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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and e	ending J	UN 30, 2012							
В	Check if applicable	C Name of organization		D Employer identific	cation number						
Г	Addres	NEW HAMPSHIRE SNOWMOBILE ASSOCIATION									
	Name change	Day Day A		02-0279965							
	Initial		Room/suite	E Telephone number							
	Terminated			6032	730220						
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	637,429.							
	Application	11D1ON, NII 03270	H(a) Is this a group re								
	pendin	Yes X No									
_	SAME AS C ABOVE  H(b) Are all affiliates include										
		mpt status:	or 527	7	list. (see instructions)						
<u>J</u>	Websit	e: NHSA.COM  Organization X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile NH						
		organization X Corporation Trust Association Other.	L Year	of formation 1000 K	M State of legal doffliche 1411						
	4		ROMOTE	AND FOSTER							
Governance	' ;			MEMBERS.							
rna	2	Check this box   If the organization discontinued its operations or dispos	ed of more	e than 25% of its net as	ssets.						
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15						
		Number of independent voting members of the governing body (Part VI, line 1b)		4	14						
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2						
Ξ	6	Total number of volunteers (estimate if necessary)		6	15801						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	62,476.						
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	17,551.						
			-	Prior Year 3,384.	Current Year 3,880.						
ne	8	Contributions and grants (Part VIII, line 1h)		348,428.	227,994.						
Revenue	9	Program service revenue (Part VIII, line 2g)	-	195.	146.						
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	51,014.	41,376.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		403,021.	273,396.						
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,845.	3,500.						
		Benefits paid to or for members (Part IX, column (A), line 4)	-	1,176.	1,801.						
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,946.	116,084.						
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 5,63	39.	11.11.							
ŵ	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		286,004.	247,256.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) tline 20 1VFD		402,971.	368,641.						
_	119	Revenue less expenses. Subtract line 18 from line 12		50.	<95,245.>						
Net Assets or	<u> </u>	Total assets (Part X, line 16)	1071	eginning of Current Year	End of Year						
sset	20	, , , , , , , , , , , , , , , , , , , ,	₽	360,426.	259,354.						
et	21	Total liabilities (Part X, line 26)	1811	37,613. 322,813.	31,786. 227,568.						
	art II	Net assets or fund balances. Subtract line 21 from line 20 OGDEN, UT	-14-11	322,013.	221,300.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of m	ny knowledge and belief, it is						
		t, and complete Declaration of preparer (other than officer) is based on all information of wh			y kilothoogo alla bollot, kilo						
110	0,001100	t, and complete section of pro-		10-3	0-12						
. Si	an	Signature of officer		Date							
	ere	RUSS DAVIS, JR., PRESIDENT									
•		Type or print name and title									
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Pa	ıd	ABBY T. DAWSON, CPA all Ocuse (		09/11/12 self-employ							
-	eparer	Firm's name F.G. BRIGGS, JR., CPA, PROF. ASS	SN.	Firm's EIN	02-0381649						
Us	e Only	Firm's address 98 SALMON STREET			6021660 1240						
,  —	<del></del>	MANCHESTER, NH 03104		Phone no (	603)668-1340						
		RS discuss this return with the preparer shown above? (see instructions)			Yes No Form <b>990</b> (2011)						
132	2001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	วทธ.		(2011)						

	1 III Statement of Program Service Accomplishments
1. (4)	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE AND FOSTER SNOWMOBILING AS A SPORT AND RECREATION FOR ITS MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 ) (Expenses \$ 67,439. including grants of \$ 3,500.) (Revenue \$ 163,436.)
	PROMOTE AND FOSTER SNOWMOBILING AND PROVIDE SUPPORT TO MEMBERS AND RELATED ORGANIZATIONS.
	RELATED ORGANIZATIONS.
	100 220
4b	(Code) (Expenses \$108,229 . including grants of \$) (Revenue \$)  EXCHANGING OF IDEAS, TRAIL INFORMATION AND GROUP ACTIVITY INFORMATION
	PERTINENT TO THE WELFARE OF SNOWMOBILING VIA THE "SNO-TRAVELER"
	PUBLICATION.
4c	(Code) (Expenses \$14,552 . Including grants of \$) (Revenue \$6,520 . )
70	CREATE AND MAINTAIN, MARK AND MAP, A SYSTEM OF PUBLIC AND PRIVATE
	TRAILS FOR THE USE OF SNOWMOBILES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
<u>4e</u>	Total program service expenses ► 190,220.
	Form <b>990</b> (2011)

Form 990 (2011) NEW HAMPSHIR
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			11.
	If "Yes," complete Schedule A	1		Х
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<del></del> -
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0	·	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		-
9		9		x
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	-	<del> </del> -	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		
С				Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_^_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI, XII, and XIII	12a	^	
p	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	l	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	-	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		х
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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, Parts II and IV	15		Х
40	·	-13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		Х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10	-	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<b></b> '	-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20-	complete Schedule G, Part III	202	<u> </u>	X
20a		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990 /	 2011)
			\	

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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_
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Ì		
	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		A.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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? If "Yes," complete Schedule M	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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," complete Schedule R, Part V, line 2	35b		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		
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	
		Form	990 (	2011)

Form 990 (2011) NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	]						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	] !						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	_X					
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١				
	any contributions that were not tax deductible?	6a		X				
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	<u>6b</u>	ļ	<del> </del>				
7	Organizations that may receive deductible contributions under section 170(c).	7a		х				
а	· · · · · · · · · · · · · · · · · · ·							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	<del>                                     </del>				
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c	<del> </del>	X				
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7e	•					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>f</del>	<del>                                     </del>	<del> </del>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<del> </del>	+-				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$t^{-}$				
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		<del>                                     </del>	1				
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	Ì					
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		1				
-	Did the organization make any taxable distributions under section 4966?	9a		1				
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
ь	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	1						
12a	, , , , , , , , , , , , , , , , , , , ,	12a	ļ	ļ				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>						
а	is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	-						
C	Enter the amount of reserves on hand	<b></b>		X				
14a		14a	<del>  -</del>	+^				
h	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b, or 10b below, describe the circumstances, processes or changes in Schedule O. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	). S <del>ee</del> I	nstructions.					
	Check if Schedule O contains a response to any question in this Part VI					X		
<u>Sec</u>	tion A. Governing Body and Management							
				<b>****</b>	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	-		Х		
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	ļ				
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6_	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		١ ا			
	more members of the governing body?			7a_	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	İ				
	persons other than the governing body?			7b		<u>X</u> _		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following	_	ı,			
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	_X_			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the			v		
<b>^</b>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u> _		
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	tevenue	Code.)					
40-	Distribution of the state of th			100	Yes	No		
	Did the organization have local chapters, branches, or affiliates?	honton	- offiliatos	10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napten	s, animates,	10ь	х			
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?  1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
		ly Deit	ie illing the form	17 11a		X		
	<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to con	flicts?	12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			123				
Ŭ	in Schedule O how this was done	, 00, 0.	300.1.22	12c	Х			
13	Did the organization have a written whistleblower policy?			13		X		
14	Did 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 approve	al by in	dependent	1		· · ·		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	/ith a					
	taxable entity during the year?			16a	<u> </u>	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	nızatıo	n's					
	exempt status with respect to such arrangements?			16b				
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►NH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s or	nly) avaılab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (	of interest policy	, and finar	icial			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the orga	nization:				
	GAIL HANSON - (603) 273-0220 614 LACONIA ROAD, UNIT 4, TILTON, NH 03276							
	614 LACONIA ROAD, UNIT 4, TILTON, NH 03276							

Form	aan	(2011	١.

#### NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

02-0279965

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
				Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) ROGER WRIGHT									^	0
DIRECTOR	2.00	X	_			<u> </u>		0.	0.	0.
(2) WARREN PIQUETTE	2 00									0
DIRECTOR	2.00	X	-					0.	0.	0.
(3) DAVID BOWLES	2 00	,,							٠ .	0
DIRECTOR	2.00	X	-			├-		0.	0.	0.
(4) BOB DOHERTY	2 00	v		'				0.	o.	0
DIRECTOR	2.00	X	-	-		├		<u> </u>		0.
(5) DICK BARIBEAU	2 00	J						0.	0.	0.
DIRECTOR	2.00	X	$\vdash$	-		├	$\vdash$	0.	0.	
(6) MARIE HIXSON	2.00	Х						0.	0.	0.
DIRECTOR (7) CLIFF RUSSELL	2.00	ı.		$\vdash$		$\vdash$				
DIRECTOR	2.00	X	1					0.	0.	0.
(8) BETH HORVATH-PALMER			$\vdash$			-				
DIRECTOR	2.00	Х						0.	0.	0.
(9) DAVE COPELAND		==		_		_	-			
DIRECTOR	2.00	X						0.	0.	0.
(10) JOE GORMAN, SR.										
DIRECTOR	2.00	X					l	0.	0.	0.
(11) RUSSELL DAVIS, JR.										
PRESIDENT	4.00			X				0.	0.	0.
(12) TERRY CALLUM, JR.										-
PAST PRESIDENT	2.00	ļ		X			L_	0.	0.	0.
(13) PARKS CHRISTENBURY										
VICE PRESIDENT	4.00	<u> </u>		X_				0.	0.	0.
(14) TIM LORENZ										
SECRETARY	4.00			X			L.	0.	0.	0.
(15) CRAIG MAYO		}								_
TREASURER	4.00	ļ		X		-	-	11,948.	0.	0.
			_							

Page 8

Par	t VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oye	s, a	nd l	High	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B) (C)							(D) (E)			l	(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	stimate	ed
		hours per week	kod	c, unle	ss pe	erson	is bot or/trus	th an	compensation	compensation	1	ar	nount	
		(describe	$\vdash$	T	Ī	1,000		T	from	from related			other	
		hours for	director				-		the organization	organizations (W-2/1099-MIS			pensa rom th	
		related	8	\$ <del>2</del>			nsate		(W-2/1099-MISC)	(***2 1099 111100)			janizat	
		organizations	1 -	Institutional frustee	İ	Key employee	Highest compensated employee	ſ					d relat	
		ın Schedule		E E	Þ	Tā l	lest c	Former				orga	anızatı	lons
		0)	Indiv	₹	Officer	ξē	물통	Ē						
			ĺ	Ì			İ							
			L		ļ									
								Į						
			├-	Ĺ	<u> </u>		<u> </u>	<b> </b>						
	<del></del>	ļ	├-		ļ	_	_	-						
						1								
			├-				-	-						
			ļ			Į								
		<del> </del>	├		-	<del> </del>	-							
	<del></del>		-		-	├	-	├						
		<del> </del>	┿	-		-	$\vdash$	-						
		{	ŀ											
			┢	$\vdash$			╁	├-						
16	Sub-total Sub-total		Щ.	l		L	┢	L	11,948.	<del></del> -	0.			0.
	Total from continuation sheets to Part V	II Section A							0.	<del></del>	0.	-		0.
	Total (add lines 1b and 1c)	ii, occiloii A					•		11,948.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) w	no re	· — · · · · · · · · · · · · · · · · · ·	.000 of reportable				
_	compensation from the organization						-,		*	,				0
													Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on				· · ·
	line 1a? If "Yes," complete Schedule J for			·	•	•	-			•		3	ĺ	X
4	For any individual listed on line 1a, is the s			omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	," со	mpl	ete S	Sche	edule	ə J f	or such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion i	from	any	unr	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedu	θJ	for s	uch	pers	son		·			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	end.	ng v	vith	or w	<u>ıthır</u>	the organization's tax y	/ear.				
	(A)								(B)		_	(0		
	Name and business	address	N	<u>IMC</u>	E			-	Description of s	ervices		ompe	nsatio	<u>'n</u>
								- 1		ł				
										-				
								l						
									<del></del>	-				
								1		1				
								$\dashv$	- <del></del>					
								]		J				
2	Total number of independent contractors (	including but r	not li	mite	d to	tho	se li	sted	above) who received m	ore than				
-	\$100,000 of compensation from the organ		11	0	0		0							

tainaini	1	***	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इस	1 :	a	Federated campaigns	1a	da- 1-1-1				
Contributions, Gifts, Grants and Other Similar Amounts	ı	b	Membership dues	1b					
A,C	•	C	Fundraising events	1c					
ar F	(	d	Related organizations	1d					
JS,	(	е	Government grants (contribut	ions) 1e					
i Si	1	f	All other contributions, gifts, gran	ts, and					
흎			similar amounts not included abo	ve 1f	3,880.				
	9	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u>		<u>h</u>	Total. Add lines 1a-1f		<b>•</b>	3,880.		.,,	
					Business Code				
8	2 8		MEMBERSHIP DUES		900009	163,436.	163,436.		
E Z	ı	b	ADVERTISING INC		541800	58,038.		58,038.	
Program Service Revenue	•	C	PROMOTIONAL AND	EDUCAT	900099	6,520.	6,520.		
<u>ēā</u>	•	ď							
5	•	е							
<u>-</u>			All other program service reve	enue		227 004			
		9_	Total. Add lines 2a-2f	<del></del>	<b>&gt;</b>	227,994.			
	3		Investment income (including	dividends, intere	est, and	146			146
ļ	_		other similar amounts)			146.			146.
	4		Income from investment of ta	x-exempt bond p	oroceeds -				
	5		Royalties	(3 D - 1	(4) 5	<del> </del>			<del></del>
- 1		_	Chara handa	(i) Real	(II) Personal				
	6 6		Gross rents		<del>                                     </del>				
			Less: rental expenses		<del> </del>				
1			Rental income or (loss)  Net rental income or (loss)	L	<b>•</b>	1			
			Gross amount from sales of	(i) Securities	(II) Other				
	, ,	•	assets other than inventory	() Securities	(ii) Other				
		h	Less: cost or other basis		-				
		_	and sales expenses						
l		_	Gain or (loss)						
[			Net gain or (loss)		<b>•</b>				
			Gross income from fundraisin	a events (not					***************************************
Other Revenue			including \$	of					
8			contributions reported on line						
<u>ت</u> ا			Part IV, line 18		375,428.				
휥	1	ь	Less: direct expenses	b	375,428. 340,119.				
0			Net income or (loss) from fund		<b>•</b>	35,309.			35,309.
ĺ	9 (	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19	а	13,212.				
	ı	b	Less: direct expenses	b	10,273.				
		С	Net income or (loss) from gan	ning activities	<b>&gt;</b>	2,939.			2,939.
1	10 a	а	Gross sales of inventory, less	returns					
			and allowances	а	12,331. 13,641.				
	1	b	Less: cost of goods sold	b	13,641.				
1		c	Net income or (loss) from sale	s of inventory	▶.	<1,310.	>		<1,310.>
			Miscellaneous Revenu	ie	Business Code				
j	11 (	а	COMMISSIONS		900099	4,438.		4,438.	
	ı	b							
	•	С	<del></del>						
	•		All other revenue		L	4 400			
	(	е	Total. Add lines 11a-11d			4,438.	160 056	62,476.	27 004
13200° 01-23-	<u> 12</u>	_	Total revenue. See instructions	<del></del>	<u>▶</u>	273,396.	169,956.	02,4/0.	37,084. Form <b>990</b> (2011)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responnot 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			g	
	organizations in the United States See Part IV, line 21	2,500.	2,500.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	1,000.	1,000.	· · · · · · · · · · · · · · · · · · ·	### <sub>###</sub>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	1 001	1 001		<del></del>
4	Benefits paid to or for members	1,801.	1,801.	· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
_	trustees, and key employees		· <del></del>		<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	102,547.	22,323.	75,107.	5,117
7	Other salaries and wages	102,347.	22,323.	13,107.	<u> </u>
8	Pension plan accruals and contributions (include	ļ			
9	section 401(k) and section 403(b) employer contributions)  Other employee benefits	3,100.		3,100.	
10	Payroll taxes	10,437.	2,254.	7,661.	522
11	Fees for services (non-employees):	10/13/1		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	322
a	Management				
b	Legal	315.		315.	
c	Accounting	24,937.		24,937.	<del></del>
d	Lobbying	10,797.		10,797.	<del> </del>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	17,010.	17,010.		
13	Office expenses	13,463.		13,463.	
14	Information technology				
15	Royalties				
16	Occupancy	21,502.		21,502.	
17	Travel	4,502.		4,502.	
18	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials	15 044	11 200	4 525	
19	Conferences, conventions, and meetings	15,844.	11,309.	4,535.	
20	Interest				<del></del> -
21	Payments to affiliates	1,953.		1,953.	<del></del>
22	Depreciation, depletion, and amortization	920.	<del></del>	920.	
23	Insurance	920 •		720 •	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	FEDERAL TAXES	2,961.		2,961.	The state of the s
b	MINIOT DOWNER PURE TO ME TON	88,426.	88,426.		
С	DUES AND SUBSCRIPTIONS	15,722.	15,722.		
d	PRINTING AND PUBLICATIO	10,373.	10,373.		
е	All other expenses	18,531.	17,502.	1,029.	
25	Total functional expenses. Add lines 1 through 24e	368,641.	190,220.	172,782.	5,639
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011

**Balance Sheet** (A) (B) End of year Beginning of year 144,834. 235,402. 1 1 Cash - non-interest-bearing 55,831. 55,969. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 3,277. 2,770. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 12,604. 10,832. 8 Inventories for sale or use 39,385. 48,909. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 30,226. 10a basis. Complete Part VI of Schedule D 5,057. 25,169. 4,910. 10c 10b b Less: accumulated depreciation 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 259,354. 360,426. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,367. 9,977. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 26,419. 27,636. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 31,786. 37,613. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 227,568. 322,813. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 227,568. 322,813. 33 33 Total net assets or fund balances 259,354. 360,426. 34 Total liabilities and net assets/fund balances

Form 990 (2011)

Form	1990 (2011) NEW HAMPSHIRE SNOWMOBILE ASSOCIATION	02-027	<u>9965</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part Xi				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	2,8	13.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22	7 <u>,5</u>	68.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u>X</u>
			ļ	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			X
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			i
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	}		.,
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 <b>90</b> (	2011)

#### 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 5	<u>01(c)(4), (5), or (6) organiza</u>	tions: Complete Part III.			
Name of orga	nization			Empl	oyer identification number
		PSHIRE SNOWMOBIL			02-0279965
Part I-A	Complete if the org	ganization is exempt und	ler section 501(c	) or is a section 527 or	rganization.
	expenditures	zation's direct and indirect politic	cal campaign activities	s in Part IV. ▶\$	
Part I-B	Complete if the ord	ganization is exempt und	ler section 501(c	)(3).	
		incurred by the organization und		<u></u>	<del></del>
	•	incurred by organization manag			
		n 4955 tax, did it file Form 4720		•	Yes No
•	orrection made?		•		Yes No
b If "Yes,"	describe in Part IV.				
Part I-C	Complete if the org	janization is exempt und	ler section 501(c	), except section 501(	c)(3).
1 Enter the	amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2 Enter the	e amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
exempt 1	function activities			▶\$	
3 Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO		
line 17b				▶\$	
	iling organization file Form	•			Yes No
made pa contribu	syments. For each organizations received that were pr	nployer identification number (El tion listed, enter the amount par omptly and directly delivered to additional space is needed, pro-	d from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011  Part II-A Complete if the org	NEW HAMPSHI	RE SNOWMOBI	LE ASSOCIAT	ION 02-0	0279965 Page 2				
(election under sec		mpt under sectio	on sortcits) and mi	ea Form 5/68					
			5 . 114	<del></del>					
			n Part IV each affiliated	group member's nar	ne, address, EIN,				
. —	e of excess lobbying	•							
B Check L If the filing organiza	tion checked box A a	nd "limited control" pre	ovisions apply.		<del></del>				
	ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ	ience public opinion (	(grass roots lobbying)			<del></del>				
<b>b</b> Total lobbying expenditures to influ					<del>                                     </del>				
·	Total lobbying expenditures (add lines 1a and 1b)								
d Other exempt purpose expenditure	· · · · · · · · · · · · · · · · · · ·		-		<u> </u>				
e Total exempt purpose expenditure		d)			<u> </u>				
f Lobbying nontaxable amount. Ente			h columns.						
If the amount on line 1e, column (a) o		bying nontaxable am		· · · · · · · · · · · · · · · · · · ·					
Not over \$500,000		the amount on line 1e							
Over \$500,000 but not over \$1,000		00 plus 15% of the exc							
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc							
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce							
Over \$17,000,000	\$1,000,		333 0701 \$1,000,000.						
	Ψ1,000,								
a Grassroots nontavable amount (en	ter 25% of line 1ft				<del></del>				
•	g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-								
i Subtract line 1f from line 1c. If zero	·		ŀ	<del></del>	<del> </del>				
j If there is an amount other than ze	•	ling to did the erganiz	L ation file Form 4720	<del></del>	<del></del>				
		line 11, did the organiz	ation file Form 4/20		Yes No				
reporting section 4911 tax for this		avaging Paried Under	Section FO1/h)	<del></del>	Yes No				
	ations that made a s		n do not have to comp es 2a through 2f on pa						
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) Total				
2a Lobbying nontaxable amount	<del></del>								
b Lobbying ceiling amount									
(150% of line 2a, column(e))									
c_Total lobbying expenditures			<u> </u>						
d Grassroots nontaxable amount		_	<u> </u>						
e Grassroots ceiling amount				——————————————————————————————————————					
(150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

02-0279965 Page 3

### Schedule C (Form 990 or 990-EZ) 2011 NEW HAMPSHIRE SNOWMOBILE ASSOCIATION 02-027996 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b	)
f the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or			<del>, - , , , , , , , , , , , , , , , , , ,</del>	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u></u>		
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ		
i Other activities?		<u> </u>		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ction 501(c	)(5), or se	ection	
		<del>-</del>	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
B Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	olitical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	S	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
art IV Supplemental Information				
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	5; Part II-A; and	l Part II-B, li	ne 1. Also, d	comple
is part for any additional information.				
				- <del></del>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

Employer identification number 02-0279965

Pa	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
•••••	organization answered "Yes" to Form 990, Part IV, line		
			(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 donor advisors in w	vriting that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	-	<del></del>
	for charitable purposes and not for the benefit of the donor or		·
	impermissible private benefit?	. •••••• μονρού στο στο στο στο στο στο στο στο στο στο	Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ►
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the or	rganization's accounting for
	conservation easements.		
Pa	Till Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	· · · · · · · · · · · · · · · · · · ·	, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	<b>.</b> .
a	Revenues included in Form 990, Part VIII, line 1		\$
ь	Assets included in Form 990, Part X		<b>&gt;</b> \$

		PSHIRE S								Page 2
Par	t III   Organizations Maintaining C	collections of	Art, His	torical	Treasures,	or Other	Simila	r Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other rec	ords, chec	k any of	the following that	at are a sigi	nificant u	se of its	collection	ı ıtems
	(check all that apply):					_				
а	Public exhibition		d $\square$	Loan or	exchange progra	ams				
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and exi	olain how t	hey furth	er the organizati	on's exem	pt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		nplete if the	e organiz	ation answered	"Yes" to Fo	orm 990,	Part IV,	line 9, or	
1a	is the organization an agent, trustee, custodi		mediary for	contribi	itions or other as	sets not in	cluded			
	on Form 990, Part X?		noolaly lol	001111100	thorio or other ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0.000		Yes	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the	e followina	table:						
-	TOO, EXPLAIN THE ATTAINGUITH IN THE ATT ATT	and complete th	c lonowing	table.					Amount	
С	Beginning balance						1c		711100111	
ď	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X.	line 21?				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par			answered	"Yes" to	Form 990, Part	IV. line 10.				
	· · · · · · · · · · · · · · · · · · ·	(a) Current yea		rior yea				ars back	(e) Four	years back
1a	Beginning of year balance	1-7	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4
b	Contributions									*******
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									43*******
e	Other expenditures for facilities		-							
_	and programs									
f	Administrative expenses				<u> </u>				ļ	***************************************
a	End of year balance									· · · · · · · · · · · · · · · · · · ·
2	Provide the estimated percentage of the curr	rent vear end bal	ance (line 1	a, colun	nn (a)) held as:					
a	Board designated or quasi-endowment	,	%	<b>J</b> ,	<b>,</b> , , , , , , , , , , , , , , , , , ,					
ь	Permanent endowment ►	%								
c	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ınızatıon th	at are he	eld and administe	ered for the	organiza	ation		
	by:	J					•		ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as require	ed on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's e	ndowment	funds.						
Par	t VI Land, Buildings, and Equipm				•					
	Description of property	(a) Cost of basis (inve	or other	(b) (	Cost or other asis (other)		umulated	d	(d) Book	value
1a	Land									
b										
	Leasehold improvements									
	Equipment				30,226.	2	25,16	9.	ŗ	5,057.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, F	Part X, colu	mn (B), (I	ne 10(c).)			<b>&gt;</b>		057.

NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 NEW HAMPSHIRE SNOWMOBILE AS				<u>)279965</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial St	tatement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,396.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		368	,641.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<95	,245.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		<95	,245.
Par	XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	613	,515.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d 34	0,11	9.		
е	Add lines 2a through 2d			2e	340	,119.
3	Subtract line 2e from line 1			3	273	,119. ,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	273	,396.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses	per Retui	n _	
1	Total expenses and losses per audited financial statements		<del></del>	1	708	,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d 34	0,11	9.		
е	Add lines 2a through 2d			2e		<u>,119.</u>
3	Subtract line 2e from line 1			3	368	,641.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4ь				
С	Add lines 4a and 4b			4c		0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	368	<u>,641.</u>
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Pa	ırt IV, line	es 1b and 2	b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
PAI	RT X, LINE 2: MANAGEMENT HAS ANALYZED ITS T	rax positi	ONS	AND HA	<u> </u>	
DET	PERMINED THAT THERE ARE NO UNRECOGNIZED TAX	COBLIGATI	ONS	TO REC	CORD.	
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
EXI	PENSES FOR EVENTS QUALIFYING AS SPECIAL EVE	ENTS FOR T	AX_			
ייזם	DOCEC				240	110
PUL	RPOSES				340	<u>,119.</u>
<del></del>						
DΔT	TT XIII. LINE 2D - OTHER ADJUSTMENTS:					

Schedule D (Form 990) 2011

Schedule D (Form	n 990) 2	011	NEW HAM	PSHIRE	SNOWMOB	ILE ASS	OCIATION	02-0279	965 Page <b>5</b>
Part XIV Su	pplem	ental Infor	mation (contin	nued)					<del></del>
EXPENSES	FOR	EVENTS	QUALIFY	ING AS	SPECIAL	EVENTS	FOR TAX		
DIIDDOCEC		-							240 110
PURPOSES									340,119.
<del>-</del>		<del></del>				· <u>-</u> -			
<del>-</del>		<del></del>					<del></del>		
<del>-</del>		<del></del> -	<del></del> -						· · · · · · · · · · · · · · · · · · ·
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132055 01-23-12

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▲ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

**Employer identification number** 

NEW HAME	PSHIRE SNOWMOBILE	ASS	OCI	ATION _	02-0279	965
Part I Fundraising Activities. required to complete this part.	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization raises</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, Pa</li> <li>b If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the organization.</li> </ul>	e Solicitat f Solicitat g Special  r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursi	ion of ion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees orYes	<del></del>
(i) Name and address of Individual or entity (fundraiser)	(II) Activity		(iii) Dud fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			<del></del>			
					<del></del>	
			l 		 	
				<u>,                                    </u>		
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	<b>▶</b> outions	s or has been notified	d it is exempt from re	egistration
or meaning.						
						<u></u>
		_				
				<del></del>		
				<u> </u>		

		le G (Form 990 or 990-EZ) 2011 NEW HAI				-0279965 Page 2
ME	art I	Fundraising Events. Complete if t of fundraising event contributions and g				
_			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CDACC DDACC		NONE	(add col. (a) through
σ.			GRASS DRAGS (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			1,111,111	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(	
Rev	1	Gross receipts	375,428.			375,428.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	375,428.			375,428.
	4	Cash prizes	34,900.			34,900.
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	50,000.			50,000.
Direct	7	Food and beverages				
	8	Entertainment	23,000. 232,219.			23,000.
	9	Other direct expenses	232,219.			23,000. 232,219.
	10	Direct expense summary. Add lines 4 through	•		<b>&gt;</b>	340,119, 35,309.
Pa	rt l	Net income summary. Combine line 3, colung Gaming. Complete if the organization		990. Part IV. line 19. or	reported more than	35,309.
L <u>7 7</u>	TTT	\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	bingo/progressive bingo		col. (a) through col. (c))
æ		Gross revenue				
	i i	Gross revenue				
Expenses	2	Cash prizes				
ct Expe	3	Noncash prizes				
Direc	4	Rent/facility costs		<u> </u>		
	5	Other direct expenses			<u></u>	
		Valuataan lahan	Yes %	Yes %  No	Yes %	
	6	Volunteer labor	No	NO	NO	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		<u></u>	
	_					
9		ter the state(s) in which the organization operate organization licensed to operate gaming a	_	etatos?	<del></del>	Yes No
		No," explain:				
	_					
						Tyes The
		ere any of the organization's gaming licenses in Yes," explain:	•		yearr	Yes No
~	_					
	_					
1320	82 O	1-23-12	<del></del>	<del></del>	Schedule G (Fo	rm 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 NEW HAMPSHIRE SNOWMOBILE ASSOCIATION 02-0	0279965	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	The state of the second state of the period and stage and stage and stage are stage and stage are stage and stage are stage and stage are stage are stage and stage are stage ar		
	Name ►		_
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	of "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Carming manager compensation > 4		
	Description of services provided		
			<u></u> -
	Director/officer Employee Independent contractor		
4-			
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
	retain the state gaming license?	1es	140
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
De	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v), and	Part III.
3	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
_	illios 5, 55, 165, 165, 165, 165 and 175, as applicable 7,165 de librar any assistant illion any	1.1000	
_			
_			<u> </u>
_			

#### SÇHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization				
	NEW	HAMPSHIRE	SNOWMOBILE	ASSOCIATION

Employer identification number 02-0279965

L.,		-	on 501(c)(3) and section						-	<del>-</del> .
Complete if the orga	anization answ	vered "Yes"	on Form 990, Part IV,	line 25a or 25b, or Fo	<u>rm 990-E</u>	Z, Part	V, line 40	b.	(c) Cori	
(a) Name of dis	equalified pers	on		(b) Description of transaction						
	<del> </del>				_				Yes	No
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2 Enter the amount of tax imposection 4958		ū		,	year un	der	<b>&gt;</b> \$			
3 Enter the amount of tax, if a	ny, on line 2, a	above, reim	bursed by the organiza	ation			▶ \$			
Part II Loans to and/o	r From Inte	erested I	Persons.	<u> </u>				_	_	
L			on Form 990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	Ba			
(a) Name of interested person and purpose			(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
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Total			▶ \$							
<u></u>		-	nterested Person							
		vered "Yes"	on Form 990, Part IV,				402.4			
(a) Name of interested	person		(b) Relationship betw the or	een interested person ganization	and ———		( <b>c</b> ) Am	ount an assistan	d type of ce	
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 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$ 

Schedule L (Form 990 or 990-EZ) 2011

Business Transactions Involving		ASSOCIATION	02-0279		Pag
	ng Interested Persons.				
Complete if the organization answered	'Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	····	- <b>, .</b> - :	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
				Yes	1
IG MAYO	BOARD MEMBER	11,948.	INDEPENDENT	X	L
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V Supplemental Information		!			
Complete this part to provide additional	information for responses to question	ns on Schedule L (see I	nstructions).		
Complete time part to provide additional	The management of the parties of the				_
L, PART IV, BUSINESS TH	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
NAME OF PERSON: CRAIG	MAYO				
DESCRIPTION OF TRANSACT	TION: INDEPENDENT C	$O$ N $\pi$ R $\Delta$ C $\pi$ OR			
DEBCRIFIION OF TRANSAC	TION: INDETENDENT C	ONTIMETOR			
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#### SCHEDULE O (Form 990 or 990-EZ)

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#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

Employer identification number 02-0279965

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP CLASSES INCLUDE INDIVIDUALS, CLUBS, AND CONTRIBUTOR/DEALERS.

FORM 990, PART VI, SECTION A, LINE 7A: AT THE ANNUAL MEETING THERE IS AN ELECTION OF OFFICERS BY A MINIMUM OF FIFTY DELEGATES PRESENT. DELEGATES ARE INDIVIDUALS EIGHTEEN YEARS OF AGE OR OLDER AND ARE ELECTED BY INDIVIDUAL SNOWMOBILE CLUBS, DEALERS AND CONTRIBUTOR MEMBERS. THE NUMBER OF DELEGATES ALLOCATED TO EACH CLUB, DEALER OR CONTRIBUTOR IS BASED ON THEIR TOTAL MEMBERSHIP. A NOMINATING COMMITTEE APPOINTED BY THE PRESIDENT PRESENTS TO THE MEMBERSHIP NO LATER THAN (60) DAYS PRIOR TO THE ANNUAL MEETING, A SLATE OF CANDIDATES FOR EXECUTIVE OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTE REVIEWS THE FORM PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANY POSSIBLE CONFLICT OF INTEREST

ON THE PART OF ANY MEMBER OF THE BOARD, OFFICER OR EMPLOYEE OF THE

CORPORATION, SHALL BE DISCLOSED IN WRITING TO THE BOARD AND MAKE A MATTER

OF RECORD THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST INVOLVES A

SPECIFIC ISSUE BEFORE THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES

RATES OF PAY USING VARIOUS METHODS INCLUDING COMPARABILITY TO OTHER LOCAL

AGENCIES.

FORM 990, PART VI, SECTION C, LINE 19: REQUESTORS ARE FURNISHED

Schedule O (Form 990 or 990-EZ) (2011)

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