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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Intern	al Reve	nue Service	<b>▶</b> Information	about Form 990 and its	s instructions i	s at www.ir.	s.gov/form990.		Inspection
A F	or the	e 2014 calend	dar year, or tax year begins			ending	· ·		
Вс	heck if	C Name o	of organization	<u> </u>			D Employer id	entifica	tion number
$\Gamma$	Addre	SS MTCE	HIGAN SNOWMOBI	T.E. ASSOCTATIO	)N				
F	Name chang		ousiness as	DD ADDOCIAIT	<i>5</i> 21		1 31	3-24	17833
〒	Initial return		r and street (or P.O. box if ma	ul is not delivered to street a	ddress)	Room/suite	E Telephone nu		17033
一	Final	1 4543	B DIVISION AVE		uu1033)	, iooniyaano			61-2285
	return termin ated		town, state or province, cou		nostal code		G Gross receipts \$		2,572,686
	Amen	ded CDAN	ID RAPIDS, MI	49548-4306	3001111 0000		H(a) Is this a gro	oup retu	
	Applic		and address of principal office				for subordi		Yes X No
	pendi	ng					H(b) Are all subords		
ΙT	ax-ex	empt status	501(c)(3) X 501(c)	( <b>4</b> ) <b>◄</b> (insert no.)	4947(a)(1)	or 527	If "No," atta	ach a lis	t. (see instructions)
JΥ	Vebsit	te: ► N/A					H(c) Group exer	nption r	number ►
		organization: [	Corporation Trust	Association X	Other <b>►</b> 501	L Year	of formation: 198	<u>32 м s</u>	State of legal domicile: M3
Pa	rt I	Summary	<u>'</u>	<del></del>					<del></del>
ا يو			be the organization's missio						
auc			ATION, UNDERS'						
Governance	2	Check this bo	ox 🕨 📖 if the organizat	tion discontinued its oper	rations or dispo	sed of more	than 25% of its i	net asse	
١٥	3	Number of vo	ting members of the govern	ning body (Part VI, line 1a				3	30
			dependent voting members			•	•	4	30
ies			of individuals employed in o	•	V, line 2a)			5	
Activities &			of volunteers (estimate if ne	•••				6	
Ac			ed business revenue from Pa	. ,	2			7a	
$\dashv$	<u>b</u>	Net unrelated	business taxable income fr	om Form 990-T, line 34	<del></del>			7b	0.
	_	01-64	and anata (Deal VIII bos d	1.3			Prior Year 134,80	16	Current Year 199,973.
9			and grants (Part VIII, line 1)	•	•	• -	3,179,91		2,372,285
Revenue		-	ice revenue (Part VIII, line 2			<u> </u>		39.	428
<u>۾</u>			come (Part VIII, column (A), e (Part VIII, column (A), (ines			-		0.	0.
			- add lines 8 through 11:(m				3,315,062.		2,572,686.
			milar amounts paid (Part IX,		iii (A), iiii 6 12)		3,313,00	0.	0.
			to or for members (Part IX,		•			0.	0.
g			r compensation, employee		(A), lines 5-10)		119,44		123,388.
Expenses	16a Professional f		fundraising fees (Part, IX, col		, ,, ,			0.	0.
ed			sing expenses (Part-IX, colur		•	<u> </u>			
ũ			ses (Part IX, column (A), lines				2,683,36	53.	2,976,347.
			es Add lines 13-17 (must ed		ıne 25)		2,802,83		3,099,735.
			expenses Subtract line 18				512,25	50.	-527,049.
58 58						Ве	ginning of Current	Year	End of Year
Assets of Balances	20	Total assets (	Part X, line 16)				1,179,40	59.	651,602.
劉	21	Total liabilities	s (Part X, line 26)		•		9,69		8,872.
乴			fund balances Subtract lin	e 21 from line 20			1,169,7	79.	642,730.
	rt II	Signatur					<u></u>		
			I declare that I have examined	_					nowledge and belief, it is
true,	correc	t, and complete	e. Declaration of preparer (other	than officer) is based on all	information of w	hich preparer	has any knowledge	·	
		Signatur	John Hon	ele			Date ~		
Sign		Signatur		-Treasurer			7	/14 L	15
Here	₽	Type or	print name and title	(reasurer			<del>/</del>	11/1	
		Print/Type pre	<del>`</del>	Preparer's signa	atura	- 1	Date Ch	eck	PTIN
Paid			P. DEWITT	1 Teparet Signa			اللباري ويمرجد	-employed	P00384017
	arer	Firm's name		DEWITT & CO.	P.C.		Firm's El		38-2893494
Use				TLINE N.E.,	STE 215	<del></del>			<del> </del>
			GRAND RAPID				Phone no	.616	-361-1559
May	the II	RS discuss th	is return with the preparer s		ictions)			<del></del>	X Yes No
	01 11-0		For Paperwork Reduction			ons.			Form <b>990</b> (2014)
			•	, <del></del>					, ,

	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission. NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  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.
<b>4</b> a	(Code) (Expenses \$2,700,172. including grants of \$) (Revenue \$2,180,523.)  THE ORGANIZATION SELLS TRAIL PERMITS AND REGISTRATIONS FOR SNOWMOBILES  AS THE AUTHORIZED AGENT FOR THE STATE OF MICHIGAN. A FEE PER PERMIT IS  PAID TO THE ORGANIZATION AND THE PROFITS ARE USED TO PROMOTE  SNOWMOBILING.
<b>4</b> b	(Code)(Expenses\$ 11,062. including grants of \$) (Revenue \$20,890.) THE ORGANIZATION ARRANGES AND ORGANIZES TRADE SHOWS AND A "SNOW SHOW" TO PROMOTE SAFETY AND THE UNDERSTANDING OF THE SPORT OF SNOWMOBILING IN THE STATE OF MICHIGAN.
	(Code) (Expenses \$ 64,481. including grants of \$) (Revenue \$ 56,393.)
	THE ORGANIZATION PUBLISHES A MAGAZINE KNOWN AS MICHIGAN SNOWMOBILE NEWS. THE CONTENT OF THE MAGAZINE INVOLVES ARTICLES OF INTEREST TO SNOWMOBILERS, LEGISLATIVE UPDATES, SAFETY CONCERNS, ETC.
4d	Other program services (Describe in Schedule O) (Expenses \$ 111,558. including grants of \$ ) (Revenue \$ 114,479.)
40	(Expenses \$ 111,558 including grants of \$ ) (Revenue \$ 114,479 i)  Total program service expenses \$ 2,887,273 i

**;**.

Form 990 (2014) MICHIGAN SNOWMOBILE ASSOCIATION
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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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			
	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			
	sımılar amounts as defined ın 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_		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_		Х
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		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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	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		Х
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			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	ļ		<u></u>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
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		İ	l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
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	<u> </u>	X
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	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		(2014)

Pa	tt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on		i	ł
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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			Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ <u> </u>	<u> </u>
25a		1	Ì	l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1	!	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_	<u> </u>	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		}	.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		ŀ
	instructions for applicable filing thresholds, conditions, and exceptions):			<b>.</b>
a		28a		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	}	v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	1	x
04	contributions? If "Yes," complete Schedule M	30_	$\vdash$	<b>├</b> ^-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_^
32	Cabadula N. Dadill	32	ĺ	x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del>
34	Book W. form 4	34		x
250	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<del>                                     </del>
U	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?	1000	<del>                                     </del>	$\vdash$
50		36		1
37	If "Yes," complete Schedule H, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	$\vdash$	<del>                                     </del>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	\ <u> </u>		T
~~	The state of the state of the property of the property of the state of	1	1	Z

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding	g Other IRS Filings and Tax Complian	Ce
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	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			
b	Oliver of the Control			l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	the state of the s	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a_		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ.—	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			ļ
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ŀ		
40-	to the second se	12a	1	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	$\vdash$	<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.			
<b>L</b>	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Total the empired of recovery on head	1		
c 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	- 000	/0014

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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 or note to any line in this Part VI		- <u> </u>			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	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other						
	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?			3		X_			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	ıs filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
•-	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
_	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:						
а	The governing body?		<u>.</u> .	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	•	• • • • •	-8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code )						
-					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, 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 boo	dy befo	re filing the form?	11a	X				
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_			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	ın Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		_X_			
14	Did the organization have a written document retention and destruction policy?			14		<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approve	al by in	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's						
	exempt status with respect to such arrangements?			16b					
<u>Sec</u>	tion C. Disclosure		··-						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	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	onflict	of interest policy, and	i finan	cial				
	statements available to the public during the tax year.		_						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records: >						
	THE ORGANIZATION - 616-361-2285	-							
	4543 DIVISION AVENUE S, GRAND RAPIDS, MI 49548-4	<u> 306</u>			000	1001 **			

•			
orm	990	(2014)	

### 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 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, 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	organization compensate											
(A) (B)				(C)				(D)	(E)	(F)		
Name and Title	Average	(40		Pos	rtion		one	Reportable	Reportable	Estimated		
	hours per	box	to not check more than one ox, unless person is both an fficer and a director/trustee)		h an	compensation	compensation	amount of				
	week	$\overline{}$	ceran	d a d	recto	x/trus	tee)	from	from related	other		
	(list any	ecto						the	organizations	compensation		
	hours for	=	يو ا			ated		organization	(W-2/1099-MISC)	from the		
	related	ste	Taste		۰.	bens		(W-2/1099-MISC)		organization		
	organizations	I H	ā		ploye	E CO				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
		트	드	8	<u> </u>	王5	- 2					
(1) RON CORBETT	10.00	ł		<b>.</b>				1	0.	0		
PRESIDENT	F 00			X	-			0.	<u> </u>	0.		
(2) AL GREEN	5.00	}		.,						•		
VICE PRESIDENT	1 00	$\vdash$		X	-	$\vdash$		0.	0.	0.		
(3) MARYANN NOAH	1.00	-								_		
SECRETARY	F 00	H		X	_	-		0.	0.	0.		
(4) JOHN HOUK	5.00	ł								•		
TREASURER				X	_	-		0.	0.	0.		
		l										
			ļ	┝								
	<del>                                     </del>			<u> </u>	-							
		ł										
			-	$\vdash$	-	$\vdash$	_					
	<del></del>						-					
		L										
		L	L	L								
		L	L		L_	L.						
						Γ						
		1	1	Ì	1	1	1	1				

(A) Name and business address	(B) (C) Description of services Compen		
	<del></del>		
2 Total number of independent contractors (including but \$100,000 of compensation from the organization.	t not limited to those li	sted above) who received more than	

Form **990** (2014)

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 134,386. 1b **b** Membership dues c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and <u>65,587.</u> similar amounts not included above 1,100. g Noncash contributions included in lines 1a-1fr \$ 199,973. h Total. Add lines 1a-1f Business Code 2,180,523.2,180,523. 2 a PERMITS SOLD Program Service Revenue 20,890. 20,890 ь EVENT INCOME-SNOW SHOW 170,872. 170,872 f All other program service revenue ,372,285 ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, and 428. 428 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties . (II) Personal (i) 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 Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ... **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** 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 d All other revenue ... e Total. Add lines 11a-11d 2,572,686.2,372,713 Total revenue. See instructions.

Form 990 (2014) MICHIGAN SNOWMOBILE ASSOCIATION

Part IX | Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	. (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members		<u>-</u>		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	113,233.		113,233.	
7	Other salaries and wages	113,433.		113,4330	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
Ω	Other employee benefits				<del></del>
9	Payroll taxes	10,155.	-	10,155.	
10 11	Fees for services (non-employees)	10,133.		10,1331	
ii a	Management .				
b	Legal				
c	Accounting				
d	Lobbying	-			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7,840.	7,320.	520.	
13	Office expenses	52,784.	32,058.	20,726.	
14	Information technology				
15	Royalties				
16	Occupancy	6,000.		6,000.	<del></del>
17	Travel	46,853.	32,292.	14,561.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	401		401	
20	Interest	401.		401.	
21	Payments to affiliates	2 225		2,335.	
22	Depreciation, depletion, and amortization	2,335. 3,274.		3,274.	****
23	Insurance	3,214.		3,414.	
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.)				
а	PERMITS-TRAIL PERMITS	2,580,850.	2,580,850.		
b	REFUNDS-TRAIL PERMITS	115,206.	115,206.		
c	CONTRACT LABOR	26,901.	26,901.		
d	MISC - COMMITTEES	19,336.	19,336.		
е	All other expenses	114,567.	73,310.	41,257.	
25	Total functional expenses. Add lines 1 through 24e	3,099,735.	2,887,273.	212,462.	0.
26	Joint costs. Complete this line only if the organization			T	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or no	te to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1.	1	
	2	Savings and temporary cash investments			1,160,241.	2	634,710.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and f	ormer officers,	directors,			
		trustees, key employees, and highest compens	ated employee:	s. Complete			
		Part II of Schedule L		_		5	
	6	Loans and other receivables from other disqual	ified persons (a	s defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B),	and contributing			
	ĺ	employers and sponsoring organizations of sec	tion 501(c)(9) v	oluntary		1	
ş		employees' beneficiary organizations (see instr)	. Complete Par	tllofSchL .		6	
Assets	7	Notes and loans receivable, net		· · ·		7	
٩	8	inventones for sale or use				8	<del></del>
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	] ]				
		basis. Complete Part VI of Schedule D	10a	86,162.	44 44=		
	þ	Less: accumulated depreciation	10b	69,270.	19,227.	10c	16,892.
	11		vestments - publicly traded securities .				
	12	Investments - other securities. See Part IV, line	•	·		12	
	13	Investments - program-related See Part IV, line	11	· · ·  -		13	
	14	Intangible assets	.  -	·-··-	14		
	15	Other assets. See Part IV, line 11		-	1 170 460	15	CE1 COO
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 34)		1,179,469.		651,602.
	17	Accounts payable and accrued expenses		·· -	9,690.		8,872.
	18	Grants payable	· · · -  -	<u>.</u>	18		
	19	Deferred revenue	-	<u> </u>	19		
	20	Tax-exempt bond liabilities	D-+ IV-+ O-b-	 		20	
	21	Escrow or custodial account liability. Complete			****	21	
Liabilities	22	Loans and other payables to current and forme		ł .			
Ē		key employees, highest compensated employee	med persons.		22		
E.	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrel	-		23		
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax, pa	•	ed third		27	
	25	parties, and other liabilities not included on lines	-			i	
		Schedule D	5 17 2 V). COMP			25	
	26	Total liabilities. Add lines 17 through 25	•	i i	9,690.	26	8,872.
		Organizations that follow SFAS 117 (ASC 95)	B), check here	▶ ☐ and		-	
ý		complete lines 27 through 29, and lines 33 ar	••			1 1	
ည	27	Unrestricted net assets				27	
alai	28	Temporanly restricted net assets	• •			28	
e P	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117 (A	ASC 958), chec	k here ▶X			
þ	j	and complete lines 30 through 34.		}		] ]	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	·	[	0.	30	0.
\ss(	31	Paid-in or capital surplus, or land, building, or ea	quipment fund		0.	31	0.
et/	32	Retained earnings, endowment, accumulated in	ncome, or other	funds	1,169,779.		642,730.
Z	33	Total net assets or fund balances			1,169,779.	33	642,730.
	34	Total liabilities and net assets/fund halances			1.179.469.	34	651.602.

	1990 (2014) MICHIGAN SNOWMOBILE ASSOCIATION	<u> 38-24.</u>	17833	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,572</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,099		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-521</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,169	<del>)</del> , 7	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	642	2,7	<u>30.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		<u> </u>
	<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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>	
	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 X Both consolidated and separate basis				
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,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	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?		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 Sir				
	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 audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

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.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number MICHIGAN SNOWMOBILE ASSOCIATION 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, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? ... ... 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? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a 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 Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X ..... 

		N SNOWMOBI								<u>17833 </u>	
Pa	tt III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, e	<u>or Oth</u>	<u>er S</u>	<u>limit</u>	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following tha	at are a s	signif	icant	use of its	collection if	tems
	(check all that apply):										
а	Public exhibition	(	a 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ın how th	ney further t	he organizatı	ion's exe	mpt	purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımıla	ır ass	sets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?					Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comp	ete if the	organizatio	n answered	"Yes" to	Fon	m 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	ns or other as	sets not	t incl	uded			
	on Form 990, Part X?								. $\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a			table:							
							[			Amount	
С	Beginning balance						ſ	1c			
d	Additions during the year							1d	-		
е	Distributions during the year					•		1e			
f	Ending balance	·						1f		· <u> </u>	
<b>2</b> a		orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabi	lity?			Yes	No
b	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete if	the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d)	ſhree y	ears back	(e) Four ye	ars back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		1		1						
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:				· <u>-</u>		
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.									
<b>3</b> a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for t	he o	rganız	ation		
	by:									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	dule R?						3b	
4	Describe in Part XIII the intended uses of the		owment	funds							
Pa	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" to Form 990	), Part IV	, tine 11a. S	ee Form 990						
	Description of property	(a) Cost or o		• •	or other	(c) A	ccur	nulate	d	(d) Book v	alue
		basis (investi	ment)	basis	(other)	de	prec	iation		_	
1a	Land										
b	Buildings									_	
С	Leasehold improvements										
d	Equipment										
е	Other			8	6,163.		69	9,2	70.	16.	893.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014

16,893.

Tal Dogoth	otion of security or category (including name of security)	(b) Book value	11b. See Form 990,		d-of-year market value
		(b) Dook value	(C) Mounda of	Valuation. Cost of ch	d or your market value
-	al derivatives				·
	held equity interests			<del> </del>	
Other					
(A)				<del></del>	
(B)					
(C)					
(D)					•
<u>(E)</u>					
<u>(F)</u>					
(G)			-		-
(H)			•		<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)		_	-	
art VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				d . c
	(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
tal. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)				
	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"	to Form 990 Part IV line	11d. See Form 990	Part Y line 15	
	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d. See Form 990,	Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)	Description	11d. See Form 990,	Part X, line 15.	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	e 15.) to Form 990, Part IV, line			
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	t XI Reconciliation of Revenue per Audited Financial Statemen		38-241/833 Page 4
rai	<del></del>	iits with nevenue per	neturi.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		T
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:	10-1	}
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-
С.	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)	2d	<b>┤                                    </b>
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:	1.1	
a	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
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  It XII Reconciliation of Expenses per Audited Financial Stateme	ante With Expenses no	r Poturn
rai	<del></del>	ants with Exhanses be	neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	<del></del>	<del></del>
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:	1 _ 1	i
а	Donated services and use of facilities	2a	-
Þ		2b	-{ }
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
	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:	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-
b	Other (Describe in Part XIII.)		
	, , , , , , , , , , , , , , , , , , , ,	70	<b>-</b>
С	Add lines 4a and 4b		4c
c 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5
c 5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  TXIII Supplemental Information.		5
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II	IV, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  TXIII Supplemental Information.	IV, lines 1b and 2b; Part V, line	5
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II	IV, lines 1b and 2b; Part V, line	5
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### SCHEDULE O (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.

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ 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.lrs.gov/form990.

2014
Open to Public Inspection

Name of the organization

MICHIGAN SNOWMOBILE ASSOCIATION

Employer identification number 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 \$ 111,558. INCLUDING GRANTS OF \$ 0. REVENUE \$ 114,479.
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.
<del></del>

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 179

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

▶ Information about Form 4562 and its separate instructions is at www.lrs.gov/form4562.

Business or activity to which this form relates Identifying number

MICHIGAN SNOWMOBILE AS	SOCIATIO	N	FORM 9	90 P	AGE 10		38-2417833
Part I Election To Expense Certain Proper			any listed pr	operty, c	omplete Part	V before yo	
1 Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property place	ed in service (see	instructions)				2	
3 Threshold cost of section 179 property	before reduction	in limitation				3	2,000,000.
4 Reduction in limitation Subtract line 3 f						. 4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing separa	itely, see instruct	ions		. 5	
6 (a) Description of pro	perty	(b) Co	st (business use	only)	(c) Elected	cost	
7 Listed property Enter the amount from	line 29			7			
8 Total elected cost of section 179 prope		s in column (c), lines	6 and 7			8	
9 Tentative deduction. Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	line 13 of your 20	013 Form 4562				10	
11 Business income limitation. Enter the si	naller of business	s income (not less th	an zero) or li	ne 5	•	11	
12 Section 179 expense deduction. Add lii	nes 9 and 10, but	do not enter more t	han line 11			12	
13 Carryover of disallowed deduction to 20	015 Add lines 9 a	and 10, less line 12	<b>&gt;</b>	13			
Note: Do not use Part II or Part III below for	listed property I	nstead, use Part V.					
Part II Special Depreciation Allowa	nce and Other D	epreciation (Do no	t include liste	d prope	rty.)		
14 Special depreciation allowance for qual	ified property (oth	ner than listed prope	erty) placed in	n service	during		
the tax year						14	
15 Property subject to section 168(f)(1) ele	ction	••				15	
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do no	t include listed pr	operty.) (See instruc	ctions.)				
		Section A	١				
17 MACRS deductions for assets placed in	n service in tax ye	ears beginning befor	e 2014		. <u></u>	. 17	460.
18 If you are electing to group any assets placed in serv					<u> </u>	<u> </u>	
Section B - Assets	<del></del>			the Gen	eral Deprecia	tion Syste	<u>m</u>
(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only - see instructio	use (a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property	]						
d 10-year property	]						
e 15-year property	]						
f 20-year property							
g 25-year property			2	5 yrs.		S/L	
I B Mandalanda a a a a	/		27	.5 yrs.	MM	S/L	
h Residential rental property	/		27	.5 yrs.	MM	S/L	
. No supplied and supplied	1		3	9 yrs.	MM	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets P	laced in Service	During 2014 Tax Y	ear Using th	e Altern	ative Deprec	iation Sys	tem
20a Class life						S/L	
b 12-year			1	2 yrs.		S/L	
c 40-year	/	L	4	0 yrs.	MM	S/L	
Part IV Summary (See instructions.)					_		
21 Listed property. Enter amount from line	28					21	1,875.
<ul><li>21 Listed property. Enter amount from line</li><li>22 Total. Add amounts from line 12, lines</li></ul>						21	
* * *	14 through 17, lin		ımn (g), and	line 21.		21	1,875. 2,335.
22 Total. Add amounts from line 12, lines	14 through 17, lin	artnerships and S co	ımn (g), and orporations ·	line 21.			
22 Total. Add amounts from line 12, lines Enter here and on the appropriate lines	14 through 17, lin of your return. Pa service during the	artnerships and S co	ımn (g), and orporations ·	line 21.			

MICHIGAN SNOWMOBILE ASSOCIATION 38-2417833 Page 2 Form 4562 (2014) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles ) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (c) (e) **(f)** (g) (h) Business/ Basis for depreciation Date Elected Depreciation Type of property Cost or Recovery Method/ section 179 (business/investment placed in investment (list vehicles first) period Convention deduction other basis use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: 2006 CHEVROLET 37,090.5.00 200DB-HY 010107100.00% 37,090 875 PICKUP % 27 Property used 50% or less in a qualified business use % S/L · % S/L· S/L· % 875 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes 34 Was the vehicle available for personal use Yes No No No No No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI | Amortization (a)
Description of costs (b) Date amortization (c) (d) (e) **(f)** begins period or percentage 42 Amortization of costs that begins during your 2014 tax year: 43 Amortization of costs that began before your 2014 tax year 43

44

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

# Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

THE THE	and deline						
• If you	are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-M	lonth Exten	nsion, complete onl	y Part II (on page 2 of			. •
	complete Part II unless you have already been	-			-		
a corpoi 8868 to Return	nic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personions). For more details on the electronic filing of the section of the electronic filing of the elec	nal (not auto forms listed al Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	in ele Forr RS in	ctronic n 8870 papei	cally file Form ), Information format (see
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no co	opies needed).			<del></del> -
A corpo	oration required to file Form 990-T and requirely	esting an a	automatic 6-month	extension—check this			▶ 🗆
	corporations (including 1120-C filers), partners come tax returns.	hips, REMIC	Cs, and trusts must				
				Enter filer's identifying			
Type or	Name of exempt organization or other filer, see	instructions		Employer identification	numb	er (EIN)	or
print	MICHIGAN SNOWMOBILE ASSOCIATION				4178		
File by the	Number, street, and room or suite no. If a PO I	box, see instr	ructions.	Social security number	(SSN)	)	
due date f	or 4543 DIVISION AVENUE S			<u> </u>			
filing your return See instruction		or a foreign a	iddress, see instructior	ns			
	e Return code for the return that this application	is for (file a	separate applicatio	n for each return)			0 1
Application Is For			Application Is For	on			Return Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corpo	oration)	07		
Form 9		02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·		08	
	720 (individual)	03	Form 4720 (other	than individual)	-	09	
Form 9		04	Form 5227				10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870		12		
	ooks are in the care of ► THE ORGANIZATION  none No. ► 616-361-2285	F					
• If the	organization does not have an office or place of is for a Group Return, enter the organization's fo	business in	the United States, of	heck this box			▶□ this is
for the v	vhole group, check this box ▶ 🔲 I	If it is for pai	rt of the group, chec	k this box	▶ [	and	attach
	h the names and EINs of all members the exten		-				
l f	request an automatic 3-month (6 months for a cultiful august 15 , 20 15 , to file the exportion or the organization's return for:  I calendar year 20 14 or	corporation empt organi	required to file Form	n 990-T) extension of ti organization named a	me bove	The e	xtension is
,	►  tax year beginning	, 20	, and ending			, 2	20
2	f the tax year entered in line 1 is for less than 12 Change in accounting period	months, ch	neck reason: Initi	al return	'n		
	f this application is for Forms 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the t	tentative tax, less any			<del>-</del>
	nonrefundable credits. See instructions.				3a	\$	
	f this application is for Forms 990-PF, 990-T						
	estimated tax payments made. Include any prior				3b	\$	
	Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System	). See instru	ictions.		3с		N/A
Caution	. If you are going to make an electronic funds withdray	wal (direct de	bit) with this Form 886	8, see Form 8453-EO and	i Forn	n 8879-	EO for payment
ii iati uoti	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						