

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)

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.

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 4-01- , 2012, and ending 3-31- , 20 13

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

FUL-MONT SNOW TRAVELERS INC

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 846

City or town, state or country, and ZIP + 4

FONDA, NY 12068

D Employer identification number

52-2448354

E Telephone number

518-725-7413

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.fulmontsnowtravelers.com

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 23144

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12618
	2	Program service revenue including government fees and contracts	2	3122
	3	Membership dues and assessments	3	7404
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	23144	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	300
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2850
	14	Occupancy, rent, utilities, and maintenance	14	6739
	15	Printing, publications, postage, and shipping	15	5005
	16	Other expenses (describe in Schedule O)	16	5095
17	Total expenses. Add lines 10 through 16 ▶	17	19989	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3155
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	101153
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	104308

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	11252	22 14407
23 Land and buildings	89901	23 89901
24 Other assets (describe in Schedule O)		24
25 Total assets	101153	25 104308
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101153	27 104308

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 <u>attachment #2</u> ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2398
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 Total program service expenses (add lines 28a through 31a)	32	2398

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>JEFF ASHE, PRESIDENT</u> 22 WHEATON AVE GLOVERSVILLE NY 12078	2	0		
<u>TOM APHOLZ, VICE PRESIDENT</u> COUNTRY RIDGE RD AMSTERDAM NY 12010	2	0		
<u>KELLY FONDA, SECRETARY</u> ROSEWOOD AVE, JOHNSTOWN, NY 12095	2	0		
<u>KRISTIN HART, TREASURER</u> SMITH RD, AMSTERDAM, NY 12010	2	0		
<u>JOHN HART, DIRECTOR</u> SMITH RD, AMSTERDAM, NY 12010	2	0		
<u>JIM BODE, DIRECTOR</u> MAC GREGOR RD, GLOVERSVILLE, NY 12095	2	0		
<u>RICK DINGMAN, DIRECTOR</u> MARTIN RD, M FONDA, NY 12068	2	0		
<u>STEVE STALEY, DIRECTOR</u> ALBANY BUSH RD, FORT JOHNSON, NY 12072	2	0		
<u>BRUCE KACZOR, DIRECTOR</u> STATE ROUTE 30, AMSTERDAM NY 12010	2	0		
<u>MIKE LOVELACE, DIRECTOR</u> JACKSON VLY RD, BROADALBIN, NY 12025	2	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ 0

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 ▶ 0

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: *Jeff Ashe* Date: 7/10/2013
 Type or print name and title: JEFF ASHE, PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: ELMA PHILLIPS Preparer's signature: *Elma Phillips* Date: 7/6/13 Check if self-employed PTIN: P00118640
 Firm's name: ELMA'S TAX SERVICE LLC Firm's EIN: 14-1834705
 Firm's address: 795 PATTERSONVILLE RD, PATTERSONVILLE, NY 12137 Phone no.: 518-887-5740

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

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	04-01	, and ending	03-31-201 ³
Name of Organization				Employer Identification Number
FUL-MONT SNOW TRAVELERS INC				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

Foreign Address
City
Province or State
Country
Postal code
Phone Number (518) 725-7413
Fax Number

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

FULMONT SNOW TRAVELERS IINC

Employer identification number

52-2448354

PART I, LINE 1 THE TOTAL INCOME IS \$23,144

PART I, LINE 16, OTHER EXPENSES ARE A TOTAL OF \$5095 AND INCLUDE--ADVERTISING OF \$1858, MEETINGS OF \$2398, AND A FORUM
IN THE AMOUNT OF \$839 FOR A TOTAL OF \$5095

PART III, 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 MAINTAIN A FORMAL TRAIL SYSTEM. THIS HAS BEEN ACCOMPLISHED
THROUGH THE VARIOUS FUNDRAISING AND GRANTS WHICH SUPPORT THE ABILITY OF THE CLUB TO ENCOURAGE FAMILY
FAMILY PARTICIPATION TOGETHER WITH LANDOWNERS COOPERATING.

PART III, LINE 2 THE EXEMPT PURPOSE ACHIEVEMENT IS THE ANNUAL CLAMBAKE PERFORMED BY THE CLUB

PART III, LINE 3 THE CURRENT BOARD CONSISTS OF SIX MEMBERS, THREE FROM MONTGOMERY COUNTY AND THREE FROM FULTON
COUNTY AS WELL AS FOUR OFFICERS--PRESIDENT, TREASURER, SECRETARY AND VICE PRESIDENT. ALL HAVE A VOTE ON THE
BOARD AND DIRECTORS ARE ELECTED TO THREE YEAR TERMS AND OFFICERS ANNUALLY.

THE ANNUAL INFORMATIONAL RETURN ON FORM 990EZ IS POSTED ON THE ORGANIZATION'S WEB SITE www.fulmontsnowtravelers.com

Multiple horizontal dashed lines for additional text entry.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return*.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

a. Material differences in voting rights among members of the governing body in line 1a.

b. Delegation of governing board's authority to executive committee.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

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

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.