

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Header section A-L containing organization details: Name (FUL-MONT SNOW TRAVELERS INC), EIN (52-2448354), address (Fonda NY 12068), and accounting method (Cash).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I [X]

Main table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue is 99,419 and total expenses are 38,036.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,973	22 23,505
23 Land and buildings	8,570	23 85,421
24 Other assets (describe in Schedule O)		24
25 <b>Total assets</b>	34,543	25 108,926
26 <b>Total liabilities</b> (describe in Schedule O)		26 13,000
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	34,543	27 95,926

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

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

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a)		32 0

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #2				

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. NONE
42a The organization's books are in care of See attachment #3 Telephone no. Located at ZIP + 4
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)		X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

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

**Sign Here** Signature of officer: JEFFREY ASHE Date: \_\_\_\_\_  
 Type or print name and title: TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ <u>Elmas Tax Service LLC</u>	Firm's EIN ▶ _____		Phone no. <u>518-887-5740</u>	
Firm's address ▶ <u>795 Pattersonville Road</u>		<u>Pattersonville NY 12137</u>		

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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010****Name of the organization**

FUL-MONT SNOW TRAVELERS INC

**Employer identification number**

52-2448354

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 4 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.****Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

<b>Name of organization</b> FUL-MONT SNOW TRAVELERS INC	<b>Employer identification number</b> 52-2448354
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MONTGOMERY COUNTY _____ PARK ST _____ Fonda NY 12068 _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FULTON COUNTY _____ MAIN ST _____ Johnstown NY 12095 _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NEW YORK STATE _____ STATE ST _____ Albany NY 12210 _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FUL-MONT SNOW TRAVELERS INC

Employer identification number

52-2448354

LINE 10 PAGE 1

VARIOUS CONTRIBUTIONS TO CHARITABLE  
ORGANIZATIONS. \$500

LINE 16 PAGE 1

TRAIL MAINTENANCE AND UPKEEP  
DEPRECIATION ON GROOMER \$10149

LANDOWNER APPRECIATION 1948

FREIGHT AND MAINTENANCE 6002

FUEL 3254

INTEREST ON GROOMER LOAN 1483

UTILITIES 2901

TRAIL REPAIRS 7376

TOTAL OF LINE 15 PG 1 \$33113

LINE 26 PAGE 2

LIABILITIES CONSIST OF A LOAN FOR

THE GROOMER PAYMENT WITH NBT

THE BALANCE DUE IS \$13000

LINE 1

THE MOST SIGNIFICANT ACTIVITIES INCLUDE THE ENCOURAGEMENT OF SAFE AND  
LEGAL USE OF SNOWMOBILES ON ALL CLUB TRAILS AND TO PLAN AND CONSTRUCT AND  
AND MAINTAIN A FORMAL TRAIL SYSTEM. THIS HAS BEEN ACCOMPLISHED THROUGH  
THE VARIOUS FUNDRAISING AND GRANTS WHICH SUPPORTED THE ABILITY OF THE  
CLUB TO ENCOURAGE FAMILY PARTICIPATION TOGETHER WITH LANDOWNER S  
COOPERATING.

GOVERNMENT MANAGEMENT DISCLOSURE:

THE CURRENT BOARD CONSISTS OF SIX MEMBERS, THREE FROM MONTGOMERY COUNTY  
AND THREE FROM FULTON COUNTY IN ADDITION TO FOUR OFFICERS;

PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER AND ALL HAVE A VOTE ON  
THE BOARD. BOARD MEMBERS ARE ELECTED TO THREE YEAR TERMS AND OFFICERS  
ARE ELECTED ANNUALLY.

THE ANNUAL INFORMATIONAL RETURN ON FORM 990eZ IS POSTED ON THE ORGANI-  
ZATIONS WEB SITE. [www.fulmontsnowtravelers.com](http://www.fulmontsnowtravelers.com)

**990 PRIMARY EXEMPT PURPOSE**

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	04-01	, and ending	03-31-2011.
Name of Organization				Employer Identification Number
FUL-MONT SNOW TRAVELERS INC				52-2448354

Primary Purpose

TO ENCOURAGE THE SAFE AND LEGAL USE OF SNOWMOBILES ON ALL CLUB TRAILS AND TO PLAN, CONSTRUCT AND MAINTAIN A FORMAL TRAIL SYSTEM TO ENCOURAGE FAMILY PARTICIPATION TOGETHER WITH LANDOWNER COOPERATION.



**990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning <b>04-01-2010</b> , and ending <b>03-31-2011</b> .
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Name of Organization <b>FUL-MONT SNOW TRAVELERS INC</b>	Employer Identification Number <b>52-2448354</b>
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JEFFREY ASHE 22 WHEATON AVE Gloversville, NY 12078	PRESIDENT TREASURER 6.00	0	0	0
TOM APHOLZ 106 COUNTY RIDGE COURT Amsterdam, NY 12010	VICE PRESIDENT 2.00	0	0	0
KELLY FONDA 6 ROSEWOOD AVE Johnstown, NY 12095 STATE ROUTE 29  Johnstown, NY 12095	SECRETARY 2.00  CHAIRMAN OF BOARD 2.00	0	0	0
RICK DINGMAN 317 MARTIN RD Fonda, NY 12068	DIRECTOR 1.00	0	0	0
BRUCE KACZOR 4296 STATE HWY 30 Amsterdam, NY 12010	DIRECTOR 1.00	0	0	0
JOHN HART SMITH RD Amsterdam, NY 12010	DIRECTOR 1.00	0	0	0
JIM BODE OLD TRAIL RD Fonda, NY 12068	DIRECTOR 1.00	0	0	0
STEVE STALEY MOHAWK AVE Tribes Hill, NY 12177	DIRECTOR 1.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2010 or tax period beginning 04-01, and ending 03-31-2011.

Name of Organization FUL-MONT SNOW TRAVELERS INC Employer Identification Number 52-2448354

Part V - Line 42a

Individual Name ..... JEFFREY ASHE  
or  
Business Name:

Street Address ..... 22 WHEATON AVE

U.S. Address:

Zip code 12078 City Gloversville State NY

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (518) 725-7413

Fax Number .....