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Short Form						OMB No. 1545-1150			
Form 990-EZ			Return of Organization Exempt From Income	x	2017				
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo	undati	ions)				
D		- 6 4h T	Do not enter social security numbers on this form as it may be made publication	lic.		Open to Public			
		of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the latest informati	on.		Inspection			
Α	For th	ne 2017 calen	lar year, or tax year beginning ${ m APR}$ 01 , 2017 , and ending		,	2018			
В		if applicable:	C Name of organization	D	Employer i	dentification number			
\square	Addres:	s change	FUL-MONT SNO TRAVELERS INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	,	2 2440	2-2448354			
H	Initial re	-	PO BOX 846		Telephone				
H		urn/terminated	City or town State ZIP code						
		ed return	FONDA NY 12068	53	18-725	-7413			
	Applica	tion pending	Foreign country name Foreign province/state/county Foreign postal code	F	Group Exe	emption			
					Number D	• 18			
G		nting Method:	X Cash Accrual Other (specify) ▶	H Ch	neck 🕨 🛛	if the organization is			
I	Websi	ite: ► <u>WWW</u> .	FULMONTSNOTRAVELERS.COM			o attach Schedule B			
J	Tax-exe	mpt status (che	ck only one) —501(c)(3)501(c) (4) ◀ (insert no.) 4947(a)(1) or527	(F	orm 990, 99	90-EZ, or 990-PF) .			
ĸ	Form o	f organization:	X Corporation Trust Association Other						
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	asset	s				
			Now) are \$500,000 or more, file Form 990 instead of Form 990-EZ			23,983.			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the						
		Check if	the organization used Schedule O to respond to any question in this Par	tΙ.					
	1		is, gifts, grants, and similar amounts received		. 1	804.			
	2	Program se	2	16,687.					
	3	Membershi	3	6,492.					
	4 5a	Investment Gross amo	4						
	b b	Less: cost o	_						
	c	Gain or (los	5c						
	6	Gaming and							
~	a	Gross incor							
Revenue				_					
eve	b								
Å			ising events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000).						
	c		expenses from gaming and fundraising events 6c		_				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	_					
		line 6c) .			6d				
	7a		of inventory, less returns and allowances		_				
	b		f goods sold		7.				
	с 8		or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 8					
	9	Total reven	ue (describe in Schedule O)	• •		23,983.			
_	10		similar amounts paid (list in Schedule O)						
Expenses	11	Benefits pa	d to or for members.........................						
	12		ner compensation, and employee benefits	12					
	13		I fees and other payments to independent contractors	13	750.				
ďx	14 15		rent, utilities, and maintenance	14	15,761.				
ш	16		ises (describe in Schedule O)		040.				
	17		Ises. Add lines 10 through 16		17,159.				
s	18		deficit) for the year (Subtract line 17 from line 9)			6,824.			
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree wit	h					
As			figure reported on prior year's return)			52,564.			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	E0 200			
	21 r Paner		or fund balances at end of year. Combine lines 18 through 20		▶ 21	59,388. Form 990-EZ (2017)			
BCA		WOIN NEUUCII	on Aut nouve, see the separate Histi dollons.			ronn 990-LL (2017)			

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Form	990-EZ (2017) FUL-MONT SNO TRAV	-2448	354 Page 2				
Part II Balance Sheets. (see the instructions for Part II)							
	Check if the organization used Schedule O to r	respond to any question in	n this Part II				
				(A) Beginning of y		(B) End of year	
22	Cash, savings, and investments			20,634		27,457.	
23	Land and buildings............			31,930	. 23	31,930.	
24	Other assets (describe in Schedule O)				24		
25	Total assets			52,564		59,387.	
26	Total liabilities (describe in Schedule O)				26		
27	Net assets or fund balances (line 27 of column (52,564	. 27	59,387.	
Pa	art III Statement of Program Service Accomplis		,				
	Check if the organization used Schedule O	to respond to any questio	n in this Part III.	[Expenses	
Wha	at is the organization's primary exempt purpose? S	SEE ATTACHED				quired for section (c)(3) and 501(c)(4)	
	cribe the organization's program service accomplish		e largest program	services,		inizations; optional	
as n	neasured by expenses. In a clear and concise manne	er, describe the services	provided, the num	ber of	for o	thers.)	
	sons benefited, and other relevant information for eac						
28	MAINTENANCE AND TRAINING OF U	JSERS ON SNOWMO)BILE SAFE	ΤY			
	(Grants $5, 545$.) If this amount	includes foreign grants, o	check here	> [28a	5,545.	
29							
	(Grants \$) If this amount	includes foreign grants, o	check here	> [29a		
30					_		
	(Grants \$) If this amount	includes foreign grants,	check here	🕨	30a		
31	,	includes foreign grants,		<u></u> ▶[30a		
31	Other program services (describe in Schedule O) .						
	Other program services (describe in Schedule O) . (Grants \$) If this amount	includes foreign grants,	check here	· · · · · · · · · · · · · · · · · · ·	30a 31a ▶32		
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to	includes foreign grants, (· · · · · · · · · · · · · · · · · · ·	31a ▶32	5,545.	
32	Other program services (describe in Schedule O) . (Grants \$) If this amount	includes foreign grants, (hrough 31a) Key Employees (list each	check here		31a ▶ 32	5,545.	
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and b	includes foreign grants, o hrough 31a) Key Employees (list each o respond to any question	check here		31a ▶ 32 he instruct	5,545.	
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O t	includes foreign grants, o hrough 31a)	check here		31a ■ 32 he instruct benefits, ons to	5,545. ions for Part IV) 	
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and b	includes foreign grants, o hrough 31a) Key Employees (list each o respond to any question	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV)	
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and P Check if the organization used Schedule O t (a) Name and title	includes foreign grants, o hrough 31a) (ey Employees (list each o respond to any question (b) Average hours per week	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and H Check if the organization used Schedule O t (a) Name and title FFREY ASHE	includes foreign grants, of through 31a)	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
32 Pa JEI PRI	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY	includes foreign grants, o hrough 31a) (ey Employees (list each o respond to any question (b) Average hours per week	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
32 Pa JEI PRI JOI	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and P Check if the organization used Schedule O t (a) Name and title EFREY ASHE ESIDENT & SECRETARY HN HART	includes foreign grants, or through 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK 2	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
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32 Pa JEI JOH JOH STA	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and P Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY HN HART CE PRESIDENT ACY ASHE	includes foreign grants, or through 31a) (b) Average hours per week devoted to position Hr/WK 2 Hr/WK 2	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
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32 Pa JEI PRI JOI VI(ST/ SE(KR)	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and H Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY HN HART CE PRESIDENT ACY ASHE CRETARY ISTEN HART	includes foreign grants, or through 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK 2 Hr/WK 2 Hr/WK 2 Hr/WK 2	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
32 Pa JEI PRI JOI VI(ST/ SE(KR)	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and P Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY HN HART CE PRESIDENT ACY ASHE CRETARY	includes foreign grants, or through 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK 2 Hr/WK 2	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
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32 Pa JEI PRI JOI VI(ST/ SE(KR)	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and H Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY HN HART CE PRESIDENT ACY ASHE CRETARY ISTEN HART	includes foreign grants, of through 31a) Key Employees (list each o respond to any question (b) Average hours per week devoted to position Hr/WK	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
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32 Pa JEI PRI JOI VI(ST/ SE(KR)	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t art IV List of Officers, Directors, Trustees, and H Check if the organization used Schedule O t (a) Name and title FFREY ASHE ESIDENT & SECRETARY HN HART CE PRESIDENT ACY ASHE CRETARY ISTEN HART	includes foreign grants, of through 31a) Key Employees (list each o respond to any question (b) Average hours per week devoted to position Hr/WK 2 Hr/WK 2 Hr/WK 2 Hr/WK 2 Hr/WK 4 Hr/WK	check here		31a 31a 32 32 be instruct benefits, ons to nefit plans,	5,545. ions for Part IV) 	
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Form 9	90-EZ (2017) FUL-MONT SNO TRAVELERS INC 52-2		54	Page 3		
Par						
	instructions for Part V) Check if the organization used Schedule O to respond to any question in th	lis Fai	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		Х		
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		Х		
b C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b				
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		Х		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets					
07.	during the year? If "Yes," complete applicable parts of Schedule N	36		Х		
37 a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0 Did the organization file Form 1120-POL for this year?	37b				
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		Х		
	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39 a	Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9					
	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:					
h	section 4911 ► ; section 4912 ► ; section 4955 ► ; secti					
D	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	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.	400				
	The organization's books are in care of ► JEFFREY ASHE Telephone no. ► 513	3-72	5-74	113		
	Located at ► 22 WHEATON A City GLOVERSVILLE ST NY ZIP + 4 ► 120					
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		Х		
	If "Yes," enter the name of the foreign country: ►					
	Financial Accounts (FBAR).					
С	At any time during the calendar year, did the organization maintain an office outside the United States?					
	If "Yes," enter the name of the foreign country:					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here					
	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		100			
	completed instead of Form 990-EZ	44a		Х		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b		Х		
с	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X		
	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		37		
45 a 45 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х		
1 0 0	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		Х		
		Form 9	90-EZ	(2017)		

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Form 99	90-EZ (2017)	، TIT-	-MONT	SNO	TRAVEL	ERS	TNC			52-2	44835	4	Page 4	
		,	110101	0110	<u> </u>		1110			52 2	11000	Yes	No	
		• • •						ctivities on behalf of o			40			
Part		ection 501(c)(3)				ule C, I	Part I				. 46			
· art	All	section 501(c)(3				ver qu	estions 4	7–49b and 52, and	complete	e the tables	s for line	s		
		and 51.	zation us	ad Sah	odulo O to	roopo	nd to on	v question in this D	ort \/l					
	U	leck if the organi	zation us	eu Scr		respo	nu to an	y question in this Pa	art vi					
47	Did the e	ragnization ondog	o in lobbyi	ina activ	vitios or boy		tion 501/1	n) election in effect du	uring the to	NV.		Yes	No	
		• • •		-					•		. 47			
											48			
	5 5 5													
		-			-									
			0		0			oyees (other than off m the organization. If				ey		
	employee	es) who each recei	veu more	liiaii pi					1	th benefits,				
	(a)	Name and title of each e	employee		hou	 Averagurs per water to po 	eek	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	is to employee s, and deferred ensation	(e) Estima other co	ated amo ompensa		
Name														
Title					Hr/WK									
Name Title					 Hr/WK									
Name														
Title					 Hr/WK									
Name														
Title					Hr/WK									
<u>Name</u> Title					 Hr/WK									
	Total num	nber of other emplo	ovees pai	d over \$. ►			I			
			• •					pendent contractors v	vho each r	eceived mo	re than			
	\$100,000) of compensation	from the	organiza	ation. If there	e is noi	ne, enter '	'None."						
	((a) Name and business a	address of ea	ach indepe	endent contracto	or		(b) Type of servi	ce	(c)) Compensa	ation		
Name				Str										
City				ST	ZIP									
Name City				Str ST	Z I P									
Name				Str	211									
City				ST	ZIP									
Name				Str										
City				ST	ZIP									
Name				Str	710									
	City ST ZIP d Total number of other independent contractors each receiving over \$100,000													
52	Did the o	rganization comple	ete Sched	ule A?	Note: All see	ction 5	01(c)(3) o	rganizations must att						
	complete	ed Schedule A									► Ye	es 🛛	No	
							-	es and statements, and to the nich preparer has any know		knowledge and	I belief, it is			
	06/28/2018									18				
Sign									m					
Here		JEFF ASHE							PF	RESIDEN	T			
		Type or print name Print/Type preparer's n			Pre	parer's si	ignature	Date			PTIN			
Paid		ELMA PHILLIP			·		HILLIPS			Check X self-employed	if P0011	1864()	
Prep				X SER	VICE LLC						14-1834705			
Use	Only	Firm's address ► 7 9)5 PATT	ERSON	VILLE R	PATT	ERSONV	ILLE NY 12137		oneno. 51	8-887-	5740		
May th	ne IRS dis	scuss this return w	ith the pre	eparer s	hown above	? See	instructio	ns		I	► 🔀 Ye	s	No	

Form S	990-EZ	(2017)
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