Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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)

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

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

OMB No. 1545-1150

2016

Open to Public Inspection

Α	For th	he 2016 caler	ndar year, or tax year beginning $APR \ 01$, and ending $MAR \ 0$	AR 31					
В	Check	if applicable:		D Employer identification number					
	Addres	ss change	FUL-MONT SNO TRAVELERS INC						
	Name	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 52 -	2-2448354					
	Initial re	eturn	ha	elephone					
	Final retu	urn/terminated	City or town State ZIP code						
	Amend	ded return	FONDA NY 12068 518	3-725	-7413				
	Applica	ation pending		roup Exe	emption				
				Number ▶ 17					
G	Accoun	nting Method:							
	Wehsi	ite. ►MMM	DUI MONIEGNOED ALIEL ED C. COM		if the organization is				
					o attach Schedule B				
<u> </u>	Tax-exempt status (check only one) — 501(c)(3) X 501(c) (4) ■ (insert no.) 4947(a)(1) or 527 (Form 990, 990)								
K	Form o	of organization	: X Corporation Trust Association Other						
L	Add line	es 5b. 6c. and	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets						
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	2 🗨	11,002.				
P	art l	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions fo	r Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I	10110 10	X				
	1		ns, gifts, grants, and similar amounts received						
	2		ervice revenue including government fees and contracts	1	4,990.				
	3		ip dues and assessments	3	3,068. 2,944.				
	4	Investment	tincome	4	2,944.				
	5a			4					
	b								
	c								
	6	Gaming and fundraising events							
	а								
ne									
en	b		me from fundraising events (not including \$ of contributions	1					
Revenue			aising events reported on line 1) (attach Schedule G if the						
-			h gross income and contributions exceeds \$15,000) 6b						
	С	Less: direc	1						
	d	Net income							
				6d					
	7a		s of inventory, less returns and allowances						
	b		of goods sold						
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8		nue (describe in Schedule O)	8					
\dashv	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	11,002.				
	10		similar amounts paid (list in Schedule O)	10	300.				
	11	Benefits pa	aid to or for members	.11					
es	12		ther compensation, and employee benefits	12					
Sué l	13		al fees and other payments to independent contractors	13	150.				
Expenses	14	Occupancy	r, rent, utilities, and maintenance	14	30,706.				
ш	15	Printing, pu	ublications, postage, and shipping	15	6,304.				
	16	Other expe	enses (describe in Schedule O)	16	0.5				
4	17	lotal expe	nses. Add lines 10 through 16	17	37,460.				
sts	18		(deficit) for the year (Subtract line 17 from line 9)	18	(26, 458.)				
Net Assets	19	ivet assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	4.5	70 000				
	20	Other ab	r figure reported on prior year's return)	19	79,022.				
Ne	20 21	Not accets	ges in net assets or fund balances (explain in Schedule O)	20	50 EC/				
	<u> </u>	INEL ASSELS	or fund balances at end of year. Combine lines 18 through 20	21	52,564.				

Form **990-EZ** (2016)

ı aı	Check if the organization used Schedule O to	,	n in t	this Part II...			
				(4	Beginning of year		(B) End of year
22	Cash, savings, and investments				33,668.	22	20,634.
23					45,354.		
1000	Land and buildings				45,554.	23	31,930.
24	Other assets (describe in Schedule O)				70 000	24	FO FC4
25	Total assets				79,022.	25	52,564.
26	Total liabilities (describe in Schedule O)				70.000	26	50 564
27	Net assets or fund balances (line 27 of column (79,022.	27	52,564.
Pa	rt III Statement of Program Service Accomplis				[37	.	-
	Check if the organization used Schedule O		stion	in this Part III	X		Expenses equired for section
	It is the organization's primary exempt purpose? \subseteq						(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplish	ments for each of its the	nree l	largest program s	ervices,		anizations; optional
as m	leasured by expenses. In a clear and concise mann	er, describe the servic	es pr	ovided, the numb	er of	for	others.)
pers	ons benefited, and other relevant information for ea	ch program title.		× ,			
28	MAINTENANCE AND TRANING OF US	SERS ON SNOWM	10B]	ILE SAFETY			
	λ λ λ λ λ λ λ λ λ λ λ λ λ λ λ λ λ λ λ						
							* -
	(Grants \$ 3,068.) If this amount	includes foreign gran	ts. ch	eck here		28a	4,376.
29						200	*
						-	
•						•	2
	/O	Contract of the Contract of th				i	
	(Grants \$) If this amount	includes foreign gran	ts, cn	ieck nere	▶	29a	3
30							
							8.0
						,	
	(Grants \$) If this amount	includes foreign gran	ts, ch	neck here	▶	30a	3
31	Other program services (describe in Schedule O).				<u></u>		
	(Carata #	includes foreign gran	ts ch	neck here	▶	31a	
	(Grants \$) If this amount	. Includes foreign gran	,			1 0 10	4
32							
	Total program service expenses. (add lines 28a	through 31a)				32	4,376.
	Total program service expenses. (add lines 28a total IV. List of Officers, Directors, Trustees, and I	through 31a)	 ach or	e even if not compe	ensated—see the	32 instruct	4,376. tions for Part IV)
	Total program service expenses. (add lines 28a	through 31a)	 ach or	ne even if not compe in this Part IV	ensated—see the	32 instruct	4,376. tions for Part IV)
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	Total program service expenses. (add lines 28a total IV. List of Officers, Directors, Trustees, and I	through 31a) Key Employees (list ea o respond to any ques (b) Average hours per week	ach or	ne even if not compe in this Part IV . (c) Reportable	ensated—see the	instruct	4,376. tions for Part IV)
Pa	Total program service expenses. (add lines 28a : IV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O t (a) Name and title	through 31a)	ach or	ne even if not competin this Part IV (c) Reportable compensation	ensated—see the (d) Health ben contributions employee benefit	instruct	4,376. tions for Part IV)
JEE	Total program service expenses. (add lines 28a and IV. List of Officers, Directors, Trustees, and IV. Check if the organization used Schedule O to (a) Name and title FREY ASHE	through 31a) Key Employees (list ea o respond to any ques (b) Average hours per week	ach or	ne even if not competing this Part IV (c) Reportable compensation Forms W-2/1099-MISC	ensated—see the (d) Health ben contributions employee benefit	instruct	4,376. tions for Part IV)
JEE	Total program service expenses. (add lines 28a : IV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O t (a) Name and title	through 31a) Key Employees (list ea o respond to any ques (b) Average hours per week	ach or	ne even if not competing this Part IV (c) Reportable compensation Forms W-2/1099-MISC	ensated—see the (d) Health ben contributions employee benefit	instruct	4,376. tions for Part IV)
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JEE PRE JOH VIC	Total program service expenses. (add lines 28a rt IV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O total (a) Name and title FREY ASHE ESIDENT & SECRETARY IN HART EE PRESIDENT	Key Employees (list ea o respond to any ques (b) Average hours per week devoted to position	ach or stion	ne even if not competing this Part IV (c) Reportable compensation Forms W-2/1099-MISC	ensated—see the (d) Health ben contributions employee benefit and deferred comp	instruct	4,376. tions for Part IV)
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Form **990-EZ** (2016)

Part V

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X 33 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 X 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business Χ 35a 35b 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, X reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a **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 4912 ▶ _____ ; section 4955 ▶ section 4911 ► 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Χ 40b 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, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X List the states with which a copy of this return is filed. ▶ _ 41 Telephone no. ▶ 518-725-7413 **42** a The organization's books are in care of ▶ JEFFREY ASHE Located at ► 22 WHEATON A City GLOVERSVILLE ST NY ZIP + 4 ▶ 12078 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No X 42b a financial account in a foreign country (such as a bank account, securities account, or other financial 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). c At any time during the calendar year, did the organization maintain an office outside the United States? X 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 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Χ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b X Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d X 45a 45 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 Χ Form 990-EZ (see instructions).

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

TOTTI 990-LZ	(2010) 1011 11011 1110 1	TOTAL TIME		02 2	11000		l MI-		
	the organization engage, directly or indirect andidates for public office? If "Yes," comple				46	Yes	No X		
Part VI	Section 501(c)(3) organizations on All section 501(c)(3) organizations m 50 and 51.	lly lust answer questions	47–49b and 52, and	complete the tables		s			
	Check if the organization used Sched	dule O to respond to ar	ny question in this Pa	art VI					
				0.0		Yes	No		
	the organization engage in lobbying activiti ? If "Yes," complete Schedule C, Part II.				. 47		X		
48 Is the	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						X		
	Did the organization make any transfers to an exempt non-charitable related org						X		
b If "Yo	es," was the related organization a section oplete this table for the organization's five h	i 527 organization? .		care directors trustes	49b	ev			
50 Com	plete this table for the organization's live in loyees) who each received more than \$10	0.000 of compensation from	om the organization. If	there is none, enter "N	vone."	Cy			
Simp	(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) Estim	ated am			
NameNON	1E								
Title		Hr/WK							
Name Title		Hr/WK		-					
Name									
Title		Hr/WK					20		
Name Title		Hr/WK							
Name									
Title		Hr/WK	•		<u> </u>				
	al number of other employees paid over \$1 nplete this table for the organization's five h			who each received mo	re than				
	0,000 of compensation from the organization						8		
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ice (c)) Compens	ation			
Name NOI	NE Str		-						
City	ST	ZIP							
Name	Str ST	ZIP	-						
City Name	Str	211-		V	and the same of th				
City	ST	ZIP							
Name	Str		_						
City	ST	ZIP							
Name	Str ST	ZIP	-						
52 Did	al number of other independent contractors the organization complete Schedule A? N	s each receiving over \$10 ote: All section 501(c)(3)	organizations must att			00 TV	No		
15 5000	npleted Schedule A					es X	7 140		
Under penalti true, correct,	ies of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying scheduler) is based on all information of the	which preparer has any know	ledge.					
	Iff m C	Sh	b			06/13/2017			
Sign Here	Signature of officer JEFF ASHE			Date PRESIDENT					
	Type or print name and title	In	In .		PTIN				
Paid	Print/Type preparer's name ELMA PHILLIPS	Preparer's signature ELMA PHILLIF	Date O 6 /	Check X 113/2017 self-employed	if	1864	0		
Prepare	Firm's name ► ELMAS TAX SERV	ICE LLC		Firm's EIN ▶14	-1834				
Use On	Firm's address ▶ 795 PATTERSONV				8-887		_		
May the If	RS discuss this return with the preparer sh	own above? See instruct	ions		► X Y	es _	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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

FUL-MONT SNO TRAVELERS INC	52-2448354
PART I DONATIONS	
USO \$100	
EASTER SEALS \$100	
PINK RIBBON RIDERS \$100	
PART III	
THE MOST SIGNIFICANT ACTIVITIES OF THE ORGANIZATI	ON INCLUDE
THE ENCOURAGEMENT OF SAFE AND LEGAL USE OF SNOWMO	BILES ON
ALL MAINTAINED TRAILS AND TO CONTINUE TO CONSTRUC	T A FORMAL
GROOMED TRAIL SYSTEM.	

Form **4562**

(Including Information on List

Attach to your tax return.

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2016

Attachment Sequence No. 179

Internal Revenue Service

Attach to your tax return.

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

Identifying number Business or activity to which this form relates Name(s) shown on return FUL-MONT SNO TRAVELERS INC SNOWMOBILE ASSN 52-2448354 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. **1**500,000 Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3000,000 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS). Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 9.598 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property year placed (business/investment use (e) Convention (g) Depreciation deduction period in service only-see instructions) **19 a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property 27.5 yrs. MM S/L h Residential rental MM S/L property 27.5 yrs. MM i Nonresidential real 39 yrs. S/L MM Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L 40 yrs. MM S/L c 40-year Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 9 598 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs .