## 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)

OMB No. 1545-1150

2015

**Open to Public** Inspection

MAR 31,2016

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

APR 01

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

, 2015, and ending

			15 calendar year, or tax year beginning AFR OF , 2015, and criding	D Employ	er identification number		
B Ch	eck if	ole:	C Name of organization		9		
Address change FU		chang	FUL-MONT SNO TRAVELERS INC	52-24	48354		
Na	ame c	hange	Room/suite	E Telephor			
Ini	tial re	Number and street (or P.O. box, if mail is not delivered to street address)			25-7413		
Final return /terminated		turn ated	PO BOX 846		F Group Exemption		
Amended return		ed retu	City or town, state or province, country, and ZIP or foreign postal code	1000	Number ►		
Application pending		tion 3	FONDA NY 12068	H Check X if the organization is not			
G Accounting Me		intino	Method:  X  Cash     Accrual Ottlei (specify)		d to attach Schedule B		
I Website: ▶		ite:	▶ WWW.FULMONTSNOTRAVELERS.COM		990, 990-EZ, or 990-PF).		
J Tax-exempt status (check only one) - 501(c)(3) X 501(c)(4 ) ◀ (insert no.) 4947(a)(1) of 527 (					930, 330 EE, 51 666 7 1 7		
KFC	rm (	of org	anization: X Corporation Trust Association Other				
tota	dd lir I ass a <b>rt</b>	ets (	b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		ctions for Part I)		
		4 (	Contributions gifts grants and similar amounts received	'	04 000		
		2	Program service revenue including government fees and contracts	2	F 220		
		3	Membership dues and assessments	3	5,230.		
			investment income	4	***************************************		
		5 2	Gross amount from sale of assets other than inventory				
		h	loss: cost or other hasis and sales expenses				
		b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	С		
9	שַ	6	Gaming and fundraising events				
5	Revenue	6	Gross income from gaming (attach Schedule G if greater than \$15,000)  6a				
ì	S S	a	Gross income from fundraising events (not including \$ of contrib	utions			
2	r	D	from fundraising events (not instant) (attach Schedule G if the sum				
			of such gross income and contributions exceed \$15,000) 6b				
			Less: direct expenses from gaming and fundraising events				
		C	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6	Sc) . 6	d		
		d	Net income or (loss) from garriing and full disting events (data lines of all of the content loss) from garriing and full distingtions.				
			Gross sales of inventory, less returns and allowances				
		b	Less: cost of goods sold	7	'c		
		С	Other revenue (describe in Schedule O)		8		
		8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	29,238.		
		9	Grants and similar amounts paid (list in Schedule O)	1	10		
		10	Grants and similar amounts paid (list in Scriedule O)		11		
		11	Benefits paid to or for members		12		
	Ses	12	Salaries, other compensation, and employee benefits		3,231.		
	ens	13	Professional fees and other payments to independent contractors	-	23,470.		
	Expenses	14	Occupancy, rent, utilities, and maintenance		4,791.		
	ш	15	Printing, publications, postage, and shipping		16		
		16	Other expenses (describe in Schedule O)	-	31,492.		
		17	Total assessment Add lines 10 through 16		(2,254.)		
30000	45	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		(2) ====/		
	sets	19	Not accets or fund balances at beginning of year (from line 27, column (A)) (must agree with		81,276.		
	ASS		and of year figure reported on prior year's return)	· · · ·  -			
	et,	20	Other changes in net assets or fund balances (explain in Schedule O)		<b>20</b> 79,022.		
	Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21 /9,022.		

	see the instructions f zation used Schedule O	or Part II)				
	zation used Schedule O					
		to respond to any quest	ion in this Part II			
			(A) Beginning	of year	(B)	End of year
2 Cash, savings, and investme	nts			233.		33,668
3 Land and buildings			61,	043.	23	45,354
4 Other assets (describe in Sch	nedule (1)				24	
5 Total assets			81,	276.	25	79,022
6 Total liabilities (describe in					26	
7 Net assets or fund balance	a (line 27 of column (D) must	t agree with line 21)	81,	276.	27	79,022
Part III Statement of Pr	scarce Service Accor	nnlichments (see the				
Statement of Fi	ization used Schedule O	to recognite any guest	ion in this Part III	[X]		Expenses
Check if the organ	ization used Schedule O	TO TESPOND TO ANY QUEST	don in this i dit in.	[22]		d for section 501(c)(3
Vhat is the organization's primar	y exempt purpose? SEE	s for each of its three large	est program services	as .		(c)(4) organizations;
vnat is the organization's primal rescribe the organization's programmessured by expenses. In a clear	ar and concise manner, desc	ribe the services provided,	the number of persor	is	optional	for others.)
enefited, and other relevant info	ormation for each program til	ile.				
8						
(Grants \$	) If this amount include	es foreign grants, check he	ere	<b>&gt;</b>	28a	
9						
	AMERICAN CONTRACTOR CO					
				10.00		
(O	) If this amount inclus	les foreign grants, check h	ere	<b>&gt;</b>	29a	
(Grants \$	) II tills amount mout	les loreign grants, check in	0.0			
0						
					20-	
(Grants \$	) If this amount include	des foreign grants, check h	ere		30a	
1 Other program services (des	scribe in Schedule O)					
(Grants \$	) If this amount include	des foreign grants, check h	ere	<b>&gt;</b>	31a	
2 Total program service exp	enses (add lines 28a throug	jh 31a)	<del></del>	▶	32	
Part IV List of Officers, Di	rectors, Trustees, and Key	Employees. (list each one	e even if not compens	ated - se	e the insti	ructions for Part IV
Check if the organ	nization used Schedule C					
	nzation acca concaate c	to respond to any ques	tion in this Part IV.			
		to respond to any ques	tion in this Part IV.	(d) Health to	enefits, s to employe	(e) Estimated
(a) Name an		(b) Average hours per week	tion in this Part IV.	(d) Health to contributions benefit p		
		to respond to any ques	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE	d title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF	d title	(b) Average hours per week	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
EFFREY ASHE PRESIDENT & SECFOHN HART VICE PRESIDENT	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
EFFREY ASHE PRESIDENT & SECF OHN HART VICE PRESIDENT STACY ASHE PREASURER	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
TEFFREY ASHE PRESIDENT & SECF JOHN HART TICE PRESIDENT STACY ASHE TREASURER KRISTEN HART	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
TEFFREY ASHE PRESIDENT & SECF JOHN HART TICE PRESIDENT STACY ASHE TREASURER KRISTEN HART	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR	d title	(b) Average hours per week devoted to position  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE	d title	(b) Average hours per week devoted to position	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
TEFFREY ASHE PRESIDENT & SECH JOHN HART TICE PRESIDENT STACY ASHE TREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR	d title	(b) Average hours per week devoted to position  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE FREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR	d title	(b) Average hours per week devoted to position  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE TREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR	d title	(b) Average hours per week devoted to position  2  2  2  2	stion in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY	d title	(b) Average hours per week devoted to position  2  2  2  2  2  2	stion in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR	d title	(b) Average hours per week devoted to position  2  2  2  2  2	stion in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR	d title	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2	cition in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
TEFFREY ASHE PRESIDENT & SECF TOHN HART TICE PRESIDENT STACY ASHE PREASURER TREASURER TO THE TORE TO T	RETARY	(b) Average hours per week devoted to position  2  2  2  2  2  2	stion in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
TEFFREY ASHE PRESIDENT & SECF TOHN HART TICE PRESIDENT STACY ASHE PREASURER TREASURER TO THE TORE TO T	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	cition in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE TREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR JARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR STRUCE KACZOR DIRECTOR STRUCE KACZOR DIRECTOR	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2	cition in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE TREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR JARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR STRUCE KACZOR DIRECTOR STRUCE KACZOR DIRECTOR	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR SCOTT EUTERMARK	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE PREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR SCOTT EUTERMARK	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART JICE PRESIDENT STACY ASHE FREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR SCOTT EUTERMARK	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of
JEFFREY ASHE PRESIDENT & SECF JOHN HART VICE PRESIDENT STACY ASHE FREASURER KRISTEN HART DIRECTOR JIM BODE DIRECTOR MARK KACZOR DIRECTOR STEVE STALEY DIRECTOR BRUCE KACZOR DIRECTOR SCOTT EUTERMARK	RETARY	to respond to any ques  (b) Average hours per week devoted to position  2  2  2  2  2  2  2  2  2  2  2  2  2	ction in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)  0  0  0  0  0	(d) Health to contributions benefit p	enefits, s to employe lans, and	e (e) Estimated amount of

Form **990-EZ** (2015)

Form 9	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	he	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Par	LV	Yes	No
			165	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		Х
	detailed description of each activity in Schedule O	-00		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the		272	
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	34		X
	(see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		X
b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O.			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		X
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	36		X
	If "Yes," complete applicable parts of Schedule N			
2	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37b		
b	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	any such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and still outstanding at the one of the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the tarty such loans made in a prior year and the prior year and the tarty such loans made in the tarty such loans			
	Section 501(c)(7) organizations. Enter:			
39	Initiation fees and capital contributions included on line 9			
a	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40a	section 4911▶ ; section 4912 ▶ ; section 4955 ▶			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on			3.7
	any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40k	ס	X
c	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?	40.		X
	If "Yes," complete Form 8886-T	40	е	
41	List the states with which a copy of this return is filed	3 – 7	25-	741:
42a	The organization's books are in care of the first Abrill	<del>378</del>		7 1 1 .
	Located at > 22 WHEATON AVE NY GLOVERSVILLE ZIP+4 - 12	3 7 0		
ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42		X
	account)?			
	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).  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	С	X
(	At any time during the calendar year, did the organization maintain an onice outside of the organization maintain an onice outside of the organization maintain and onice outside of the organization of the organization maintain and onice outside of the organization of the orga			
	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			. ▶
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of assistant author and tax-exempt interest received author and tax-exempt inte		Ye	es N
4.4	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	F 000 F7	44	a	X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 000 E7	777		X
	Did the organization receive any payments for indoor tanning services during the year?	44	c	X
	a same in the second state and state and state are stated a Form 720 to report these payments? If "No," provide an			
	auralemetican in Schodule O	44	ld	
AB	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	ба	X
4.5	bid the organization receive any payment from or engage in any transaction with a controlled entity within the			
43	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)	. 45	-	}
	I OIIII 004 (444	- 1	REAL PROPERTY.	=7 /00

Dot 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.  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines. So and 51.  Check if the organization used Schedule O to respond to any question in this Part VI.  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.  Did the organization schodule Schedule C, Part II.  Did the organization schodule Schedule C, Part II.  Did the organization as socious 527 organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization make any transfers to an exempt non-charitable related organization.  The part of the organization organization organization in this part organization.  The part of the organization organization organization organization organization organization organization. The interest is none, or the "None."  Did the organization organization the independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, or the "None."  The part of the organization organizatio	rm 990-EZ (20	15) FUL-MONT SI	NO TRAVELERS INC		52-24			
All 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  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  Did the organization a school as described in section 170(h)(1)(A)(0)? if "Yes," complete Schedule E  43 but the organization make any transfers to an exempt non-charitable related organization?  43a but the organization make any transfers to an exempt non-charitable related organization?  45b but the organization make any transfers to an exempt non-charitable related organization?  45c make the related organization as section 527 organization?  50 miles of the organization or school as described in section 170(h)(1)(A)(0)? if "Yes," complete Schedule E  45c miles organization or school as described in section 170(h)(1)(A)(0)? if "Yes," complete Schedule E  45c miles organization or school as described in section 170(h)(1)(A)(0)? if "Yes," complete Schedule E  45c miles organization as school as described in section 170(h)(1)(A)(0)? if "Yes," complete Schedule A  15c miles organization organization organization. If there is none, enter "None."  (a) Name and title of each employees paid over \$100,000 but there is none, enter "None."  (b) Name and business address of each 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 contractors who each received more than \$100,000 of compensation from the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A? Note: All sections organi	Did the o	organization engage, directly	or indirectly, in political campaig	n activities on behalf of c	or in opposition to			
year If "Yes," complete Schedule C, Part II  3 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   49   49   49   49   49   49   49   49	Part VI	<b>Section 501(c)(3) orga</b> All section 501(c)(3) or 50 and 51	<b>Inizations only</b> ganizations must answer	questions 47–49b ar	nd 52, and complete	the tables for lines		
(a) Name and title of each employee  (b) Average bours per week downted to position  (c) Recontable Compensation  (d) Heatin benefits, ordinated amount of other employees paid over \$100,000	year? If  8 Is the or  9a Did the  b If "Yes,"  0 Comple	"Yes," complete Schedule C ganization a school as descr organization make any trans' was the related organization te this table for the organizat	, Part II	If "Yes," complete Sched related organization?	ule E	48 49a 49b		
f Total number of other employees paid over \$100,000 ▶  1 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  IONE  d Total number of other independent contractors each receiving over \$100,000 ▶  25 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A		8	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred			
1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 or 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  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  3 Did pensative of perjun, 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.  2 Sign  3 PRESIDENT  2 Print/Type or print name and title  2 Print/Type preparer's name  2 ELMA PHILLIPS  3 Firm's name ▶ELMAS TAX SERVICE LLC  4 Firm's name ▶ELMAS TAX SERVICE LLC  5	ONE							
1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 or 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.  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  2 completed Schedule A  2 Did the organization complete behavior and 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.  2 Sign   O8 / 14 / 2016   2 Date								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 or 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  ONE  d Total number of other independent contractors each receiving over \$100,000  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  completed Schedule A  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and elief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    O8/14/2016								
(c) Compensation  ONE  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Independent to the best of my knowledge and leifer, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign lere  Print/Type or print name and title  Print/Type preparer's name  PLIMA PHILLIPS  Firm's name PELMAS TAX SERVICE LLC  Firm's name PELMAS TAX SERVICE NAME NAME NAME NAME NAME NAME NAME NAM	Comple	ete this table for the organiza	tion's five highest compensated	independent contractors	who each received more	e than \$100,000 of		
d Total number of other independent contractors each receiving over \$100,000				(b) Type	of service	(c) Compensation		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	IONE		16					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Ander 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.    08/14/2016	2 Did the	e organization complete Scho	edule A? Note: All section 501(	c)(3) organizations must a		▶  Yes  X No		
Sign Here    Signature of officer	Inder penaltie	s of perjury, I declare that I have	examined this return, including accor	npanying schedules and stat	ements, and to the best of n	ny knowledge and edge.		
Type or print name and title  Print/Type preparer's name  Preparer  ELMA PHILLIPS  Firm's name ►ELMAS TAX SERVICE LLC  Firm's name ►ELMAS TAX SERVICE LLC  Firm's name ►ELMAS TAX SERVICE LLC  Firm's elm's Phone no. 518-887-57  PARTERSONVILLE NY 12137  May the IRS discuss this return with the preparer shown above? See instructions  Yes No.	Sign	gn Signature of officer			08/14/2016 Date			
Paid ELMA PHILIPS	Here ———	Type or print name and tit				X if PTIN		
address PATTERSONVILLE NY 12137  May the UPS discuss this return with the preparer shown above? See instructions	Preparer	ELMA PHILLIPS  Firm's name ▶ELMAS T	AX SERVICE LLC		/14/2016 self-emp	ployed P0011864		
	•	address PATTERS	ONVILLE NY 12137			. ► X Yes No		

## SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

FUL-MONT SNO TRAVELERS INC	52-2448354
PART III	
THE MOST SIGNIFICANT ACTIVITIES OF THE ORGANIZATION INCL	UDE
THE ENCOURAGEMENT OF SAFE AND LEGAL USE OF SNOWMOBILES O	N
ALL TRAILS AND TO PLAN AND CONSTRUCT AND MAINTAIN A FORM	AL
GROOMED TRAIL SYSTEM	
	<u> </u>
	-
	2

Department of the Treasury

Internal Revenue Service (99)

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Attachment Sequence No. 179

Name(s) shown on return 52-2448354 SNOWMOBILE ASSN FUL-MONT SNO TRAVELERS INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married . . . . . . 5 filing separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . . . . . . . . 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11...... 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. (See instructions.) Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 13,424. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2015 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (g) Depreciation (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (a) Classification of property year placed in deduction Convention period service only - see instructions) 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property 27.5 yrs. MM S/I h Residential rental S/L 27.5 yrs. MM property S/L 39 yrs. MM i Nonresidential real MM S/L property Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs. b 12-year S/L 40 yrs. c 40-year Part IV Summary (See instructions.) Total: Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 13,424. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . For assets shown above and placed in service during the current year, enter 23 the portion of the basis attributable to section 263A costs 23