ELMA'S TAX SERVICE LLC

795 PATTERSONVILLE RD
Pattersonville, NY 12137
ADMIN@ELMASTAX.COM
Phone: (518)887-5740 | Fax: (518)887-5742

August 13, 2020
Ful-Mont Sno Travelers Inc PO Box 846 Fonda, NY 12068
Ful-Mont Sno Travelers Inc:
Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Ful-Mont Sno Travelers Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.
The federal return reflects neither a refund nor a balance due.
Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (518)887-5740.
Sincerely,
Rebecca Countermine ELMA'S TAX SERVICE LLC

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Your privacy is important to us. Read the following privacy policy as required by the Gramm-Leach-Bliley Act
Public Law 106-102
Effective November 12, 1999

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

We know that you have confidence in our ability to perform the services requested by you. Equally important to us is your confidence in knowing that all your personal information is safe.

If you have any questions about our privacy policy, contact our office at the above phone number or email us (admin@elmastax.com).

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Phone: (518)887-5740 | Fax: (518)887-5742

Email: MABEAR010431@AOL.COM

For professional services rendered in connection with the preparation of your 2019 exempt organization tax return.

Description Fee Federal and Supplemental Forms Form 990EZ - Organization Exempt from Income Tax ${\tt EZ}$, page 1 Form 990EZ pg 2 - Organization Exempt from Income Tax EZ, page 2 Form 990EZ pg 3 - Organization Exempt from Income Tax EZ, page 3 Form 990EZ pg 4 - Organization Exempt from Income Tax EZ, page 4 Schedule 0 - Supplemental Information, page 1 Form 8879E0 - E-file Signature Auth for an Exempt Org FED DEPR Schedule - Federal Depreciation Schedule - Next Year Depreciation Schedule Next Year Depr 150.00 Total Forms: 8 Forms Subtotal

Total Balance Due \$ 150.00

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 private foundations)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the 2	2019 calenda	r year, or tax year beginning 04-01 , 2019, and	d ending		03-31	, 20 20				
В	Check if ap	plicable:					yer identification number				
	Address ch	ange	FUL-MONT SNO TRAVELERS INC		52-2448354						
	Name chan	ge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one num	ber				
	Initial return	ı									
Ц	Final return	/terminated	PO BOX 846				5-7413				
Ц.	Amended re	ded return City or town, state or province, country, and ZIP or foreign postal code				Exempti	on				
\square	Application	pending	FONDA, NY 12068		Numbe						
G .	Accounti	ng Method:	X Cash				e organization is not				
	Website		ONTSNOTRAVELERS.COM		required to	attach S	Schedule B				
			heck only one) -	r 527	(Form 990,	990-EZ	, or 990-PF).				
		•	▼ Corporation								
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor								
_			500,000 or more, file Form 990 instead of Form 990-EZ				10,306				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balan								
_			the organization used Schedule O to respond to any question in the								
	1		s, gifts, grants, and similar amounts received			1	5,241				
	2		vice revenue including government fees and contracts · · · · · · · · · · · · · · · · · · ·			2					
	3		dues and assessments			3	5,064				
	4		ncome			4					
	5a		,	ia 		-					
				5b		-					
	_) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c					
	6	•	fundraising events:								
Ð	a	a Gross income from gaming (attach Schedule G if greater than \$15,000)									
nué	h		<u> </u>			-					
Revenue	B			ntributions							
œ			sing events reported on line 1) (attach Schedule G if the	Sb							
			5	ic Sc	1	-					
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)			-					
	l u			6d	1						
	72	,	of inventory, less returns and allowances	 ′a │		ou	1				
				'b		-					
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c					
	8		le (describe in Schedule O)			8					
	9		i.e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	10,306				
	10		imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·			10	10,500				
	11		to or for members			11	35				
	12		er compensation, and employee benefits			12					
ses	13		fees and other payments to independent contractors			13	150				
Expenses	14		rent, utilities, and maintenance			14	21,511				
X	15		lications, postage, and shipping			15	794				
	16	Other expens	ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			16	43,214				
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17	65,704				
44	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	(55,398				
sets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree w								
Net Assets			igure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19	179,048				
	20	Other change	es in net assets or fund balances (explain in Schedule O)			20					
_	21	Net assets or	r fund balances at end of year. Combine lines 18 through 20 · · · · · · ·		≻	21	123,650				

Form **990-EZ** (2019)

Forr	n 990-EZ (2019) FUL-MONT SNO TRAVELI	ERS INC		52-2	4483	354 Page 2
Pa	Balance Sheets (see the instructions for Pa	•				_
	Check if the organization used Schedule O	to respond to any qu	estion in this Part I	<u> </u>		<u>x</u>
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments $\ \cdot \ $			18,934	22	6,575
	Land and buildings			22,332	23	14,121
	Other assets (describe in Schedule O)			153,854	24	118,851
	Total assets			195,120	25	139,547
	Total liabilities (describe in Schedule O) · · · · · · · · ·		1	16,072	26	15,897
	Net assets or fund balances (line 27 of column (B) must ag	· · · · · · · · · · · · · · · · · · ·		179,048	27	123,650
Pa	art III Statement of Program Service Accompli	•		•		Expenses
	Check if the organization used Schedule O				(Rea	uired for section
Wh	at is the organization's primary exempt purpose? SAFETY	OF SNOWMOBILE	USE			c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishments fo	r each of its three larges	t program services,		l `	nizations; optional for
as r	neasured by expenses. In a clear and concise manner, descri	ibe the services provide	. •		other	
pers	sons benefited, and other relevant information for each progra	ım title.			-	
28	ENCOURAGEMENT OF SAFE AND THE LEAGE US	E OF SNOWMOVILE	S ON			
	ALL MAINTAINED TRAILES AND TO CONSTRUC	T A FORMA MARKE	ED AND			
	GROOMED TRAIL SYSTEM					
	(Grants \$) If this amo	ount includes foreign gra	nts, check here •	▶ 📙	28a	0
29						
	(Grants \$) If this amo	ount includes foreign gra	nts, check here •	▶ 📙	29a	
30						
	(One of the C				20-	
24		ount includes foreign gra			30a	
31	Carlot program out view (account in contended of)			_	24-	
22	(Grants \$) If this amo Total program service expenses (add lines 28a through 31a	ount includes foreign gra			31a 32	
	art IV List of Officers, Directors, Trustees, and Key Er				-	0 2rt IV0
	Check if the organization used Schedule O to resp					_
	Official title organization used ochequie o to resp		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (e) Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
JE	FFREY ASHE		(Il flot paid, efiter -0-)	deletted compensation		•
	ESIDENT	0.00	0	0		0
	ISTEN HART		-			
	EASURER	4.00	0	0		0
	IN HART					
	CE PRESIDENT	4.00	0	0		0
	ACY ASHE					
	CRETARY	4.00	0	0		0
	-					
_						
_						
_				<u> </u>	\perp	

	90-EZ (2019) FUL-MONT SNO TRAVELERS INC 52-24483	54	F	age
Par	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			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
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	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)? · · · · · · · · · · · · · · · · · · ·	35a		x
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · · ·	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		37
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		Х
50	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		
		36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	071		
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·			
40 a	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), 501(c)(4), and 501(c)(29) 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			ĺ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	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	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of KRISEN HART Telephone no. 518-72	25-7	413	
	Located at ▶ 375 SMITH RD, AMSTERDAM, NY ZIP+4 ▶ 12010			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
•	If "Yes," enter the name of the foreign country		l	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here · · · · · · · · · · · · · · · · · ·		▶	Γ
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·			L
	and enter the amount of tax-exempt interest received of accorded during the tax year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
11 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
++ a		440		
L	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441		
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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 · · · · · · · · · · · · · · · · · ·	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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 may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X

Form 9	990-EZ (201	9) FUL-MONT SNO TR	AVELERS INC				52-2	24483	54	Р	age 4
										Yes	No
46		organization engage, directly or indirectly, in							40		
Dai		idates for public office? If "Yes," complete S Section 501(c)(3) Organizations		· · · · · ·	<u> </u>	· · · ·	<u> </u>	• •	46		Х
ı aı		All section 501(c)(3) organizations		ions 47 - 4	19h and 52	and	complete the	table	es for	lines	
		50 and 51.	Thract anower queen	10110 17	100 4114 02	_, and	oompioto tric	, table	50 101		•
		Check if the organization used So	hedule O to respond	to any qu	estion in t	his Pa	rt VI				. П
		3	· · · · · · · · · · · · · · · · · · ·							Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) elec	ction in effect	during the ta	x					
	year? If "Yes," complete Schedule C, Part II							47		ĺ	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48			
49 a	Did the organization make any transfers to an exempt non-charitable related organization?						49a				
b	b If "Yes," was the related organization a section 527 organization?								49b		
50	Complet	te this table for the organization's five higher	st compensated employees	s (other than	officers, direc	tors, trus	stees and key				
	employe	ees) who each received more than \$100,000	of compensation from the	organization	n. If there is r	one, ent	er "None."				
		(a) Name and title of each employee hours per week c			compensation co		(d) Health benefits, contributions to employee benefit plans, and deferred		Estimate other cor		
			devoted to position	(Forms W-2	/1099-MISC)	co	ompensation				
f	Total nu	mber of other employees paid over \$100,00	0								
51	Complet	te this table for the organization's five higher	st compensated independe	nt contractor	s who each r	eceived :	more than				
	\$100,00	00 of compensation from the organization. I	f there is none, enter "None	e."							
	(a)	Name and business address of each independent contr	actor	(b)) Type of service			(c) Com	nensatio	1	
		,		(, ,,			. ,			
d	Total nu	mber of other independent contractors each	receiving over \$100,000)	·						
52	Did the o	organization complete Schedule A? Note: Al	l section 501(c)(3) organiza	ations must at	ttach a						
	complet	ted Schedule A							Yes	X	No
Unde	r penalties	of perjury, I declare that I have examined this ret	urn, including accompanying s	chedules and	statements, an	d to the b	est of my knowled	ge and	belief, it	is	
true,	correct, and	d complete. Declaration of preparer (other than o	officer) is based on all informat	ion of which pr	eparer has any	/ knowled					
ei	_	KRISTEN HART			07-30	-202	0				
Sign Signature of officer Date Here KRISTEN HART TREASIDED							5				
Her	-	KRISTEN HART, TREASURER Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		a	PTI	N		
Paid	d			NIE		20	Check X if self-employed			I C E	
	u parer		REBECCA COUNTERMI	NE	08-13-20			ħ0]	L8794	203	
	Only	Firm's name				Fir	m's EIN				
	- - ,	Firm's address 795 PATTERSONVI Pattersonville				Dh	one no. 518-	-887-	5740		
May	the IRS di	iscuss this return with the preparer shown a						<u> </u>			No

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization FUL-MONT SNO TRAVELERS INC 52-2448354 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT DEPRECIATION FROM 4562 43,214 02. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR DEPRECIABLE ASSETS 153,854 118,851 03. Description of total liabilities (Part II, line 26) CATEGORY BEGINNING OF YEAR END OF YEAR LOAN TO NBT 16,072 15,897 04. Part II, response or note to any other line in Part II LINE 23 INCLUDES DEPRECIABLE ASSETS NET VALUE 3-31-2020 LINE 24 IS THE DEPRECIATED VALUE OF THE NEW GROOMER AS OF 3-31-2020