		C	NDM
	Short Form	C	OMB-No. 4545-1150
Forr	m 990-EZ Return of Organization Exempt From Income Tax	K	2000
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		2008
	Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at) must file Form the end of the	Open to Public
Depari Interna	tment of the Treasury year may use this form. All Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.		inspection
A F	For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30	1	, 2009
	Check if applicable: C	1	identification number
	Address change Juse IRS JUROSS VERMONT TRAIL ASSOCIATION, INC.		363125
	Name change label of C/O CVRPC, 29 MAIN STREET, SUITE 4 nitial return yppe. MONTPELIER, VT 05602	E Telephone	
	Termination Specific		198-0079
	Amended return tions. Application pending	F Group E Number	xemption
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Other (spe		Cash X Accrual
	H Check ►	if the or	ganization is not
		o attach Scho 990-PF)	edule B (Form 990,
<u>N</u> C	Drganization type (check only one) – X 501(c) (3) \blacktriangleleft (insert no.) 4947(a)(1) or 527 990-EZ, or Check \succ if the organization is not a section 509(a)(3) supporting organization and its gross receipts		not more than
\$	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a comple	te return.	
L A	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 nstead of Form 990-EZ	►\$	115,229.
Par	1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	instructio	
Lessonship	1 Contributions, gifts, grants, and similar amounts received.	1	114,915.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments	· · · · · · · · · · · · · · · · · · ·	214
	4 Investment income 5a Gross amount from sale of assets other than inventory	4	314.
[b Less: cost or other basis and sales expenses		
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5c	
REV ENU	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	· 🗌 🔤	
Ñ	a Gross revenue (not including \$of contributions		
E	reported on line 1)		
	b Less: direct expenses other than fundraising expenses	6c	
	7a Gross sales of inventory, less returns and allowances		
	b Less: cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe >	_). <u>8</u> ▶9	115 000
	 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		115,229.
·	11 Benefits paid to or for members		
Ĕ,	12 Salaries, other compensation, and employee benefits		48,215.
EXPENSE	13 Professional fees and other payments to independent contractors		28,296.
SE	14 Occupancy, rent, utilities, and maintenance.		76
S	 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1 		76. 36,265.
	16 Other expenses (describe ► SEE STATEMENT 1 17 Total expenses (add lines 10 through 16)	▶ 17	112,852.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,377.
A .	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-c	of-year	
N S E S T E	figure reported on prior year's return)	19	124,310.
s	20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		126,687.
Par			
	(See the instructions for Part II.) (A) Beginnin		(B) End of year
22	Cash, savings, and investments	,166.22	14,508.
	Land and buildings	,000.23	130,000.
24			
		<u>,888.</u> 24	2,484.
25	Total assets	,888.24 ,054.25 ,744.26	<u> </u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

	990-EZ (2008) CROSS VERMONT 1				3-03	63125 Page 2
	t III Statement of Program Se			ons.)	4	Expenses
Desc	is the organization's primary exempt purpose? TH ribe what was achieved in carrying out the ribe the services provided, the number of ram tille.	RAIL BUILDING AND C he organization's exempt purp f persons benefited, or other	CONSERVATION. poses. In a clear and co relevant information for	oncise manner, reach	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional thers.)
<u> </u>		· · · · · · · · · · · · · · · · · · ·			1.0.0	
						00.100
29	(Grants \$) If the	nis amount includes foreign g	rants, check here		28a	92,198.
29						
	(Grants \$) If ti	nis amount includes foreign gi	rants, check here		29a	
30					-	
			,,,			
31	(Grants \$) If the other program services (attach schedule)	nis amount includes foreign g			30 a	
0,		is amount includes foreign gi		►	31 a	
	Total program service expenses (add li	nes 28a through 31a)				92,198.
Par	List of Officers, Directors			ne even if not co	mpens	sated. See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla deferred compens	ins and	(e) Expense account and other allowances
· ·	·					
SEE	STATEMENT 5		48,215.	· · · · · · · · · · · · · · · · · · ·	0.	0.
	,,					-
·						· · · · · · · · · · · · · · · · · · ·
					-	
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	••••• •••• ••• ••• ••• ••• ••• ••• •••					
			1			

Form 990-EZ (2008) CROSS VERMONT TRAIL ASSOCIATION, INC. 03-0363125 Page 3 Other Information (Note the statement requirement in General Instruction V. Part V Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 Х each activity..... Х 34 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?..... 35 a Х 35 b b If 'Yes,' has it filed a tax return on Form 990-T for this year?..... Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N..... 36 Х 36 0. b Did the organization file Form 1120-POL for this year?..... 37b Х 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 unpaid at the start of the period covered by this return?..... 38a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 39 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9..... N/A 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 , ; section 4912 ► 0. section 4911 > 0.: section 4955 ► **b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. Х 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....

d Enter amount of tax on line 40c reimbursed by the organization.....

List the states with which a copy of this return is filed
NONE

41

e 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.....

42 a The books are in care of ► ERIC SCHARNBERG Telephone no. ►			
Located at > 29 MAIN STREET, SUITE 4 MONTPELIER VT ZIP + 4 > 05	602		
h At any time during the calendar year, did the organization have an interest in or a signature or other authority over	a	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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: >			
			(ex. 45)
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		4	9792 1
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
If 'Yes,' enter the name of the foreign country: >			

0.

0.

40e

Х

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	• • • • • • • •		N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		x
BAA	TEEA0812L 01/14/09	Form 990	-EZ	(2008)

-7 (2008)	CROSS	VERMONT	TRAIL	ASSOCIATIC	N, INC.
	- E01/o	1/2) organ	Instiana	only All costi	

03-0363125

Page 4

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer quest and complete the tables for lines 50 and 51.	tions EMEI	46-4 NT 6	9
erganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Yes	No
pid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		Х
Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		Х
ga Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 \ldots >		•		

Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' 51

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE			
	·		
Total num	ber of other independent contractors receiving over \$100,000	•	
	Under penalties of perjury, I declare that I have examined this return, including accompanying sched true, correct, and complete. Declaration of preparer (other than officer) is based on all information of	ules and statements, and to the best of my	knowledge and belief, it is
		i which preparer has any knowledge.	
C :		1 2/16/0	•

Sign		And and a second s			-//0/10	
Here	Signature of o	fficer		Di	ate / /	
nore	ERIC		Directa-		·	
	Type or print n	ame and title				
Paid Pre-	Preparer's signature	ROBERT PACE CPA	Date 28	D	Check if self- employed	Preparer's Identifying Number (See instructions) P00119417
parer's	Firm's name (or	PACE & HAWLEY, LLC	11			
Üse	yours if self employed),	100 STATE STREET, SUITE 354			EIN ►	55-0797567
Only	address, and ZIP + 4	MONTPELIER, VT 05602-2829			Phone no. ► (8	302) 223-3318
May the IR	S discuss this r	eturn with the preparer shown above? See instruct	tions			►X Yes No
BAA						Form 990-EZ (2008)

SCHI	EDUL	E A	
(Form	990 o	r 990)-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1)

	i o so completed	nonexempt char	itable tr	usts.	11 4 3001		л (ч)(i)		Open t	o Duk	
Department of the Treasury Internal Revenue Service	► Attach to	Form 990 or Form 990-I	EZ. ► Se	e separ	ate inst	ructions	5.		insp	ection	iic
Name of the organization							Employe	er identifica	tion number		
CROSS VERMONT	TRAIL ASSOCIATIO	DN, INC.					03-0	36312	5		
Part I Reason fo	or Public Charity Statu	us (All organizations	must	comple	ete this	s part.)) (see	instruc	tions)		
The organization is not	t a private foundation beca	use it is: (Please check o	oniy one	organiz	ation.)						
1 A church, co	nvention of churches or ass	sociation of churches des	cribed in	n sectio	n 170(b)	(1)(A)(i)).				
2 A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule	E.)								
3 A hospital or	cooperative hospital service	e organization described	l in secti	ion 170(b)(1)(A)	(iii). (Al	tach Sc	hedule H	1 .)		
	search organization operate	ed in conjunction with a l	nospital	describe	ed in se	ction 17	'0(b)(1)(/	A)(iii) . Er	nter the ho	spital's	S
name, city, a 5 An organizati	ion operated for the benefit	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	il unit de	scribed in	sectio	n
	v). (Complete Part II.)										
	ite, or local government or										
7 X An organizati	on that normally receives a 0(b)(1)(A)(vi). (Complete F	a substantial part of its si Part II.)	иррогт т	om a go	vernme	ntai uni	it or trop	n the ge	neral publi	c aesc	ribea
	trust described in section			-							
from activities investment in	n that normally receives: (1) related to its exempt function come and unrelated busine 5. See section 509(a)(2). (C	ns – subject to certain exc ess taxable income (less	eptions.	and (2) r	io more	than 33-	1/3 % of	f its supp	ort from aro	SS	after
10 🗌 An organizati	on organized and operated	l exclusively to test for p	ublic saf	ety. See	section	1 509(a)	(4) . (se	e instruc	tions)		
11 An organizati more publicly describes the	on organized and operated supported organizations of type of supporting organi	zation and complete line	s lle th	rougn I	lh.		of, or ca section	irry out ti 509(a)(3	he purpose 3), Check t	s of o he bo	ne or k that
a Type I	b 🔄 Type II	c 🔄 Type II						d 🗌	Type III-	-	
e By checking t than foundati 509(a)(2).	this box, I certify that the o on managers and other tha	rganization is not control in one or more publicly s	led dired upported	otly or in d organi:	directly zations	by one describ	or more ed in se	e disquat ction 509	ified perso 9(a)(1) or s	ons off ection	ner
f If the organiz check this bo	ation received a written de	termination from the IRS	that is a	a Type I,	, Туре I	or Typ	e III sup	porting	organizatio	n,	
	17, 2006, has the organiza	ation accepted any oiff o	r contrib	ution fro	om anv	of the f	ollowina	persons	;?		
g ontoo / aguat	try zoooj nas tro organizo	anon accopted any give e			onn ang		ononnig	percente		Yes	No
(i) a perso	n who directly or indirectly he governing body of the s	controls, either alone or	together	with pe	rsons d	escribe	d in (ii) :	and (iii)			
											ļ
• • •	member of a person desc										
	controlled entity of a persor					• • • • • • • •		• • • • • • • •	11 g (iii)		l
h Provide the fo	blowing information about	r	anizatio	n suppo	rts.		r				
(i) Name of Support Organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(i) tisted gove	is the ion in col. I in your ming ment?	col.	ou notify ization in (i) of upport?	(i) organi	ls the lion in col. zed in the S.?	(vii) Amour	it of Sup	port
			Yes	No	Yes	No	Yes	No			
	1	1	1	1 1			1	1			

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

2008

Schedule A (Form 990 or 990-EZ) 2008 CROSS VERMONT TRAIL ASSOCIATION, INC. 03-0363125 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support		, , , , , , , , , , , , , , , , , , ,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	34,157.	5,430.	66,632.	285,921.	114,915.	507,055.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	34,157.	5,430.	66,632.	285,921.	114,915.	507,055.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51,275.
6	Public support. Subtract line 5 from line 4.						455,780.
Sec	tion B. Total Support						1007/001
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	34,157.	5,430.	66,632.	285,921.	114,915.	507,055.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		173.	217.	398.	314.	1,102.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.). SEE. PART. IV	4,181.					4,181.
11	Total support. Add lines 7 through 10						512,338.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	⁹ ►□
	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	08 (line 6, columr	n (f) divided by lin	e 11, column (f).		14	89.0%
	Public support percentage for 20					•	95.9%
16a	33-1/3 support test $-$ 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo licly supported or	x on line 13, and ganization.	the line 14 is 33-	1/3 % or more, che	eck this box ·····► X
b	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a ganization	, and line 15 is 3	8-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test. check this	box and stop her	e. Exolain in Part l'	V how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and Drivets foundation if the organiz	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part I ted organization	V how the
18 BAA	Private foundation. If the organi:	zation did not che	ck a box on line,	13, 10a, 160, 1/a		is box and see inst iedule A (Form 990	
UAA					30	EQUIE A (FUTTI 330	101 330-122) 2008

03-0363125 Page 3

Schedule A (Form 990 or 990-EZ) 2008 CROSS VERMONT TRAIL ASSOCIATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	-					
	ndar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,						
	whether or not the business is regularly carried on						
12	whether or not the business is						
13 14	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth lax year as	a section 501(c)(3	∑►□
13 14	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10, 11, and 12)			d, third, fourth,	or fifth tax year as	a section 501(c)(3	<u>}►∏</u>
13 14 Sec 15	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	b lic Support P 108 (line 8, colum	ercentage h (f) divided by lin	e 13, column (f))		15	>►∏ %
13 14 Sec 15 16	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2	blic Support P 08 (line 8, colum 2007 Schedule A,	ercentage h (f) divided by lin Part IV-A, line 27	e 13, column (f)) 'g		15	
13 14 Sec 15 16	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	blic Support P 08 (line 8, colum 2007 Schedule A,	ercentage h (f) divided by lin Part IV-A, line 27	e 13, column (f)) 'g		15	%
13 14 <u>Sec</u> 15 16 Sec 17	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	blic Support P 08 (line 8, column 2007 Schedule A, estment Incor or 2008 (line 10c,	ercentage (f) divided by lin Part IV-A, line 27 ne Percentage column (f) divided	e 13, column (f)) /g d by line 13, colu	mn (f))		%
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	blic Support P 08 (line 8, column 2007 Schedule A, estment Incor or 2008 (line 10c, rom 2007 Schedu	ercentage a (f) divided by lin Part IV-A, line 27 ne Percentage column (f) divided le A, Part IV-A, lir	le 13, column (f)) /g g d by line 13, colu ne 27h	mn (f))		% %
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	whether or not the business is regularly carried on	blic Support P 08 (line 8, column 2007 Schedule A, estment Incor or 2008 (line 10c, rom 2007 Schedu organization did not ox and stop here	ercentage A (f) divided by lin Part IV-A, line 27 ne Percentage column (f) divided le A, Part IV-A, lin check the box on lin The organization	e 13, column (f)) /g d by line 13, colu ne 27h ine 14, and line 15 i qualifies as a pu	mn (f)) is more than 33-1/3 ublicly supported c	15 16 17 18 %, and line 17 is not rganization	% % % ►□
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	whether or not the business is regularly carried on	blic Support P 08 (line 8, column 2007 Schedule A, estment Incor or 2008 (line 10c, rom 2007 Schedu organization did not ox and stop here	ercentage A (f) divided by lin Part IV-A, line 27 ne Percentage column (f) divided le A, Part IV-A, lin check the box on lin The organization	e 13, column (f)) /g d by line 13, colu ne 27h ine 14, and line 15 i qualifies as a pu	mn (f)) is more than 33-1/3 ublicly supported c	15 16 17 18 %, and line 17 is not rganization	% % % ►□

Schedule A (Form 990 or 990-EZ) 2008							Page 4	
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)								

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2008 SCH	IEDUL	E A, PA		- SUPPI	EMENT	AL IN	FORMATIO	N PAGE 5
		CROSS VE		TTRAIL AS	SOCIATION	I, INC.		03-0363125
PART II, LINE 10 - OT	HER INC	OME						
NATURE AND SOURCE		2008		2007	2006		2005	2004
OTHER INCOME	TOTAL	\$	0. \$	0.	\$	0. \$	0. \$	<u>4,181.</u> <u>4,181.</u>
·								

Schedule of Contributors

Attach to Form 990, 990-EZ and 990-PF
 See separate instructions.

2008

Department of the Treasury Internal Revenue Service Nam

e	of	the	organization

Employer identification number 03-0363125

TION, INC.	03-0363125
Section:	
X 501(c)(3) (enter number) organization	วท
4947(a)(1) nonexempt charitable trust not	
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
501(c)(3) taxable private foundation	
	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust nor 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	e B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1	of 1 of Part I
Name of or CROSS	VERMONT TRAIL ASSOCIATION, INC.		r identification number 363125
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VHCB 58 EAST STATE STREET MONTPELIER, VT_05602	\$27,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	VT AGENCY OF TRANSPORTATION 1 NATIONAL LIFE DRIVE MONTPELIER, VT 05602	\$7,561.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	EAST MONTPELIER CONSERVATION FUND 1013 CHICKERING ROAD PLAINFIELD, VT 05667	\$12,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FEDERAL HIGHWAY ADMIN/VTRANS 1_NATIONAL_LIFE_DRIVE MONTPELIER, VT_05633	\$40,207.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	VT AGENCY OF NATURAL RESOURCES 103 SO MAIN STREET WATERBURY, VT 05671	\$13,056.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1	of 1	of Part II
Name of organization		Employer identificati	on number
CROSS VERMONT TRAIL ASSOCIATION, INC.		03-0363125	

Part I Noncash Property (see instructions.)

.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
N/A			
	· · · · · · · · · · · · · · · · · · ·	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
	· · · · · · · · · · · · · · · · · · ·	₽	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
			4.15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

	B (Form 990, 990-EZ, or 990-PF) (2008)		Page 1	of 1	of Part III	
Name of orga				Employer identificat		
	VERMONT TRAIL ASSOCIATION, I			03-0363125	•	
Parit III	<i>Exclusively</i> religious, charitable, etcorganizations aggregating more that	c, individual contributions an \$1,000 for the year.(Comp	to section 501(c) plete cols (a) through	(7), (8), or (10) (e) and the following	ng line entry.)	
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (otal of <i>exclusively</i> religious, chari Enter this information once – see	table, etc, e instructions.)	►\$	N/1	
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift	Dese	cription of how gif	t is held	
	N/A					
······				-		
		(e)	I			
	Transferee's name, address	Transfer of gift , and ZIP + 4	Relationship of	transferor to trans	sferee	
(a)	(b)	(c)		(d)		
No. from Part í	Purpose of gift	Use of gift	Dese	cription of how gif	t is held	
		(e) Transfer of gift				
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee			
					<u> </u>	
			·			
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift	Desc	cription of how gift	t is held	
Farti						
		•				
	Transferee's name, address,	, and ZIP + 4	Relationship of	transferor to trans	feree	
		· · · · · · · · · · · · · · · · · · ·				
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift	Desc	escription of how gift is held		
-						
		(e) Transfer of gift	Deletter of the off			
	Transferee's name, address,	and 21P + 4	relationship of	transferor to trans	ileree	

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FEDERAL STATEMENTS

2008

PAGE 1

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
DEPRECIATION \$ DUES AND SUBSCRIPTIONS. INSURANCE INSURANCE INTEREST MISCELLANEOUS. OFFICE EXPENSES. OPERATING SUPPLIES. PROPERTY TAXES SUBCONTRACTORS TELEPHONE TRAIL SUPPLIES. TOTAL Y TOTAL	$\begin{array}{r} 218. \\ 463. \\ 1,609. \\ 66. \\ 428. \\ 13. \\ 1,401. \\ 2,257. \\ 13,885. \\ 766. \\ 14,425. \\ 495. \\ 239. \\ 36,265. \end{array}$
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	
MACHINERY AND EQUIPMENT \$ 527. \$ PLEDGES AND GRANTS RECEIVABLE 55,665. PREPAID EXPENSES AND DEFERRED CHARGES 696. TOTAL \$ 56,888. \$	ENDING 309. 571. <u>1,604.</u> 2,484.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	ENDING 11,105. 9,200. 20,305.
STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
CROSS VERMONT TRAIL ASSOCIATION, INC. ASSISTS MUNICIPALITIES, RECREATION GRO AND LANDOWNERS IN THE CREATION AND MANAGEMENT OF A FOUR-SEASON, MULTI-USE TR ACROSS THE STATE OF VERMONT FOR PUBLIC RECREATION, ALTERNATIVE TRANSPORTATION AWARENESS OF OUR NATURAL AND CULTURAL HERITAGE.	UPS, AIL N, AND

FEDERAL STATEMENTS

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

STATEMENT 5 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
ERIC SCHARNBERG 29 MAIN STREET MONTPELIER, VT 05633	EXECUTIVE DIREC \$ 20.00	20,182.	\$0.	\$0.
GREG WESTERN 29 MAIN STREET MONTPELIER, VT 05633	TRAIL PROGRAMS 30.00	28,033.	0.	0.
SUSAN BULMER 324 NORTH MAIN STREET BARRE, VT 05641	EX-OFFICIO 1.00	0.	0.	0.
PETER GREGORY 3117 ROSE HILL ROAD WOODSTOCK, VT 05091	EX-OFFICIO 1.00	0.	0.	0.
JEFF COHEN 80 HIRAM'S CROSSING JERICHO, VT 05645	DIRECTOR 1.00	0.	0.	0.
NED HOUSTON 370 MANSION HOLLOW ROAD WATERBURY CENTER, VT 05677	EX-OFFICIO 1.00	0.	0.	0.
ROSE PAUL 81 EAST HILL ROAD PLAINFIELD, VT 05667	CHAIRMAN 1.00	0.	0.	0.
NONA ESTRIN 2090 TOWN HILL ROAD EAST MONTPELIER, VT 05651	EX-OFFICIO 1.00	0.	0.	0.
BEN ROSE 4711 WATERBURY-STOWE ROAD WATERBURY CENTER, VT 05677	VICE CHAIR 1.00	0.	0.	0.
MIKE THOMAS PO BOX 147 WELLS RIVER, VT 05081	DIRECTOR 1.00	0.	0.	0.
RICK HOPKINS COUNTY ROAD EAST MONTPELIER, VT 05651	TREASURER 1.00	0.	0.	0.
SANDRA BRUGGEMANN 176 GRAVES FARM ROAD WAITSFIELD, VT 05673	DIRECTOR 1.00	0.	0.	0.

PAGE 2

FEDERAL STATEMENTS

PAGE 3

03-0363125

CROSS VERMONT TRAIL ASSOCIATION, INC.

STATEMENT 5 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BILL MERRYLEES BARRE STREET MONTPELIER, VT 05602	DIRECTOR 1.00		\$ 0.	\$0.
	TOTAL	\$ 48,215.	<u>\$0.</u>	<u>\$ 0.</u>

STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

PAGE 1

	2008	2007	DIFF
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS INVESTMENT INCOME	114,915 314	285,921	-171,006 314
TOTAL REVENUE	115,229	286,319	-171,090
EXPENSES SALARIES AND EMPLOYEE BENEFITS PROFESSIONAL FEES/PYMT TO CONTRACTORS PRINTING, PUBLICATIONS, AND POSTAGE OTHER EXPENSES	48,215 28,296 76 36,265	0 0 0 0	48,215 28,296 76 36,265
TOTAL EXPENSES	112,852	190,435	-77,583
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR NET ASSETS/FUND BAL. AT END OF YEAR	2,377 124,310 126,687	95,884 28,426 124,310	-93,507 95,884 2,377

GENERAL INFORMATION

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B

CARRYOVERS TO 2009

NONE

PAGE 1

FEDERAL WORKSHEETS

CROSS VERMONT TRAIL ASSOCIATION, INC.

EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5

<u>NAME 2</u> VERMONT COMM		005 200)6	2007	2009	TOTAL	<u>2% AMT</u>	EXCESS
\$	0.\$	0. \$	0.	\$10,000.	\$0.	\$10,000.	\$0.	\$0.
EAST MONTPELI	0.	0.	0.	0.	12,000.	12,000.	10,247.	1,753.
VT AGENCY OF	0.	0.	0.	0.	7,561.	7,561.	0.	0.
VHCB VT AGENCY OF	NATURAL RE	SOURCES	υ.	0.	27,000.		•	16,753.
FEDERAL HIGHW	0. AY ADMIN/V	0. TRANS	0.	0.	13,056.	13,056.	10,247.	2,809.
TOTAL Ş	<u>0.</u> <u>ş</u>	<u>0.</u> <u>\$</u>	0.	0. <u>\$10,000.</u>	<u>40,207.</u> <u>\$ 99,824.</u>	$\frac{40,207}{\$109824}$	$\frac{10,247}{\$40,988}$	$ \frac{29,960.}{\$ 51,275.} $

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