenses. Add lines 10 through 16	17	101,832
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,588
	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	135,215
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,627



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	19,941	22	26,063
23 Land and buildings	116,248	23	90,472
24 Other assets (describe in Schedule O)		24	
25 Total assets	136,189	25	116,535
26 Total liabilities (describe in Schedule O)	974	26	908
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,215	27	115,627

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Develop & Maintain Area Snowmobile Trails

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 THE CLUB DEVELOPS, MAINTAINS AND GROOMS SNOWMOBILE TRAILS TOURISM			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		0

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

Check if the organization used Schedule O to respond to any question in this 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
Philip Lenhart Cisco Lake Road Watersmeet MI 49969	Title VP Hr/WK 00	0		
Rick Henriksen N4295 Cloverleaf Lake Court Watersmeet MI 49969	Title PRES Hr/WK 00	0		
Stephanie Potter N4757 Crozer Road Watersmeet MI 49969	Title SEC Hr/WK 00	0		
Ruth Chenoweth E23945 Beaver Station Road Watersmeet MI 49969	Title TREAS Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		
38a	a 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 tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		X
41	List the states with which a copy of this return is filed ▶ MI		
42a	a The organization's books are in care of ▶ Ruth Chenoweth Telephone no. ▶ 906 358-4821 Located at ▶ E23945 Beaver Station Rd. City Watersmeet ST MI ZIP + 4 ▶ 49969		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		
45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
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?		X
b If "Yes," was the related organization a section 527 organization?		X
49b		X

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"

(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
Name <u>None</u> Str _____ Title _____ City ST ZIP _____ Hr/WK .00				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK .00				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00				

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
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: U P Thunder Riders by Ruth Chenoweth Date: 3/11/2011
 Type or print name and title: Ruth Chenoweth, Treasurer TREASURER

Paid Preparer's Use Only
 Preparer's name: Linda Reimer Preparer's signature: Linda Reimer Date: 3/7/2011
 Check if self-employed: PTIN: P00801050
 Firm's name: Savannah Business Solutions, Inc Firm's EIN: 59-3648625
 Firm's address: 163 Costa Loop, Auburndale, FL 33823 Phone no: 727 808-5719

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

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return U P THUNDER RIDERS INC	Business or activity to which this form relates 990EZ	Identifying number 38-3128357
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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 instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	2,362
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	500,000

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 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562.		10 810
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12 0
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	810

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) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,181
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	24,498

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 2010	17	2,290
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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2010 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
19 a 3-year property						
b 5-year property						
c 7-year property		1,181	7	HY	200DB	169
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	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20 a Class life						
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 instructions	22	28,138
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	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, 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
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 (see instructions)							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	0
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)	11,079											
31 Total commuting miles driven during the year	544											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	11,623											
34 Was the vehicle available for personal use during off-duty hours?		X										
35 Was the vehicle used primarily by a more than 5% owner or related person?		X										
36 Is another vehicle available for personal use?	X											

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 (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) 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
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 0

Use of Vehicles (4562 Part V, Section B) - 990EZ

	Vehicle Description	Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
1	Isuzu Truck	11,079	544	0	11,623		X		X	X	

Form 4562 Statement - 990EZ

12/31/2010

Item No	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179, Bonus	2010 Deprec	2010 Accum Deprec	
Depreciation Detail																	
ACRS and other depreciation (Line 16)																	
18	Drag	9/1/2003	F-10	100.00%	9,000	0	0	0	0	9,000	7	SL	HY	8,144	643	8,787	
17	Auger	11/13/2003	F-10	100.00%	371	0	0	0	0	371	7	SL	HY	327	27	354	
9	Table and Chairs	11/16/2003	F-11	100.00%	653	0	0	0	0	653	7	SL	HY	567	47	614	
19	8120 Tractor	11/30/2004	F-10	100.00%	166,463	0	0	0	0	166,463	7	SL	HY	120,885	23,781	144,666	
Total ACRS and other depreciation (Line 16)															129,923	24,498	154,421
MACRS deductions for prior years (Line 17)																	
3	Building - Barn	9/13/1996	R-5	100.00%	20,006	0	0	0	0	20,006	39	SL/GDS	MM	6,819	513	7,332	
4	Building Completion	2/4/1997	R-5	100.00%	1,848	0	0	0	0	1,848	39	SL/GDS	MM	608	47	655	
6	Infrared Heater	2/2/2001	R-5	100.00%	2,797	0	0	0	0	2,797	39	SL/GDS	MM	636	72	708	
2	Boiler	9/30/2001	R-5	100.00%	1,219	0	0	0	0	1,219	39	SL/GDS	MM	256	31	287	
7	Building Completion	1/1/2002	R-5	100.00%	3,733	0	0	0	0	3,733	39	SL/GDS	MM	767	96	863	
5	Building Improvements	6/15/2002	R-5	100.00%	13,602	0	0	0	0	13,602	39	SL/GDS	MM	2,777	349	3,126	
8	Building Addition	1/1/2003	R-5	100.00%	46,119	0	0	0	0	46,119	39	SL/GDS	MM	8,278	1,182	9,460	
Total MACRS deductions for prior years (Line 17)															20,141	2,290	22,431
GDS 7-year property (Line 19c)																	
22	Power Washer	7/22/2010	F-10	100.00%	2,362	0	0	1,181	0	1,181	7	200DB	HY	0	169	1,350	
Total GDS 7-year property (Line 19c)															0	169	1,350
Subtotal Depreciation															150,064	26,957	178,202
20	Trailer	1/1/2008	F-15	100.00%	200	200	0	0	0	0	5	200DB	HY	200	0	200	
3	Isuzu Truck	8/1/2001	V-6	95.32%	500	0	0	0	0	477	5	200DB	HY	500	0	500	
Total Depreciation and Amortization															150,764	26,957	178,902

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	69,872
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	0
4	Government contributions (grants)	4	0
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	69,872

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	125
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	125

Part I, Line 16 (990-EZ) - Other Expenses

84,290

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	1,834
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	28,138
7	Depletion	7	
8	Equipment rental and maintenance	8	11,082
9	Interest	9	
10	Supplies	10	220
11	Telephone	11	1,031
12	Unrelated business income taxes	12	0
13	Auto Expense	13	544
14	Bank Charges	14	117
15	Membership Expense	15	2,199
16	Contribution	16	
17	Dues & Subscriptions	17	2,090
18	Fuel	18	21,414
19	Insurance	19	7,256
20	Permits and Licenses	20	85
21	Payroll Taxes	21	2,091
22	Telecommunications	22	0
23	Shop Tools	23	897
24	Casual Labor	24	0
25	Payroll Processing Fees	25	0
26	Office Expense	26	210
27	Trail Expense	27	1,679
28	Utilities	28	1,446
29	Building Maintenance	29	1,957

Part I Summary (4562)

	Federal	Federal AMT
1a Maximum amount See instructions for a higher limit for certain businesses	1a <u>500,000</u>	1a <u>500,000</u>
1b Additions or subtractions to line 1a	1b <u>0</u>	1b <u>0</u>
1c Additional Qual Empowerment Zone amount (Max \$35,000)	1c <u>0</u>	1c <u>0</u>
1d Additional Qual Enterprise Zone amount (Max \$35,000)	1d <u>0</u>	1d <u>0</u>
1e Additional Qual GO Zone (Max \$100,000)	1e <u>0</u>	1e <u>0</u>
1f Additional Qual Disaster Assistance (Max \$100,000)	1f <u>0</u>	1f <u>0</u>
1g Adjusted maximum amount. Add lines 1a through 1f	1g <u>500,000</u>	1g <u>500,000</u>
2a Total cost of section 179 property (Asset Entry & 4562)	2a <u>2,362</u>	2a <u>2,362</u>
2b Additions or subtractions to line 2a	2b <u>0</u>	2b <u>0</u>
2c Adjusted total cost of section 179 property placed in service	2c <u>2,362</u>	2c <u>2,362</u>
3a Threshold cost of section 179 property before reduction in limitation	3a <u>2,000,000</u>	3a <u>2,000,000</u>
3b Additional threshold amount for Qual Disaster Assistance or GO Zone assets (smaller of cost or \$600,000 per zone)	3b <u>0</u>	3b <u>0</u>
3c Adjusted threshold cost of section 179 property	3c <u>2,000,000</u>	3c <u>2,000,000</u>
4 Reduction in limitation Subtract line 3c from line 2c If zero or less, enter -0-	4 <u>0</u>	4 <u>0</u>
5 Dollar limitation for tax year Subtract line 4 from line 1g If zero or less, enter -0-	5 <u>500,000</u>	5 <u>500,000</u>
6a Elected cost (Qual Real Prop)	6a <u>0</u>	6a <u>0</u>
6b Elected cost (All Other Prop)	6b <u>0</u>	6b <u>0</u>
6c Total section 179 property	6c <u>0</u>	6c <u>0</u>
6d Sec 179 prop from Schedule K-1s (Qual Real Prop)	6d <u>0</u>	6d <u>0</u>
6e Sec 179 prop from Schedule K-1s (All Other Prop)	6e <u>0</u>	6e <u>0</u>
6f Total section 179 property from Schedule K-1s	6f <u>0</u>	6f <u>0</u>
6g Total section 179 property that is non-listed property	6g <u>0</u>	6g <u>0</u>
7 Section 179 property that is listed property	7 <u>0</u>	7 <u>0</u>
8 Total elected cost of section 179 property Add lines 6g and 7	8 <u>0</u>	8 <u>0</u>
9a Tentative deduction (Qual Real Prop)	9a <u>0</u>	9a <u>0</u>
9b Tentative deduction (All Other Prop)	9b <u>0</u>	9b <u>0</u>
9c Total tentative deduction	9c <u>0</u>	9c <u>0</u>
10 Total carryover of disallowed section 179 deduction from 2009 Form 4562 (line 13)	10 <u>810</u>	10 <u>810</u>
11 Business income limitation		
a Business taxable income calculated for Section 179 limitation	11a <u>0</u>	11a <u>14</u>
b Form 4797 gain or loss	11b <u>0</u>	11b <u>0</u>
c Schedule D Business gain or loss	11c <u>0</u>	11c <u>0</u>
d Adjustments to business taxable income	11d <u>0</u>	11d <u>0</u>
e Adjusted business taxable income Combine lines 11a through 11d	11e <u>0</u>	11e <u>14</u>
f Enter the smaller of business income (not less than zero) or line 5	11f <u>0</u>	11f <u>14</u>
12a Allowable section 179 deduction (Qual Real Prop)	12a <u>0</u>	12a <u>0</u>
12b Allowable section 179 deduction (All Other Prop)	12b <u>0</u>	12b <u>14</u>
12c Total allowable section 179 expense deduction	12c <u>0</u>	12c <u>14</u>
13a Carryover of disallowed deduction to 2011 (Qual Real Prop)	13a <u>0</u>	13a <u>0</u>
13b Carryover of disallowed deduction to 2011 (All Other Prop)	13b <u>810</u>	13b <u>796</u>
13c Total carryover of disallowed deduction to 2011 Add lines 13a and 13b	13c <u>810</u>	13c <u>796</u>
14 Difference in regular Section 179 deduction and AMT Section 179 deduction	14 <u>-14</u>	14 <u>-14</u>