

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 Counterline
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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Ful-Mont Sno Travelers Inc
PO Box 846
Fonda, NY 12068
Email : MABEAR010431@AOL.COM

Invoice No : 795 150
Invoice Date: 08/13/2020
Phone : 518-725-7413

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

<u>Description</u>	<u>Fee</u>
Federal and Supplemental Forms	
Form 990EZ - Organization Exempt from Income Tax 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 O - Supplemental Information, page 1	
Form 8879EO - E-file Signature Auth for an Exempt Org	
FED DEPR Schedule - Federal Depreciation Schedule	
Next Year Depr - Next Year Depreciation Schedule	
Total Forms : 8	Forms Subtotal \$ 150.00
	Total Balance Due \$ 150.00

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)

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.

A For the 2019 calendar year, or tax year beginning 04-01, 2019, and ending 03-31, 2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FUL-MONT SNO TRAVELERS INC. Number and street: PO BOX 846. City or town: FONDA, NY 12068

D Employer identification number: 52-2448354. E Telephone number: (518) 725-7413. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual [] Other (specify)

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

I Website: FULMONTSNOTRAVELERS.COM

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(4) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 10,306

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 [X]

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	18,934	22 6,575
23 Land and buildings	22,332	23 14,121
24 Other assets (describe in Schedule O)	153,854	24 118,851
25 Total assets	195,120	25 139,547
26 Total liabilities (describe in Schedule O)	16,072	26 15,897
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	179,048	27 123,650

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? SAFETY OF SNOWMOBILE USE

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; optional for others.)

28 <u>ENCOURAGEMENT OF SAFE AND THE LEAGE USE OF SNOWMOVILES ON ALL MAINTAINED TRAILES AND TO CONSTRUCT A FORMA MARKED AND GROOMED TRAIL SYSTEM</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
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	0

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
JEFFREY ASHE PRESIDENT	0.00	0	0	0
KRISTEN HART TREASURER	4.00	0	0	0
JOHN HART VICE PRESIDENT	4.00	0	0	0
STACY ASHE SECRETARY	4.00	0	0	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.

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

	Yes	No
46		X

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		
48		
49a		
49b		

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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 title of each employee	(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 ▶


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 business address of each independent contractor	(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 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	07-30-2020 Date
	KRISTEN HART, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name REBECCA COUNTERMINE	Preparer's signature REBECCA COUNTERMINE	Date 08-13-2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01879465
	Firm's name ▶ ELMA'S TAX SERVICE LLC	Firm's EIN ▶			
	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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2019

**Open to Public
Inspection**

FUL-MONT SNO TRAVELERS INC

Employer identification number
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