

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning <u>2015</u> , and ending <u>2015</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return/initial year <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>VERMONT MOUNTAIN BIKE ADVOCATES</u>
	Doing business as <u>VERMONT MOUNTAIN BIKE ASSOCIATION</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>P.O. BOX 2055</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>SOUTH BURLINGTON VT 05407</u>
	D Employer identification number <u>03-0356194</u>
	E Telephone number <u>(802) 342-7568</u>
	G Gross receipts \$ <u>268,796.</u>
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(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: <u>WWW.VMBA.ORG</u>	H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list (see instructions)
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: <u>2001</u>
	M State of legal domicile: <u>VT</u>

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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</u>		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	8	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	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	291,612.	235,660.
	9 Program service revenue (Part VIII, line 2g)	21,450.	33,136.
	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)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,062.	268,796.
	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)		69,753.	74,490.
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-24e)		203,370.	175,163.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	273,123.	249,653.	
19 Revenue less expenses. Subtract line 18 from line 12	39,939.	19,143.	
Not Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year 125,294.	End of Year 152,703.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	125,294.	152,703.

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> Type or print name and title: <u>EXECUTIVE DIRECTOR</u>
	Date: <u>08/14/16</u>
Paid Preparer Use Only	Print/type preparer's name: <u>JUSTIN BULL</u>
	Preparer's signature: <u>JUSTIN BULL</u>
	Date: <u>08/18/16</u>
	Check <input checked="" type="checkbox"/> if self-employed. #123: <u>801267213</u>
Firm's name: <u>DAVID L. CONNORS AND CO. P.C.</u>	Firm's EIN ▶
Firm's address: <u>PO BOX 1495</u> <u>CONCORD VT 05302-1495</u>	Phone no.: <u>(802) 434-3030</u>