

Return of Organization Exempt From Income Tax

2013

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning		2013, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: VERMONT MOUNTAIN BIKE ADVOCATES		D Employer identification number: 03-0356184
	Doing Business As: VERMONT MOUNTAIN BIKE ASSOCIATION		E Telephone number: (802) 342-7568
	Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 2055		Room/suite:
	City or town, state or province, country, and ZIP or foreign postal code: SOUTH BURLINGTON VT 05407		G Gross receipts: \$ 136,313.
F Name and address of principal officer: TOM STEUSSY P.O. BOX 2055 SOUTH BURLINGTON VT 05407		H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subsidiaries included? If No, attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.VMBA.ORG		H(c) Group exemption number: ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2001		M State of legal domicile: VT

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTRAL ORGANIZATION AND ITS CHAPTER SUBORDINATES 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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	104,562.	114,692.
	9 Program service revenue (Part VIII, line 2g)		21,621.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	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)	104,562.	136,313.
Expenses	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)	63,651.	69,329.
	16a Professional fundraising fees (Part IX, column (A), line 11a)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24c)	28,080.	55,827.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,731.	125,156.	
19 Revenue less expenses. Subtract line 18 from line 12	12,831.	11,157.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 25,211.	End of Year 36,368.
	21 Total liabilities (Part X, line 28)	0.	
	22 Net assets or fund balances. Subtract line 21 from line 20	25,211.	36,368.

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: <u>TOM STEUSSY</u>	Date: <u>05/15/14</u>				
	Type or print name and title: <u>EXECUTIVE DIRECTOR</u>					
Paid Preparer Use Only	Print/type preparer's name: <u>JUSTIN J. BULL</u>	Preparer's signature: <u>JUSTIN J. BULL</u>	Date: _____	Check <input checked="" type="checkbox"/> if self-employed	PTIN: <u>P01267213</u>	
	Firm's name: <u>DAVID L. CONNORS AND CO., P.C.</u>	Firm's EIN: <u>02-0365454</u>		Phone no.: <u>(603) 496-3080</u>		
	Firm's address: <u>CONCORD NH 03302-1495</u>					
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					