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Form 990  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 private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2013 Open to Public Inspection
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A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization OREGON STATE SNOWMOBILE ASSOCIATION		D Employer identification number 51-0157168
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) P O BOX 435	Room/suite	E Telephone number (541) 536-3668
	City or town, state or province, country, and ZIP or foreign postal code LA PINE, OR 97739		
			G Gross receipts \$ 923,619
	F Name and address of principal officer		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☒ No If "No," attach a list (see instructions)
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (7) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.OREGONSNOW.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1973	M State of legal domicile OR

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE OREGON STATE SNOWMOBILE ASSOCIATION IS AN ORGANIZATION OF INDIVIDUALS, LOCAL SNOWMOBILE CLUBS AND BUSINESSES INTERESTED IN PROTECTING AND ENHANCING THE SPORT OF SNOWMOBILING THE ORGANIZATION WORKS CLOSELY WITH STATE AND GOVERNMENT AGENCIES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,638	18,500
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	884,203	876,638
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-281,455	641
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,761	27,840
		613,147	923,619
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,105	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,605	66,860
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	803,119	789,477
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	869,829	856,337
	19 Revenue less expenses Subtract line 18 from line 12	-256,682	67,282
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,733,656	1,786,565
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances Subtract line 21 from line 20	1,733,656	1,786,565

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

Sign Here	*****			2015-04-13	
	Signature of officer			Date	
Paid Preparer Use Only	PEGGY SPIEGER Secretary				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Marcene P Berends LTP 34045P		Preparer's signature		Date
	Firm's name ▶ Central Oregon Tax 31270C		Check ☐ if self-employed		PTIN P01400326
	Firm's address ▶ PO Box 749 La Pine, OR 97739		Firm's EIN ▶ Phone no (541) 536-1317		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

THE OREGON STATE SNOWMOBILE ASSOCIATION IS AN ORGANIZATION OF INDIVIDUALS, LOCAL SNOWMOBILE CLUBS AND BUSINESSES INTERESTED IN PROTECTING AND ENHANCING THE SPORT OF SNOWMOBILING THE ORGANIZATION WORKS CLOSELY WITH STATE AND GOVERNMENT AGENCIES

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 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 \$ including grants of \$) (Revenue \$)

SEE ATTACHED BROCHURE DESCRIBING ACTIVITIES WE ARE ALSO CONTRACTED BY THE OREGON DEPARTMENT OF TRANSPORTATION TO MAINTAIN THE SNOWMOBILING TRAILS WITH GOVERNMENT FUNDS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

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)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c 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	No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b 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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		No
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		No
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VII

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VII

Section 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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
	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		No
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		No
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	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 arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 and records of the organization PEGGY SPIEGER 51450 ALJEAN RD LA PINE, OR 977390435 (541) 536-3668

Part VII

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERA RISER	5 00							0	0	0
PRESIDENT	0 00									
(2) JOHN GARDNER	5 00	X						0	0	0
DIRECTOR	0 00									
(3) GRIFFIN GREEN	5 00	X						0	0	0
DIRECTOR	0 00									
(4) RICK BICE	5 00	X						0	0	0
DIRECTOR	0 00									
(5) DENNIS JORDAN	5 00	X						0	0	0
DIRECTOR	0 00									
(6) DARRELL WILLIAMS	5 00	X						0	0	0
DIRECTOR	0 00									
(7) DUANE MILES	5 00	X						0	0	0
DIRECTOR	0 00									
(8) LEONARD CARTER	5 00	X						0	0	0
DIRECTOR	0 00									
(9) NATE PATTEE	5 00	X						0	0	0
DIRECTOR	0 00									
(10) JOHN SPIEGER	5 00	X						0	0	0
DIRECTOR	0 00									
(11) DOBE GRIFFIN	5 00	X						0	0	0
DIRECTOR	0 00									
(12) DAVE HANNIBAL	5 00	X						0	0	0
DIRECTOR	0 00									
(13) DENNY FARWELL	5 00	X						0	0	0
DIRECTOR	0 00									
(14) JOHN VOGEL	5 00			X				0	0	0
PAST PRESIDENT	0 00									
(15) MIKE CHOATE	5 00			X				0	0	0
VICE PRESIDENT	0 00									
(16) PEGGY SPIEGER	40 00			X				48,336	0	0
EXECUTIVE DIR	0 00									

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							48,336			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	18,500				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	18,500				
Program Service Revenue	2a	MEMBERSHIP DUES	29,571	29,571			
	b	OREGON DEPT OF TRANSPORT	846,267	846,267			
	c	SNOW PARK REVENUE	800	800			
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	876,638				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	641	641		
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)	0			
7a		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)	0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	7,939				
		b	Less direct expenses				
		c	Net income or (loss) from fundraising events	7,939			7,939
9a		Gross income from gaming activities See Part IV, line 19					
		b	Less direct expenses				
		c	Net income or (loss) from gaming activities	0			
10a		Gross sales of inventory, less returns and allowances					
		b	Less cost of goods sold				
		c	Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code					
11a	CALANDER SALES		1,401	1,401			
b	SALE OF USED SNOW CATS		18,500	18,500			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		19,901				
12	Total revenue. See Instructions		923,619	897,180		7,939	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	48,336		48,336	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	11,500		11,500	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	7,024		7,024	
11	Fees for services (non-employees):				
a	Management.	500		500	
b	Legal.	17,815	17,815		
c	Accounting.	773		773	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	0			
13	Office expenses.	4,414		4,414	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	122		122	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	242,130	242,130		
23	Insurance.	83,281	83,281		
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 O):				
a	GROOMING	177,289	177,289		
b	EQUIP REPAIRS & MAINT	90,686	90,686		
c	TRAIL MAINTENANCE	51,207	51,207		
d	LAW ENFORCEMENT	40,080	40,080		
e	All other expenses	81,180	55,360	25,820	
25	Total functional expenses. Add lines 1 through 24e.	856,337	757,848	98,489	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			78,665	1	235,072
	2	Savings and temporary cash investments			123,809	2	124,390
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.				5	0
	6	Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,712,729			
	b	Less: accumulated depreciation	10b	1,334,626	1,371,182	10c	1,378,103
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities. See Part IV, line 11.				12	0
	13	Investments—program-related. See Part IV, line 11.				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11.			160,000	15	49,000
	16	Total assets. Add lines 1 through 15 (must equal line 34).			1,733,656	16	1,786,565
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25.			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			1,733,656	32	1,786,565
	33	Total net assets or fund balances			1,733,656	33	1,786,565
	34	Total liabilities and net assets/fund balances			1,733,656	34	1,786,565

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	923,619
2	Total expenses (must equal Part IX, column (A), line 25)	2	856,337
3	Revenue less expenses Subtract line 2 from line 1	3	67,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,733,656
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	-14,373
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,786,565

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

OREGON STATE SNOWMOBILE ASSOCIATION

Employer identification number

51-0157168

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic 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 enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 36,026 | 14,549 | 21,477 |
| d Equipment | | 2,676,703 | 1,320,077 | 1,356,626 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,378,103 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization OREGON STATE SNOWMOBILE ASSOCIATION	Employer identification number 51-0157168
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	DOCUMENTS ARE AVAILABLE BY REQUEST

MEMBERSHIP APPLICATION

OSSA Year: July 1 to June 30th
ANNUAL MEMBERSHIP DUES

New \$25.00
Renew \$25.00
Contributing \$50.00
(\$25.00 OSSA dues,
\$25.00 Legal Action)

Last Name _____	First Name _____	Spouse _____
Address _____	City _____	State _____ Zip _____
Home Phone _____		
E-mail _____		
Club Name _____	No. of Family Members _____	Work Phone _____
	No. of Employees if Business _____	
Snow Association Dues (Per Family) _____	Local Club Name _____	
Club Dues _____	Contact _____	
Total Enclosed _____	Phone _____	

OSSA membership required for OsSA club membership

Officers and Directors

Help us help you Join OSSA

OSSA President
Vicki Kato
P.O. Box 379
541-682-0578
541-682-0578
vicki@oregonstate-snowmobile.org

OSSA Past President
Public Lands
John Voss
541-682-0578
541-682-0578
john.voss@oregonstate-snowmobile.org

OSSA Vice President
M. J. Kato
608-400-1111
Bismarck, OK 72201
541-682-0578
mjkato@oregonstate-snowmobile.org

OSSA Executive Director
OSSA Charity
Peggy Springer
P.O. Box 435
LaPlume, OR 97122
541-682-0578
541-682-0578
peggy@oregonstate-snowmobile.org

District 1 Director
John Gaudin
3750 SE Tracy Ave
Bainbridge, OR 97006
(503) 663-3521
(503) 663-3521
john@oregonstate-snowmobile.org

District 2 Director
C. M. Green
P.O. Box 379
Tanner, OR 97130
503-747-2345
cmgreen@oregonstate-snowmobile.org

District 3 Director
Rick Pyle
715 NE Maple Street
Bend, OR 97601
(503) 682-2700
rick@oregonstate-snowmobile.org

District 4 Director
Tommy Jordan
1000 S. Wood Dr.
Eagle Lake, OR 97524
(415) 818-1111
tommy@oregonstate-snowmobile.org

District 5 Director
Dennis W. Smith
P.O. Box 379
Harris, OR 97108
(415) 271-5700
(503) 682-0578
dennis@oregonstate-snowmobile.org

District 6 Director
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

District 7 Director
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

District 8 Director
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

Director at Large
Districts 1 and 2
Nate Pines
P.O. Box 379
Stedden, OR 97131
(503) 682-0578
nate@oregonstate-snowmobile.org

Director at Large
Districts 3 and 4
John Springer
P.O. Box 435
LaPlume, OR 97122
(503) 682-0578
(503) 682-0578
john@oregonstate-snowmobile.org

Director at Large
District 5
John Gaudin
3750 SE Tracy Ave
Bainbridge, OR 97006
(503) 663-3521
(503) 663-3521
john@oregonstate-snowmobile.org

Director at Large
District 6
Dana Linn
P.O. Box 379
Bainbridge, OR 97006
(503) 663-3521
(503) 663-3521
dana@oregonstate-snowmobile.org

Director at Large
Districts 7 and 8
Dana Linn
P.O. Box 379
Bainbridge, OR 97006
(503) 663-3521
(503) 663-3521
dana@oregonstate-snowmobile.org

Safety Training Chairman
Steve Smith
P.O. Box 379
Bainbridge, OR 97006
(503) 663-3521
(503) 663-3521
steve@oregonstate-snowmobile.org

Blue Ribbon Liaison
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

Oregon Snowmobile News
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

Oregon State Snowmobile Webmaster
Lynn A. Smith
6224 Hillside Drive
Clatskanie, OR 97105
(503) 682-0578
(503) 682-0578
lynn@oregonstate-snowmobile.org

ATTENTION ALL SNOWMOBILERS!



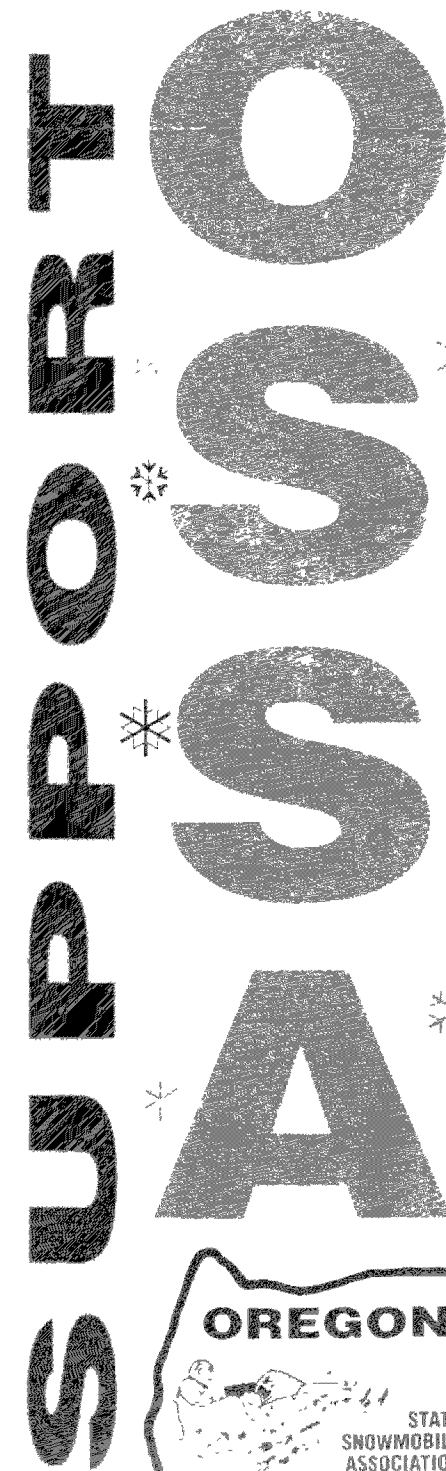
SUPPORT YOUR SPORT -
DON'T BE LOCKED OUT!

The Oregon State Snowmobile Association needs your help. Our mission is to protect and enhance the sport of snowmobiling. We work closely with the Forest Service and BLM to keep areas open, resolve conflicts, and to provide the quality snowmobiling that Oregon is famous for. We work with local, state and federal legislators to protect the rights of all snowmobilers. We fight any damaging legislation, and we support legislation that helps our sport. We coordinate with industry, national and international snowmobile groups to share knowledge, provide mutual support, and protect the sport we all love so dearly.

The dedicated work of OSSA and their 30 local clubs help to make snowparks, trails, trail grooming, signs, maps, shelters, and toilets possible. This is a big job that takes a lot of time, effort, and money. To succeed in our mission, we need the help of every snowmobiler in Oregon.

What can you do to help? First, license your snowmobile. Your \$10 license fee and gas tax refund returns over \$38 each year per registered sled to the snowmobile program. 100% of this money is spent to benefit all snowmobilers whether they are OSSA members or not. Second, join OSSA and a local club. The larger our membership, the more power we have. We need more power. We need you. If you only join, you have helped your sport. But third, and better yet, join and then pitch in and donate some time and effort. It feels good to give something back to the sport that has given you so much.

We work for all snowmobilers and need the support of all snowmobilers. So, to us, supporting our sport helps us help you.



OSSA works to keep you on the snow



What is OSSA?

The Oregon State Snowmobile Association is an organization of individuals, local snowmobile clubs and businesses interested in **protecting and enhancing** the sport of snowmobiling



What does OSSA do?

OSSA –

- encourages the safe, courteous, lawful and responsible use of snowmobiles
- promotes the proper recreational uses of snowmobiles on the land in keeping with the protection, preservation and enhancement of all natural and environmental resources. Oversees the safety certification program for the state of Oregon
- provides representation at every phase of Oregon's public lands usage
- keeps members informed of state and national issues important to snowmobiling
- represents snowmobilers as an organized group
- provides snowmobilers with a way to meet other winter recreationists in an atmosphere of cooperation.
- assists state and local law enforcement agencies in winter search and rescue efforts
- works with state and government agencies (USFS & BLM) to develop and maintain a quality snowmobile trail system and series of maintained parking lots

The state association, in conjunction with the 24 grooming clubs and the help of a few private contractors grooms more than 31,000 miles of trail. This is made possible with funds from the return of gas tax, license fees and more than 25,000 hours of volunteer labor from the various snowmobile clubs in the state

- provides representation at Legislature, both on state and national levels
- The state association has a Legal Action Committee to call on when legislative problems arise throughout the state



Snowmobile Code of Ethics

- I will respect the rights of all other snowmobilers who enjoy the beauty of the outdoors
- I will respect public and private property
- I will park considerately in the snowpark taking no more space than needed, without blocking other vehicles and without impeding access to trails
- I will keep to the right of the trail when meeting another recreationist
- I will yield the right-of way to traffic moving downhill.
- I will slow down and use caution when approaching or overtaking another
- I will use the proper hand signals whenever necessary to indicate my direction of travel.
- I will respect designated areas, trail-use signs and established trails
- When stopping, I will not block the trail, but stop as close as possible to the right hand side
- I will not disturb wildlife
- I will avoid areas posted for the protection or feeding of wildlife
- I will not interfere with or harass others
- I will volunteer assistance in the case of an emergency

• I realize that my destination objective and travel speed should be determined by my equipment, ability, the terrain, weather and the traffic on the trail

- I will pack out everything I packed in and will not litter
- I recognize the fact that people judge all snowmobilers by my actions and will act accordingly and responsibly



What will membership in OSSA do for you?

It will provide you with a vital link to others enjoying your sport

It will mean the continuance of a high quality snowmobile program of trails and education

It will keep you informed through its newspaper (published seven times a year) of matters of interest to snowmobilers.

It will assist you in forming a snowmobile club or in preparing a local trail system

The Oregon State Snowmobile Association is striving to protect your right to snowmobile. The combined efforts of all snowmobilers in Oregon are essential to achieve common goals. **There is strength in numbers, which is the one language our elected officials in Oregon and Washington, D.C. understand.**

Thousands of acres of snowmobiling have been lost in the West to the wilderness movement in past years, and thousands more will be lost this year and next if we don't act now! Don't just put gas and oil in your machine – the land we lose may be your favorite snowmobile area!

OSSA is working hard to provide vital economic information and assistance to all members of the Oregon legislature. We encourage the support of snowmobile clubs to promote goodwill and publicity for the nation's largest winter recreational sport



What would be expected of me as a member of OSSA?

OSSA asks **only** that you please

- be a **responsible snowmobiler**,
- observe snowmobile laws, (license your machines),
- assist in the **preservation and promotion of our sport** by attending, when **possible**, local **public** hearings which **could affect** snowmobiling,
- provide OSSA with **news** of your club,
- share **your ideas** and **enthusiasm** with others,
- pay your annual dues
- be involved with OSSA and local clubs

Join us! The OSSA is an **all-volunteer** organization. **We depend** on each other to keep our sport enjoyable. **However, if you are unable to volunteer your time, your dues are an important part to keep OSSA strong**

For more information contact OSSA or the snowmobile club nearest you. Your local snowmobile dealer will be happy to assist you



Without your help...

Special interest **groups** will **close** areas to our use. Misinformed **people want to** close public lands. **Legislative proposals may pass** saying "No, you are **restricted**."