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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 th	e 2012 calendar year, or tax year beginning	and ending		_		
В	Check if	C Name of organization		D Employer identif	ication number		
	Addr chan	MICHIGAN SNOWMOBILE ASSOCIATION					
	Name chan	Doing Business As		38-2	2417833		
	Initia returi	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Room/su				
Ē	Term	· ·		· · · · · · · · · · · · · · · · · · ·	-361 <u>-228</u> 5		
Ē	Amer	ded Change and TD and		G Gross receipts \$	2,887,058.		
F	Appli			H(a) Is this a group			
	—Ition pend			for affiliates?	Yes X No		
		Than and address of principal officer		H(b) Are all affiliates in			
$\overline{}$		empt status 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)	\(1\ or \ \ 5		a list. (see instructions)		
		te: \triangleright N/A	<u>/(1) 01 L 3</u>	H(c) Group exemption			
		forganization: Corporation Trust Association X Other ► 5	01 1 7		M State of legal domicile; MI		
	art I	Summary	<u> </u>	al origination. 1902	W State of legal domicile, P11		
_	T	Briefly describe the organization's mission or most significant activities TO	DEVELO	OP A COMMON			
Governance	'	APPRECIATION, UNDERSTANDING AND KNOWLE			<u> </u>		
nar	2	Check this box I if the organization discontinued its operations or dis					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	oposou or m	3	30		
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	30		
•ŏ	#		, w	5	7		
ţ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		 	125		
Activities &	6	Total number of volunteers (estimate if necessary)		6			
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>			
	+ <u>b</u>	Net unrelated business taxable income from Form 990-T, line 34					
		0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	-	169,879.			
Ven	9	Program service revenue (Part VIII, line 2g)	}	<u>2,295,587</u> .			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	<u>2,465,498.</u>			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 125,412.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	• • • • • • • • • • • • • • • • • • • •				
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
쫎	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	0 050 001	0.500.544		
_	17/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	+	2,950,891.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	3,076,303.			
- 0	19	Revenue less expenses Subtract line 18 from line 12 10 'N3050	7	<u>-610,805.</u>	54,781.		
SOS		\mathcal{Z}	1	Beginning of Current Year	End of Year		
SSE	20		w F	613,367.			
Net Assets or Find Balances	21	,,	22	10,619.			
		Net assets or fund balances Subtract line 21 from-line-20	1	602,748.	657,529.		
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying sche			ıy knowledge and belief, it is		
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of	of which prepa				
,		1 June L. Wood		8-5	<u>-13 </u>		
Sig		Signature of officer Page 1 1 1 1 1 Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date			
He	re	Bruce L. Wood President					
		Type or print name and title		Date Check	DTIM		
		Print/Type preparer's name Preparer's aggnature	(L)	17/24/13	PTIN		
Pai		STEPHAN P. DEWITT		self-employ			
	parer	Firm's name STEPHAN P. DEWITT & CO., P.C.		Firm's EIN	38-2893494		
Use	Only	Firm's address 1600 E. BELTLINE N.E., STE 21	Lb		16 261 4552		
<u></u>		GRAND RAPIDS, MI 49525		Phone no. 6	16-361-1559		
-3		AS discuss this return with the preparer shown above? (see instructions)			X Yes No		
3320	001 12-	0-12 LHA For Paperwork Reduction Act Notice, see the separate instru	ictions.		Form 990 (2012)		

Form 990 (2012)

Form	990 (2012) MICHIGAN SNOWMOBILE ASSOCIATION 38-241	<u> 7833</u>	<u> </u>	age
Pa	rt 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)?			1
	If "Yes," complete Schedule A	1		X
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	t		
	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		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	-	}	
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	ĺ	1	ļ
	as applicable		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ł	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	1	ì	17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		· •
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a	 	<u>X</u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		Х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		Α.
16		16		X
4=	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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		^
18		18		х
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-^
19	complete Schedule G, Part III	19		Х
20~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	†	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	<u> </u>
	II I DO TO III O EGGI DIO DI OTIGOTI ATTORI O COPI O TIO AGGICO III MICHOLO CATALINA TO THE TOTALI			

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued	Part IV	Checklist	of Required	Schedules	(continued
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ra	Checklist of Required Schedules (continued)			
			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,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	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		ļ	
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}		
	any tax-exempt bonds?	24c		
d	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		-	
	Schedule L, Part i	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ĺ	X
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	' l	}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	- 1	X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3,		
JŁ	Schedule N, Part II	32	Ì	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ.		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34]	v
05.	Part V, line 1	34		$\frac{x}{x}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-+	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	ļ	
	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	_	1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	.	
	Note, All Form 990 filers are required to complete Schedule O	38	X 990 (2010
		Form	ココリ (2	2012)

Form 990 (2012) MICHIGAN 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	1a 3	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	-	į	
	(gambling) winnings to prize winners?	1	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	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		l	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a]]	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a_		X
b	If "Yes," enter the name of the foreign country			ļ	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		}	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			ł	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required	7.	Į	х
	to file Form 8282?	74	7c		
	If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d	7e	ļ	
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	i	
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes,		79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. De				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a		8	1	
9	Sponsoring organizations maintaining donor advised funds.	, aag y a		_	
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter.				
а	Gross income from members or shareholders	11a		- 1	
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	,	13a		
	Note. See the instructions for additional information the organization must report on Schedule O]	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	,		1	
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c		\longrightarrow	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O	14b	000	0040

Form 990 (2012) MICHIGAN SNOWMOBILE ASSOCIATION 38 – 2417833 Page

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

	Check if Schedule O contains a response to any question in this Part VI					\mathbf{X}			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30)					
	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	_ 30						
2									
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?								
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 assets?									
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						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:						
а	The governing body?			8a	Х				
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 rea	ched a	it the						
	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 R	evenue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	e filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		_X_			
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe						
	ın Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		<u>X</u>			
14	Did the organization have a written document retention and destruction policy?			14_		<u>X</u>			
15	Did the process for determining compensation of the following persons include a review and approve		dependent]				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>			
b	Other officers or key employees of the organization			15b		<u>X</u>			
	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 arranger	nent w	ith a						
	taxable entity during the year?			16a	_	<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nızatıor	ı's						
	exempt status with respect to such arrangements?			16b					
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE		FO4/-\/0\-						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vallab	е				
	for public inspection. Indicate how you made these available. Check all that apply.	- 0 1	a alcala C'						
44	Own website Another's website X Upon request Other (explain		•						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	ntiict c	interest policy, and	tinan	cial				
20	statements available to the public during the tax year	ad == - :	المام ملائم مادان						
20	State the name, physical address, and telephone number of the person who possesses the books at TRAIL ORGANIZATION - 616-361-2295	na reco	rus or the organizat	ion. 📂	·				
	THE ORGANIZATION - 616-361-2285 4543 DIVISION AVENUE S, GRAND RAPIDS, MI 49548-43	0.5							
22000	4543 DIVISION AVENUE S, GRAND RAPIDS, MI 49548-43	00							

Form 990 (201	ンル

MICHIGAN SNOWMOBILE ASSOCIATION

38-2417833

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	CO	mpei	nsa <u>t</u>	ed any current officer, of	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos	ntior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	cer ar	10 a 0	III	Tirus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	50	85			Sate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		9	ed L		(W-2/1099-WIGC)		organization and related
	below	laat	tona		퉏	st co	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.94
(1) BRUCE WOOD	10.00						_			
PRESIDENT				Х				0.	0.	0.
(2) RON CORBETT	5.00									
VICE PRESIDENT				Х		<u> </u>		0.	0.	0.
(3) AL GREEN	1.00								_	_
SECRETARY			L	X				0.	0.	0.
(4) JOHN HOUK	5.00									
TREASURER				X			_	0.	0.	0.
		<u> </u>				H				
							_			<u> </u>
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									}	

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, a <u>n</u>	d Hi	ghe	st (Compensated Employe	es (continued)			_	
	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average	(da	not c		itior		one	Reportable	Reportable	Э] E	stimate	ed
		hours per	kod	, unle	ss pe	erson	is bot	th an	compensation	compensati		ar	nount	
		week (list any	 -			T	1	100,	-	from relate			other	
		hours for	direct				-		the organization	organizatioi (W-2/1099-MI		1	pensa rom th	
		related	i e	ste	l	ł	nsate	1	(W-2/1099-MISC)	(** 2) 1000 iiii	00,]	anızat	
		organizations	Individual trustee or director	Institutional trustee	İ	yee	Highest compensated employee		(**=***********************************				d relat	
		below	ng ng	tutto	in in	Key employee	loyee	朣				orga	anızatı	ons
		line)	亨	ta ta	Officer	Ke	포트	Former				<u> </u>		
				<u> </u>										
			<u> </u>	<u> </u>		<u> </u>	ļ	<u> </u>					_	
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			-					<u> </u>			-			
1b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	•					>		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wt	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
												_	Yes	No
3	Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										_ 3		_X
4	For any individual listed on line 1a, is the su	•							•	the organization				
	and related organizations greater than \$150			-								4		<u> </u>
5	Did any person listed on line 1a receive or a					-		elate	ed organization or indivi	dual for services	i		1	
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch j	oers	on					_ 5		<u>X</u>
	tion B. Independent Contractors													
1	Complete this table for your five highest continuous the organization. Report compensation for the compensation fo										npens	ation f	rom	
		ne calendar ye	eare	endii	ig w	/iun c	JI W			rear.				
	(A) Name and business	address	NIC	NE	7				(B) Description of s	ervices	С	O) ompei		n
			TAC)TAT				+	· ·					
								\dashv						
								1		ĺ				
								T						
								4						
								\perp						
2	Total number of independent contractors (in		ot lır	nited	of to	_		ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	auon 🟲						_				Form 9	390 <i>(</i>	0010
												. corrett i		311/

38-2417833 Page 9 MICHIGAN SNOWMOBILE ASSOCIATION Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 125,031. 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 22,198 similar amounts not included above 1,090 g Noncash contributions included in lines 1a-1f \$ 147,229 h Total. Add lines 1a-1f **Business Code** 2,506,735.2,506,735 2 a PERMITS SOLD Program Service Revenue b EVENT INCOME-SNOW SHOW 30,156. 202,628. 202,628 f All other program service revenue 739,519 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 310 310 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

887,058.2,739,829

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

0

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	nse to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	108,291.		108,291.	
8	Pension plan accruals and contributions (include		<u>-</u> _	200/2320	
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,242.		14,242.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,553.	5,553.	40.476	
13	Office expenses	43,980.	31,804.	12,176.	
14	Information technology				V
15	Royalties	7.050	- 050	7.000	
16	Occupancy	7,850.	850.	7,000.	
17	Travel	46,425.	28,813.	17,612.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	216.		216.	
20 21	Payments to affiliates	210.		210.	
22	Depreciation, depletion, and amortization	1,962.		1,962.	
23	Insurance	3,388.		3,388.	
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	PERMITS-TRAIL PERMITS	2,297,252.	2,297,252.		
b	DEDUNDS MEATE DEDUCES	67,124.	67,124.		
С	ADVOCATE	31,250.	31,250.		
ď	CONTRACT LABOR	27,230.	27,230.		
е	All other expenses	177,514.	123,921.	53,593.	
25	Total functional expenses. Add lines 1 through 24e	2,832,277.	2,613,797.	218,480.	<u>0.</u>
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined]			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		1		

Form 990 (2012)
Part X Balance Sheet

Part 2	<u>^</u> _	Balance Sheet					
		Check if Schedule O contains a response to an	y questi	on in this Part X			
					(A) Beginning of year		(B) End of year
-	1	Cash · non-interest-bearing			3.		
2	2	Savings and temporary cash investments			591,404.	2	647,579
3	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net		4			
5	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees Complete			
Ì		Part II of Schedule L				5	
6	6	Loans and other receivables from other disqual	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
,		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	·
2000	7	Notes and loans receivable, net		1		7	<u> </u>
٤ ٤	3	Inventories for sale or use			8		
9	9	Prepaid expenses and deferred charges		_		9	
10)a	Land, buildings, and equipment cost or other	1 1			1 1	
		basis Complete Part VI of Schedule D	10a	<u>84,726.</u>			
	þ	Less accumulated depreciation	10b	64,728.	21,960.	10c	19,998
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	11			12	
13	3	Investments - program-related See Part IV, line	11			13	
14	Į.	Intangible assets			<u></u>	14	<u></u>
15	5	Other assets See Part IV, line 11		_		15	
16	<u> </u>	Total assets. Add lines 1 through 15 (must equ	al line 34	1)	613,367.	16	667,577
17	7	Accounts payable and accrued expenses	10,619.	17			
18	3	Grants payable	<u> </u>		18		
19)	Deferred revenue	<u> </u>		19		
20)	Tax-exempt bond liabilities		20			
21	ı	Escrow or custodial account liability. Complete	<u></u>	21			
22	2	Loans and other payables to current and former					
21		key employees, highest compensated employee	es, and c	disqualified persons			
'		Complete Part II of Schedule L		_		22	
23	3	Secured mortgages and notes payable to unrela	ated third	d parties		23	
24	ŀ	Unsecured notes and loans payable to unrelate	d third p	arties		24	
25	5	Other liabilities (including federal income tax, pa	-	i			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D		,		25	
_ 26	<u>. </u>	Total liabilities. Add lines 17 through 25			10,619.	26	10,048
		Organizations that follow SFAS 117 (ASC 958	•	here Land			
27 28 29		complete lines 27 through 29, and lines 33 an	nd 34.				
27		Unrestricted net assets		-		27	
28		Temporarily restricted net assets		-	 .	28	
29		Permanently restricted net assets		, r an		29	
		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶LXJ			
		and complete lines 30 through 34.			^		
30		Capital stock or trust principal, or current funds		<u> </u>	0.	30	
31		Paid-in or capital surplus, or land, building, or ed		F"	0.	31	0
30 31 32		Retained earnings, endowment, accumulated in	come, o	r other funds	602,748.		657,529
33		Total net assets or fund balances		-	602,748.		657,529
34	<u>-</u>	Total liabilities and net assets/fund balances			613,367.	34	667,577 Form 990 (201)

	990 (2012) MICHIGAN SNOWMOBILE ASSOCIATION	38-241	78 <u>33</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	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	2,887		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,832		
3	Revenue less expenses Subtract line 2 from line 1	_3			<u>81.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>602</u>	7.	<u>48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	_10	657	, 5:	<u> 29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
			,	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		} }	}	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		j	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		- 1	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis X Both consolidated and separate basis			ł	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1	- 1	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			J	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form §	90 (2012)

232012 12-10-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

2012
Open to Public Inspection

Name of the organization

MICHIGAN SNOWMOBILE ASSOCIATION

Employer identification number 38-2417833

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
	organization answered "Yes" to Form 990, Part IV, lin	e 6								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds							
•	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a	-								
·	for charitable purposes and not for the benefit of the donor of		-							
	impermissible private benefit?	a donor advisor, or for any other purpose of	Yes No							
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990. Pa								
٠	Purpose(s) of conservation easements held by the organization		21114, 11110 /							
1	Preservation of land for public use (e.g., recreation or e		orically important land area							
	Protection of natural habitat	Preservation of a certif	led historic structure							
_	Preservation of open space		4							
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form o	of a conservation 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	,		2b							
С			_2c							
d	• • • • • • • • • • • • • • • • • • • •	after 8/17/06, and not on a historic structur	re							
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization 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 per	nodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements if	tholds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨							
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year > \$							
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	ne organization's accounting for							
	conservation easements	 								
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	her Similar Assets.							
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8								
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,							
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descri	bes these items.								
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publ	lic service, provide the following amounts							
	relating to these items									
	(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	asures, or other similar assets for financial o								
	the following amounts required to be reported under SFAS 1:									
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	> \$							
	Assets included in Form 990, Part X		\$							

		N SNOWMOBI		_		or Oth	or Simil	38-44			age ∠	
3	Using the organization's acquisition, access	ion, and other recor	as, cnec	k any of the	tollowing th	at are a s	significant	use of its	collectio	n item	15	
	(check all that apply).		. —									
a	Public exhibition	•			hange progr	rams						
b												
С	·											
4												
5												
<u> </u>	to be sold to raise funds rather than to be m								Yes		<u> No</u>	
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or			
								_		-		
ıa	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	is or other a	ssets no	incluaea		7 ٧		٦	
	on Form 990, Part X?			table:				<u> </u>	」 Yes	L	J No	
р	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table				Γ	A			
							-		Amount	[
C	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance	200 D . W .	0.10				1f	ا ا ا	T.,	<u> </u>	7	
	Did the organization include an amount on F								Yes	<u> </u>	ا No	
	rt V Endowment Funds. Complete						10	_			<u></u>	
rai	Lindowinient Funds. Complete i		1		,				4.55		<u></u>	
		(a) Current year	(6) F	rior year	(c) Two yea	rs dack	(d) Three y	years back	(e) Four	years	раск	
1a	Beginning of year balance	···-							ļ <u>.</u>			
b	Contributions		<u> </u>									
С	Net investment earnings, gains, and losses							_				
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses							_				
g	End of year balance									_		
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	i)) held as:							
а	Board designated or quasi-endowment		_%									
þ	Permanent endowment >	%										
С	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and 2c should	·										
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	zation	Г			
	by.									Yes	No	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
þ	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sched	dule R?					_3b			
4	Describe in Part XIII the intended uses of the											
Pai	t VI Land, Buildings, and Equipm											
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation		(d) Book	value		
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other			8	<u>4,727.</u>		64,7	28.	19	9,99	<u>99.</u>	
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colun	nn (B) <u>, li</u> ne 1	0(c))			. ▶	19	9,99	99.	

	edule D (Form 990) 2012 MICHIGAN SNOWMOBILE ASSOC		38-2417833 Pa	ige 4
		ients with neve	· I [
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ما	}	
a	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 XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1	f f	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return	
1	Total expenses and losses per audited financial statements		1	
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 XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information	 -		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines 1a and 4 Pa	art IV lines 1h and 2h Part V line 4 P	art
	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part			

SCHEDULE 0

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Copen to Public Inspection

Employer identification number

MICHIGAN SNOWMOBILE ASSOCIATION 38-2417833
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE ORGANIZATION CONDUCTS VARIOUS SEMINARS, WORKSHOPS AND SAFETY
CLASSES IN THE SPORT OF SNOWMOBILING. THIS INCLUDES SAFETY CLASSES FOR
CHILDREN. IN ADDITION, THE ORGANIZATION CONDUCTS AN ANNUAL CONVENTION
PROMOTING THE SPORT AND THE SAFETY OF SNOWMOBILING IN THE STATE OF
MICHIGAN.
EXPENSES \$ 156,575. INCLUDING GRANTS OF \$ 0. REVENUE \$ 145,454.
FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY THE OFFICERS PRIOR TO
MAILING.
FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
<u> </u>

Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

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

OMB No 1545-0172 **2012**

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

MICHIGAN SNO	WMOBILE AS	SOCIATIO	<u>N</u>	FOR	M 9	90	PAGE 10		38-2417833				
Part I Election To Ex	pense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any lis	sted pi	operty,	complete Part	V before	you complete Part I				
1 Maximum amount (see instructions)							1	500,000.				
2 Total cost of section	n 179 property place	ed in service (see	instructions	a)				2					
3 Threshold cost of se	ection 179 property	before reduction	in limitation					3	2,000,000.				
4 Reduction in limitati	on Subtract line 3 f	rom line 2. If zero	or less, ent	er -0-				4					
5 Dollar limitation for tax year	r Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, sec	e instruc	tions		5					
6	(a) Description of pro	perty		(b) Cost (busin	ess use	only)	(c) Electe	d cost					
									1				
7 Listed property. Ent	er the amount from	line 29				7			1				
8 Total elected cost o	f section 179 prope	rty. Add amounts	ın column (c), lines 6 and	7			8_					
9 Tentative deduction	. Enter the smaller	of line 5 or line 8						9_					
10 Carryover of disallov	ved deduction from	line 13 of your 20	011 Form 45	62				10					
11 Business income lin	nitation. Enter the sr	naller of business	s income (no	t less than zei	ro) or I	ine 5		11					
12 Section 179 expens	e deduction. Add Iir	nes 9 and 10, but	do not ente	r more than lir	ne 11			12					
13 Carryover of disallov					<u> </u>	13			<u> </u>				
Note: Do not use Part II				·		_							
	preciation Allowar					_							
14 Special depreciation	allowance for quali	fied property (oth	ner than liste	d property) pl	aced ı	n servic	e during						
the tax year								14_					
15 Property subject to	section 168(f)(1) ele	ction						15	<u> </u>				
16 Other depreciation (16					
Part III MACRS D	epreciation (Do not	t include listed pr)								
				ection A									
17 MACRS deductions	for assets placed in	n service in tax ye	ars beginnir	ig before 2012	2		. –	 17 _	87 <u>.</u>				
18 If you are electing to group													
	Section B - Assets				Jsing	the Ge	neral Deprecia	ation Syst	em				
(a) Classification	of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction				
19a 3-year property]						ļ					
b 5-year property													
c 7-year property													
d 10-year property	<u>'</u>							<u> </u>					
e 15-year property	<u>'</u>	_											
f 20-year property	<u> </u>	_											
g 25-year property	<u></u>				2	5 yrs.		S/L					
h Residential renta	ol proporty	/			27	.5 yrs	MM	S/L_					
	al property	/		 	27	.5 yrs.	MM	S/L_					
i Nonresidential r	aal property	/			3	9 yrs.	MM	S/L					
		/				_	MM	S/L					
Se	ction C - Assets PI	aced in Service	During 201	2 Tax Year Us	sing th	e Alte	rnative Depred	iation Sy	stem				
20a Class life]						S/L_					
<u>b</u> 12-year						2 yrs.		S/L_					
c 40-year		/			4	0 yrs	MM	S/L					
Part IV Summary	See instructions)								·				
21 Listed property. Ent	er amount from line	28						21	1,875.				
22 Total. Add amounts		-											
Enter here and on th		-	-		tions -	see ins	st <u>r</u>	22	1,962.				
23 For assets shown at			current yea	r, enter the									
	AND THE RESERVE	on 263A costs				_ 23			[

MICHIGAN SNOWMOBILE ASSOCIATION

38-2417833 Page 2

amusement) Note: For any through (c) of	Section A, all	of Section B,	, and Se	ction C ı	f applic	cable									mns (a)
Section A	- Depreciation	on and Other	Inform	ation (C			e ıns	truc	tions for l	ımıts for	passeng	ger auto	mobiles)	
24a Do you have evidence to	support the bu		ent use c	laimed?	X	Yes		No	24b If "\	es," is t	he evide	nce wr	tten? 🗵	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	t _	(d) Cost or other basis	1 6	easis for de Basis	eprecia nvestr		(f) Recovery period	l Me	(g) ethod/ vention		(h) reciation duction	Ele secti	(i) ected on 179 ost
25 Special depreciation al	•		propert	y placed	l ın ser	vice dur	ıng ti	he ta	x year ar	nd					
used more than 50% ir											25	<u> </u>			
26 Property used more that												1			
2006 CHEVROLE			%	0.00		27		_		000			075	<u> </u>	
PICKUP	010107	100.00		37,09	,0.	3/,	09	U.	<u>5.00</u>	2001	B-HY	<u></u> -	<u>,875.</u>		
	<u> </u>		%							<u> </u>				<u>L</u>	
27 Property used 50% or	less in a quali				- 1			- 1		10"				7	
	 		%							S/L ·	<u> </u>	┼		<u> </u>	
	 		%			 -				S/L·		 		-	
			<u>% </u>							S/L -		1	075	┨	
28 Add amounts in column		_				1, page	1				28		<u>,875.</u>	<u> </u>	
29 Add amounts in column	1 (I), line 26. E			7, page B - Info									29	L	
Complete this section for volf you provided vehicles to those vehicles			er the q	uestions		ction C t		e ıf y	ou meet	an exce	otion to	comple		Γ	
				(a) 		(b)			(c)		d)		(e) 	(1	
30 Total business/investment		uring the	Ve	hicle	<u> </u>	ehicle	+	Ve	ehicle	Ve	hicle	Ve	hicle	Veh	ııcle
year (do not include com							+			-					
31 Total commuting miles	-	-	<u> </u>		<u> </u>	· ·—	+			-		<u> </u>			
32 Total other personal (no	oncommuting)	miles			-									[
driven			<u> </u>		 		-			-		 		<u> </u>	
33 Total miles driven during														[
Add lines 30 through 32		-1		T			+		T			 _	1	1	
34 Was the vehicle availab	ne for persona	ai use	_Yes	No	Yes	No	+	Yes	No_	Yes	No_	Yes	No	Yes	No
during off-duty hours? 35 Was the vehicle used p	و و دا داده مورد			 	_	 	-		+			 			<u> </u>
•	, ,	nore		1										ļ	
than 5% owner or relate	•	I	<u> </u>	 -	 	-	\dashv		 	-	-	 -	-	 	
36 Is another vehicle availa	able for perso	nai													
use?	Section C	- Questions 1	ior Emp	lovere V	Vho Dr	ovido V		loo f	or Hee b	. Their l	Employe		<u> </u>	L	
Answer these questions to													ro not m	oro than	504
owners or related persons.	determine ir y	ou meet an e	xceptioi	i to com	hiemič	Joechol	, ,	OI VO	iiicies us	ed by e	прюуес	3 WIIU &	ii e not iii	ore triari	370
37 Do you maintain a writte	en policy stati	ement that no	ohibits a	all nerso	nal use	of vehi	cles	ınclı	ıdına cor	nmutina	by you			Yes	No
employees?	on policy state	ement mat pi	Offibits 6	ali persoi	nai usc	, O1 VOI III	oico,	111010	ading co.	imilating	, by you	'		163	†
38 Do you maintain a writte	en nolicy state	ement that nr	ohibits r	nersonal	use of	vehicle	s. ex	cent	commut	ına. by v	our/				+-
employees? See the ins	, ,	· ·	-								,				
39 Do you treat all use of v					,	50.01	J, U	. , ,	2						
40 Do you provide more th	=	· -			ınform	ation fro	m vc	our e	mplovees	sabout					\vdash
the use of the vehicles,		-	-				, .	- . . .							
41 Do you meet the require					monst	ration us	se?								1
Note: If your answer to								he co	overed ve	hicles.					
Part VI Amortization	01,00,00,10	. <u>, </u>	<u>.,</u>	<u> </u>	0.00						-				
(a) Description o	f costs		(b) amortization begins		(c) Amortiz amou	able			(d) Code section		(e) Amortiza period or per		Ar fo	(f) mortization or this year	
42 Amortization of costs th	at begins dur			ar:							<u>,</u>				
<u></u>		3,555		<u> </u>							········			***	
				-											
43 Amortization of costs th	at began bef	ore your 2012	2 tax vea	ar							_	43			
44 Total Add amounts in a	-				ropor	•						44			

Form 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If yo	u are	filing for an Automatic 3-Month Extension filing for an Additional (Not Automatic) 3-I <i>nplete Part II unless</i> you have already beer	Month Exter	nsion, complete on	iy Part II (on page 2 o	f this	form)						
Electra corp 8868 Return	ronic coration to rec	filing (e-file). You can electronically file Foron required to file Form 990-T), or an additionable and extension of time to file any of the Transfers Associated With Certain Person). For more details on the electronic filing of	rm 8868 if yo onal (not aut e forms liste nal Benefit (ou need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which m	automatic extension of tension of time. You ca I with the exception of tust be sent to the II	f time an ele f For RS in	to file (ectronic m 8870 n paper	6 months for ally file Form , Information format (see					
A cor	porati	Automatic 3-Month Extension of Tin on required to file Form 990-T and requ	uesting an a	automatic 6-month				-					
		rporations (including 1120-C filers), partner ne tax returns.	ships, REMIO	Cs, and trusts must				nsion of time					
	Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or												
Type o	or	Name of exempt organization or other filer, see	instructions		Employer identification	num	oer (EIIN)	or					
print		MICHIGAN SNOWMOBILE ASSOCIATION				24178							
File by t	he	Number, street, and room or suite no If a P O	box, see instr	ructions	Social security number	(SSN	l)						
due date		4543 DIVISION AVENUE S											
filing you return S		City, town or post office, state, and ZIP code. I	For a foreign a	iddress, see instruction	ns.								
instructi	ons	GRAND RAPIDS, MI 49548-4306											
Enter t	the Re	eturn code for the return that this application	n is for (file a	separate application	n for each return) .			. 0 1					
Appli Is Fo	icatio r	n	Return Code	Application Is For				Return Code					
Form	990 0	or Form 990-EZ	01	Form 990-T (corpo	oration)			07					
Form	990-	BL	02	Form 1041-A				08					
Form	4720	(ındivıdual)	03	Form 4720				09					
	990-	<u> </u>	04	Form 5227				10					
Form	990-	T (sec 401(a) or 408(a) trust)	05	Form 6069				11					
		T (trust other than above)	06	Form 8870				12					
Telee • If the • If the for the a list w 1	phone orga s is fo whole with th I require until for th If the CI If the	THE ORGANIZATION No. ► 616-361-2285 Inization does not have an office or place of a Group Return, enter the organization's fee group, check this box ►	business in our digit Gro If it is for parasion is for. corporation empt organia , 20 2 months, ch	required to file Form zation return for the, and ending eck reason:	ber (GEN) k this box 1 990-T) extension of ti organization named a al return Final ret entative tax, less any undable credits and	me bove	. If the and a	tension is					
С		nce due. Subtract line 3b from line 3a. Inclu				3b	D						
	EFTF	PS (Electronic Federal Tax Payment System). See instruc	ctions.		3c		N/A					
Cautio	n. If yo	ou are going to make an electronic fund withdraw	al with this Fo	rm 8868, see Form 84	53-EO and Form 8879-E	O for p	payment	instructions					