

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
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.		X
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.		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b	Did the organization file Form 1120-POL for this year?		X
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?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39	501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9.	39 a	N/A
39 b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40 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.		X
40 c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40 d	Enter amount of tax on line 40c reimbursed by the organization.		0.
40 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.		X
41	List the states with which a copy of this return is filed ▶ NONE		

42 a The books are in care of ▶ ERIC SCHARNBERG Telephone no. ▶ _____
 Located at ▶ 29 MAIN STREET, SUITE 4 MONTPELIER VT ZIP + 4 ▶ 05602

		Yes	No
42 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ...		X
42 c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ...		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 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.		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.		X

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 6

	Yes	No
46 Did 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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

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 ▶				

51 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.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		

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: *[Signature]* Date: 2/16/10
 Type or print name and title: ERIC SCHARWESCH, Executive Director

Paid Preparer's Use Only

Preparer's signature: ROBERT PACE CPA Date: 2/8/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: PACE & HAWLEY, LLC, 100 STATE STREET, SUITE 354, MONTPELIER, VT 05602-2829
 Check if self-employed: Preparer's Identifying Number (See Instructions): P00119417
 EIN: 55-0797567 Phone no.: (802) 223-3318

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year 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.') . . .	34,157.	5,430.	66,632.	285,921.	114,915.	507,055.
2 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.

Section B. Total Support

Calendar year (or fiscal year beginning 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 from similar sources.		173.	217.	398.	314.	1,102.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from 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 activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	89.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	95.9 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Calendar 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.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b 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.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
OTHER INCOME					4,181.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 4,181.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

CROSS VERMONT TRAIL ASSOCIATION, INC.

Employer identification number

03-0363125

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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 –

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 religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

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)

Name of organization

Employer identification number

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	VT AGENCY OF TRANSPORTATION ----- 1 NATIONAL LIFE DRIVE ----- MONTPELIER, VT 05602 -----	\$ 7,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	EAST MONTPELIER CONSERVATION FUND ----- 1013 CHICKERING ROAD ----- PLAINFIELD, VT 05667 -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	FEDERAL HIGHWAY ADMIN/VTRANS ----- 1 NATIONAL LIFE DRIVE ----- MONTPELIER, VT 05633 -----	\$ 40,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	VT AGENCY OF NATURAL RESOURCES ----- 103 SO MAIN STREET ----- WATERBURY, VT 05671 -----	\$ 13,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION.....	\$	218.
DUES AND SUBSCRIPTIONS.....		463.
INSURANCE.....		1,609.
INTEREST.....		66.
MISCELLANEOUS.....		428.
OFFICE EXPENSES.....		13.
OPERATING SUPPLIES.....		1,401.
PROPERTY TAXES.....		2,257.
SUBCONTRACTORS.....		13,885.
TELEPHONE.....		766.
TRAIL SUPPLIES.....		14,425.
TRAVEL.....		495.
UTILITIES.....		239.
TOTAL	\$	<u>36,265.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 527.	\$ 309.
PLEDGES AND GRANTS RECEIVABLE.....	55,665.	571.
PREPAID EXPENSES AND DEFERRED CHARGES.....	696.	1,604.
TOTAL	\$ <u>56,888.</u>	\$ <u>2,484.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 76,699.	\$ 11,105.
DEFERRED REVENUE.....	15,045.	9,200.
TOTAL	\$ <u>91,744.</u>	\$ <u>20,305.</u>

STATEMENT 4
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CROSS VERMONT TRAIL ASSOCIATION, INC. ASSISTS MUNICIPALITIES, RECREATION GROUPS, AND LANDOWNERS IN THE CREATION AND MANAGEMENT OF A FOUR-SEASON, MULTI-USE TRAIL ACROSS THE STATE OF VERMONT FOR PUBLIC RECREATION, ALTERNATIVE TRANSPORTATION, AND AWARENESS OF OUR NATURAL AND CULTURAL HERITAGE.

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 PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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.

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

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

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

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

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

2008

GENERAL INFORMATION

PAGE 1

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B

CARRYOVERS TO 2009

NONE

CROSS VERMONT TRAIL ASSOCIATION, INC.

03-0363125

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

NAME	2004	2005	2006	2007	2009	TOTAL	2% AMT	EXCESS
VERMONT COMM FOUND	\$ 0.	\$ 0.	\$ 0.	\$ 10,000.	\$ 0.	\$ 10,000.	\$ 0.	\$ 0.
EAST MONTPELIER CONSERVATION FUND	0.	0.	0.	0.	12,000.	12,000.	10,247.	1,753.
VT AGENCY OF TRANSPORTATION	0.	0.	0.	0.	7,561.	7,561.	0.	0.
VHCB	0.	0.	0.	0.	27,000.	27,000.	10,247.	16,753.
VT AGENCY OF NATURAL RESOURCES	0.	0.	0.	0.	13,056.	13,056.	10,247.	2,809.
FEDERAL HIGHWAY ADMIN/VTRANS	0.	0.	0.	0.	40,207.	40,207.	10,247.	29,960.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 10,000.	\$ 99,824.	\$ 109824.	\$ 40,988.	\$ 51,275.