

Return of Organization Exempt From Income Tax

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state-reporting requirements.

A For the 2012 calendar year, or tax year beginning		, 2012, and ending	
B Check if applicable:	C Name of organization	D Employer identification number	
<input checked="" type="checkbox"/> Address change	VERMONT MOUNTAIN BIKE ADVOCATES Doing Business As: VERMONT MOUNTAIN BIKE ASSOCIATION	03-0356194	
Name change	Number and name of P.O. box if mail is not delivered to street address	E Telephone number	
Initial return	P.O. BOX 2055	(802) 342-7568	
Terminated	City, town or country	State ZIP code + 4	
Amended return	SOUTH BURLINGTON	VT	05407
Application pending	F Name and address of principal officer	G Gross receipts ♦ 104,562.	
	TOM STUESSY P.O. BOX 2055 SOUTH BURLINGTON VT 05407	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If 'No,' attach a list, see instructions)	
J Website:	WWW.VMBA.ORG	H(c) Group exemption number	
K Form of organization	X Corporation	Final	Association
	Other		L Year of formation: 2001
			M State of legal domicile: VT

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO PROMOTING TRAIL ADVOCACY THROUGH EDUCATION & YOUTH INVOLVEMENT, PLANNING, FUNDING, AND ESTABLISHING AND MAINTAINING MULTI-USE TRAILS THROUGHOUT VERMONT
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 7b
	Prior Year Current Year
	8 Contributions and grants (Part VIII, line 1h) 115,662. 104,562.
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 115,662. 104,562.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,107. 63,651.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (B), line 25) 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38,023. 28,080.
	18 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25) 110,130. 91,731.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 5,532. 12,831.
	Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) 12,380. 25,211.
	21 Total liabilities (Part X, line 26) 0. 0.
	22 Net assets or fund balances. Subtract line 21 from line 20 12,380. 25,211.

Part II Signature Block

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: ► TOM STEUSSY	Date: 07/25/13			
	Type or print name and title: ► EXECUTIVE DIRECTOR	Date			
Paid Preparer Use Only	Print/type preparer's name: TOM STEUSSY	Preparer's signature: <i>TOM STEUSSY</i> <i>COPY</i>	Date: 7/25/13	Check <input type="checkbox"/> self-employed	PTIN: PO1267213
	Firm's name: Self-Prepared				
	Firm's address: P.O. Box 901, Richmond, VT 05152				
					Firm's EIN: 003-66-6375
					Phone no.: 802-434-0010

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TRECQ101 09/14/13

Form 990 (2012)