

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)

2020

Open to Public Inspection

- ▶ 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 2020 calendar year, or tax year beginning 04-01, 2020, and ending 03-31, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FUL-MONT SNO TRAVELERS INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 846 City or town, state or province, country, and ZIP or foreign postal code FONDA, NY 12068	D Employer identification number 52-2448354 E Telephone number (518) 725-7413 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ **FULMONTSNOTRAVELERS.COM**

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

K Form of organization: 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 ▶ \$ **23,730**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	883
	2 Program service revenue including government fees and contracts.	2	17,472
	3 Membership dues and assessments	3	5,375
	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	23,730	
Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	150
	14 Occupancy, rent, utilities, and maintenance	14	16,868
	15 Printing, publications, postage, and shipping	15	864
	16 Other expenses (describe in Schedule O).	16	28,003
17 Total expenses. Add lines 10 through 16 ▶	17	45,885	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(22,155)
	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	123,650
	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	101,495

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	6,575	9,162
23 Land and buildings	14,121	14,121
24 Other assets (describe in Schedule O)	118,851	90,848
25 Total assets	139,547	114,131
26 Total liabilities (describe in Schedule O)	15,897	12,636
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	123,650	101,495

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.)

		28a	
28 ENCOURAGEMENT OF SAFE AND THE LEAGE USE OF SNOWMOVILES ON ALL MAINTAINED TRAILS AND TO CONSTRUCT A FORMED MARKED AND GROOMED TRAIL SYSTEM (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			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	2.00	0	0	0
KRISTEN HART TREASURER	4.00	0	0	0
JOHN HART VICE PRESIDENT	4.00	0	0	0
DAVID MCDUGALL III 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

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
 KRISTEN HART *Kristen Hart* Signature of officer Date
 KRISTEN HART, TREASURER 7-27-21 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 REBECCA COUNTERMINE REBECCA COUNTERMINE 07-25-2021 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