FOR TAX YEAR 2022

CROSS VERMONT TRAIL ASSOCATION, INC.

Pace & Hawley, LLC P.O. Box 603 Montpelier, VT 05601 (802)461-2587

Pace & Hawley, LLC

P.O. Box 603 Montpelier, VT 05601 nathan@paceandhawley.com Phone: (802)461-2587 | Fax: (802)476-5791

May 02, 2024

Cross Vermont Trail Assocation, Inc. 29 Main Street, Ste 4 Montpelier, VT 05602

Cross Vermont Trail Assocation, Inc.:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Cross Vermont Trail Assocation, Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (802)461-2587.

Sincerely,

Nathan Hawley, CPA Pace & Hawley, LLC

2022 Filing Instructions CROSS VERMONT TRAIL ASSOCATION, INC. Tax year ending 06-30-2023

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2023

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

F	0
E	_ .

parate	instructions.		

self-employed

Check

Date

if

PTIN

P00825979

Firm's name	Pace & Hawley, LLC	Firm's EIN
Firm's address	P.O. Box 603	Phone no.

Date

05-02-2024

Use Only	Firm's address	P.O. Box 603	Phone no.
		Montpelier VT 05601	802-461-2587
May the IRS of	discuss this return with th	e preparer shown above? See instructions	 X Yes

	and mile and			e preparer	00			
or	Paperwork	Reductio	on Act Notic	e, see the	separate	instru	ctions.	

GREG WESTERN, EXECUTIVE DIRECTOR

GREG WESTERN

Nathan Hawley, CPA

Signature of officer

Type or print name and title Print/Type preparer's name

Preparer's signature

jţi	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	1
Activiti	6	Total number of volunteers (estimate if necessary)		6	
∢	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	956,4		153,849
Ine	9	Program service revenue (Part VIII, line 2g)	2		447
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124	205
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		135	536
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	956,963		155,037
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,23		25,836
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 2,521			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,009,	388	131,832
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,035,	621	157,668
	19	Revenue less expenses. Subtract line 18 from line 12	(78,6		(2,631)
Net Assets or Fund Balances		Be	ginning of Curren	t Year	End of Year
sets alan	20	Total assets (Part X, line 16)	254,	582	225,465
t As: Id B:	21	Total liabilities (Part X, line 26)	33,	604	7,118
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	220,	978	218,347
Part	t II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	wledge and belief,	it is	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private founda

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning

X 501(c)(3)

X Corporation

C Name of organization

Doing business as

29 MAIN STREET

Name and address of principal officer:

SAME AS C ABOVE

501(c) (

WWW.CROSSVERMONT.ORG

MONTPELIER, VT 05602

Trust Association

Briefly describe the organization's mission or most significant activities:

Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b)

990

Check if applicable:

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status:

Form of organization:

Summary

Website:

1

2 3

4

Part I

Name change

Initial return

Α

в

J.

Activities & Governance

Sign

Here

Paid

Preparer

ate foundations)

07-01

527

2022, and ending

Room/suite

4

1999

INC

L Year of formation:

SEE SCHEDULE O MISSION

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

CROSS VERMONT TRAIL ASSOCATION,

GREG WESTERN

____ 4947(a)(1) or

Return of Organization
Return of Organizatio

Number and street (or P.O. box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

) (insert no.)

Other

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

OMB No. 1545-0047

2022	
Open to Public	I

Inspection

,2023

(802) 498-0079

158,361 X No

l No

7

No

Form 990 (2022)

Yes

Yes

VT

D Employer identification number

03-0363125

06-30

E Telephone number

G Gross receipts

If "No," attach a list. See instructions

M State of legal domicile:

3

4

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

Form	990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC.	03-0363125	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O MISSION		
<u> </u>	Did the exercitation undertake any cignificant program comises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		X NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	v	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$136,183 including grants of \$) (Revenue	\$	447)
	TRAIL BUILDING AND CONSERVATION IN VERMONT.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
		•	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 136,183		
		F	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	x	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC. Part IV Checklist of Required Schedules

Form 990 (2022)

	1 990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC.	03-03631	25	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		X
b		• • • • •	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		0.4.5		
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • • •	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		21		X
20					
-	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		0 0-		
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	•••••	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
04	or IV, and Part V, line 1		34		v
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		<u>x</u>
35a		• • • • •	30d		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization?If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	U			
5	reportable gaming (gambling) winnings to prize winners?		1c		
					<u> </u>

Page 4

Form 990 (2022)

	990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC. 03-0363	25	F	Page 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5b		
				X
C C		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11		-		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a ⊾		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC. 03-036		F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		
L	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	166		
Sec	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	GREG WESTERN (802)498-0079, 29 MAIN STREET, MONTPELIER, VT 05602			
	······································			

Form 990 (2022		03-0363125	Page 7		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and		
	Independent Contractors				
Check if Schedule O contains a response or note to any line in this Part VII					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp	loyees			
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the	9			
organization's ta	ax year.				
 List all of the 	ne organization's current officers, directors, trustees (whether individuals or organizations), regardless of amou	int of			

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or Inc	Ing	ç	Š	en Hi	Fo	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes:	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	onal		lploy	ee t cor				
	below	uste	trus		ee	npen				
	dotted line)	σ	lee			Highest compensated employee				
						ď				
(1) GREG_WESTERN	14.00									
EXECUTIVE DIRECTOR				х				23,000	0	0
(2) BEN ROSE	<u>1.00</u>									
DIRECTOR		х						0	0	0
(3) CRAIG_WHIPPLE	<u>1.00</u>									
DIRECTOR		х						0	0	0
(4) DAWN ANDERSON	<u>1.00</u>									
DIRECTOR		х						0	0	0
(5) MICHAEL THOMAS	<u>1.00</u>									
CHAIR		х		х				0	0	0
(6) NANCY EVERHART	<u>1.00</u>									
VICE CHAIR		х		х				0	0	0
(7) RICK_HOPKINS	<u>1.00</u>									
TREASURER		х		х				0	0	0
(8) ROSE PAUL	<u>1.00</u>									
SECRETARY		х		х				0	0	0
<u>(9)</u>										
<u>(10)</u>										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										

	90 (2022) CROSS VERMONT TRA	IL ASSOC	ATIO	N,	INC	<u>.</u>		-1.1		03	3-0363	125	Page 8
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	:mp			s, an		lignest Comp	ensated	Empic	oyees	(continued)
	(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an hours officer and a director/trustee) compensation per week from the corresponding (W.2)		(E) Reporta compensa from rela organizatior	able ation ated	Estimat o comp	(F) red amount f other pensation m the					
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	SC/	organi	zation and organizations
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal		· · · · · · ·	 	· · · ·	 	 	•	23,000		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization												
3	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>					-			sated			3	Yes No
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than	portable com \$150,000? <i>If</i>	npensa [•] "Yes, "	com	nplet	e Sc	hedule						
5	individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If "Yes," c</i>	ompensatio	n from	any	unre	late	d orgai		tion or individual	 		4	x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compe										Voor		
	(A) Name and business address			anua	ii yea			viure	(B) Description of servic			(C) Compensat	ion
2	Total number of independent contractors (including received more than \$100,000 of compensation fror			nose	liste	d ab	ove) w	vho					

Part V	00 (2022) CROSS VERMONT TRAIL ASSO VIII Statement of Revenue				03-03631	<u>.25</u> Pag
	Check if Schedule O contains a response or note to ar	ny line in this F	Part VIII ••			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a Federated campaigns 1a	4,875				
S S	b Membership dues 1b					
unt	c Fundraising events 1c	5,790				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1d					
lar ∕	e Government grants (contributions) 1e	58,887				
ns, simi	f All other contributions, gifts, grants,					
utio ier (and similar amounts not included above 1f	84,297				
d ta	g Noncash contributions included in					
and	lines 1a-1f	_	150 040			
	h Total. Add lines 1a-1f	iness Code	153,849			
	2a PROGRAM SERVICES FEES 2300		447	447		
	b					
Revenue	c					
eve	d					
Å Å	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		447			
	3 Investment income (including dividends, interest, and					
	other similar amounts)		205			2
	······································	••••				
	5 Royalties					
	6a Gross rents 6a) Personal				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
	7a Gross amount from (i) Securities ((ii) Other				
	sales of assets					
	other than inventory 7a					
a	b Less: cost or other basis					
ənu	and sales expenses 7b					
eve	c Gain or (loss) 7c					
Other Revenue	d Net gain or (loss)					
othe						
0	events (not including \$ 5,790 of contributions reported on line					
	1c). See Part IV, line 18 8a	3,860				
	b Less: direct expenses	3,324				
			536			5
	9a Gross income from gaming					
	activities, See Part IV, line 19 9a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					
	returns and allowances 10a					
	b Less: cost of goods sold					
		iness Code				
	11a					
anu	b					
ver	c					
Revenue	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		155,037	447	0	7

D22) CROSS VERMONT TRAIL ASSOCATION INC Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colu				
	Check if Schedule O contains a response or note to a	· · · · · · · · · · · · · · · · · · ·			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	24,000	19,700	3,100	1,200
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	1.000	1 505	0.07	
10 11	Payroll taxes	1,836	1,507	237	92
	Management				
a b		456	456		
c		456	456	11 414	
d		11,414		11,414	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Э	(A) amount, list line 11g expenses on Schedule O.)	18,592	18,544	48	
12	Advertising and promotion	345	18,544	40	150
13	Office expenses	1,271	195	202	1,054
14		324	15	324	1,034
15	Royalties	524		524	
16		1,656		1,656	
17	Travel	1,000			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,042		1,042	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	146		146	
b	MISCELLANEOUS	398	293	80	25
c	DUES	715		715	
d	TRAIL BUILDING	95,473	95,473		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	157,668	136,183	18,964	2,521
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20		0	3-036	5 3125 Page 11
Part	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	r		Beginning of year		End of year
	1	Cash - non-interest-bearing	18,650	1	10,355
	2	Savings and temporary cash investments	113,675	2	129,440
	3	Pledges and grants receivable, net	85,404	3	45,934
	4	Accounts receivable, net	50	4	2,840
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,390	9	1,634
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 35,000			
	b	Less: accumulated depreciation	35,000	10c	35,000
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	413	15	262
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	254,582	16 17	225,465
	17	Grants payable	32,522	17	7,118
	19	Deferred revenue	1 000	19	
	20	Tax-exempt bond liabilities	1,082	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	33,604	26	7,118
		Organizations that follow FASB ASC 958, check here X			
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	161,672	27	151,802
Bal	28	Net assets with donor restrictions	59,306	28	66,545
pu		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	220,978	32	218,347
-	33	Total liabilities and net assets/fund balances	254,582	33	225,465 Form 990 (2022)

EEA

Form **990** (2022)

Page 11

Form	990 (2022) CROSS VERMONT TRAIL ASSOCATION, INC.	03-03633	125	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		155,	037
2	Total expenses (must equal Part IX, column (A), line 25)	2		157,	668
3	Revenue less expenses. Subtract line 2 from line 1	3		(2,	631)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		220,	978
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		218,	347
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990 (2022)

SCHEDULE	ΞΑ
(Form 990)	

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

t.	2022
	Open to Public
	Inspection
entificatio	on number
03631	25

L

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						Inspection			
Name	of	the organization						Employer identification	number
CROS	s		AIL ASSOCATIO					03-036312	
Par	t I	Reason	for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rga	nization is not a	private foundation be	cause it is: (For line	s 1 through 12, check on	ly one box.)		
1] A church, conv	ention of churches, o	r association of chur	ches described in sectio	170(b)(1)	(A)(i).		
2] A school descr	ibed in section 170(b)(1)(A)(ii). (Attach S	Schedule E (Form 990).)				
3	Γ] A hospital or a	cooperative hospital	service organization	described in section 170	(b)(1)(A)(ii	i).		
4	Ē	A medical rese	arch organization ope	erated in conjunction	with a hospital described	in section	170(b)(1)(A)(iii). Enter the	
		_	e, city, and state:	,	•				
5	Γ		· _	nefit of a college or	university owned or opera	ated by a d	overnmenta	al unit described in	
		-)(1)(A)(iv). (Complete						
6	Г	- ``		,	nit described in section 17	0(h)(1)(A)	(v)		
7	X	-			rt of its support from a go			n the general public	
'	-		ection 170(b)(1)(A)(vi			Verninenta		n ne general public	
8	Г	7							
9	F	-	rust described in section		on 170(b)(1)(A)(ix) opera	tod in ooniu	unation with	a land grant college	
9	L				see instructions). Enter th				
		2	a non-land-grant con	lege of agriculture (e name, ci	ly, and stat	e of the college of	
10	Г	university:	n that name all search the	100: (1) man the 0	2 1/20/ of its our	oontrik		orobin foco and and	
10	L	receipts from a	ictivities related to its	exempt functions, s	3 1/3% of its support from subject to certain exception	ns; and (2)	no more th	nan 33 1/3% of its	
					usiness taxable income (I			rom businesses	
	Г	- · ·	0	-	ection 509(a)(2). (Comple	,			
11	F	- -	•	•	est for public safety. See s				- 6
12	L		•		the benefit of, to perform			• • •	
			• • • •		in section 509(a)(1) or se				CK
			•	••	e of supporting organizati			-	
а					sed, or controlled by its su	•••			
					y appoint or elect a major	ity of the di	rectors or t	rustees of the	
			•	-	IV, Sections A and B.				
b				•	ntrolled in connection with		-	.,	
			-		ion vested in the same pe	ersons that	control or r	nanage the supported	
			on(s). You must com	-					
С					nization operated in conne				
			• • • • •	,	must complete Part IV,				
d		Type III no	on-functionally integ	rated. A supporting	organization operated in	connection	with its sup	ported organization(s)	
		that is not	functionally integrated	d. The organization	generally must satisfy a c	listribution	requiremen	t and an attentiveness	
		•	· · ·	•	Part IV, Sections A and				
е		Check this	box if the organization	on received a writter	n determination from the I	RS that it is	s a Type I, ⁻	Type II, Type III	
		functionall	y integrated, or Type	III non-functionally i	ntegrated supporting orga	nization.			
f			r of supported organiz						
g		Provide the follow	wing information abou	it the supported org	anization(s).	1			
	(i) I	Name of supported or	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	• •	support (see instructions)	other support (see instructions)
								,	,
						Yes	No		
(A)									
(~)									
(B)									
(_)									
(C)									
(-)									
(D)									
(2)									
(E)									
(-)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedu Par		ONT TRAIL A	SSOCATION,	INC.	$1(\Lambda)(in)$ and	03-036312	
Par	(Complete only if you checked th						
	Part III. If the organization fails to				•		
Poot	ion A. Public Support	o quality unde		sted below, pr	ease comple	le Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
		(a) 2016	(b) 2019	(C) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")	96,900	251,844	562,608	956,440	153,849	2,021,643
2	Tax revenues levied for the						
	organization's benefit and either paid to						
~	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	96,900	251,844	562,608	956,440	153,849	2,021,643
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)						5,541
6	Public support. Subtract line 5 from line 4 .						2,016,100
	ion B. Total Support			1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	96,900	251,844	562,608	956,440	153,849	2,021,64
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	321	400	265	124	205	1,315
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,022,95
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	13,18
13	First 5 years. If the Form 990 is for the org					section 501(c)(
	organization, check this box and stop her	9					.́Г
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6	δ, column (f), di	vided by line 1	1, column (f))		14	99.66 %
15	Public support percentage from 2021 Sch		•			15	99.60 %
16a	33 1/3% support test - 2022. If the organi					3% or more, ch	
	box and stop here. The organization qual						
b							
	this box and stop here. The organization of						_
17a	10%-facts-and-circumstances test - 202		• • • •	-			
a	10% or more, and if the organization meet	-					
	Part VI how the organization meets the fa					-	
	organization			-	-		-
h	5						
b		•					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	=		· · ·
	organization						
18	Private foundation. If the organization did	l not check a b	ox on line 13, 1	16a, 16b, 17a, c	or 17b, check th	his box and see	
	instructions						[
					<u></u>		· · · · · · L

	le A (Form 990) 2022 CROSS VERMO					03-036	3125 Page 3
Part							
	(Complete only if you checked th			•			y under Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	l.)	
	on A. Public Support			1			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any 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 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6	() = = = =	(,	(0) = = = = =	() = = = :	(0)	
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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's firs	t. second, third	l, fourth, or fifth	tax vear as a s	section 50	 1(c)(3)
	organization, check this box and stop here	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			3. column (f))		15	9
16	Public support percentage from 2021 Sch		•			16	9
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (li			line 13. colum	n (f))	17	9
18	Investment income percentage from 2021		•			18	9
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization		-	-	•		J L
-	line 18 is not more than 33 1/3%, check this box a						Г
20	Private foundation. If the organization did	-					uctions [

Schedule A (Form 990) 2022

Part IV

CROSS VERMONT TRAIL ASSOCATION, INC.

03-0363125

Page 4

Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ete Sections A rt I, complete e Part V.)					
		Vee	No		
		Yes	NO		
	1				
	2				
	3a				
	3b				
	3c				
	4a				
	4b				
	4c				
	5a				
,	5b				
	5c				
	6				
	7				
	8				
	9a				
	9b				
	9c				
	10a				
	10b				

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	;).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		

CROSS VERMONT TRAIL ASSOCATION, INC.

Supporting Organizations (continued)

3b

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Schedule A (Form 990) 2022

Part IV

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 [Check here if the organization satisfied the Integral Part Test as a qualifying t			,
	instructions. All other Type III non-functionally integrated supporting organiz	zatior	ns must complete Section	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly in	tegrated Type III suppor	ting organization
	(see instructions).	-		

CROSS VERMONT TRAIL ASSOCATION, INC.

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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	e A (Form 990) 2022 CROSS VERMONT TRAIL ASSOC		03-0		3125 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	- provide details in Part \	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
					.

Schedule A (Form 990) 2022

Schedule A (F	rage o
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	of the or	ganization			Employe	er identification number
CROSS	S VER	MONT TRAIL ASSOCATION, INC.				3-0363125
Pa	rt I	Organizations Maintaining Donor Advised F	unds or Other Simi	lar Funds or Acc	ounts.	
		Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 6.		
			(a) Donor adv	vised funds		(b) Funds and other accounts
1	Total	number at end of year				
2	Aggre	gate value of contributions to (during year)				
3	Aggre	gate value of grants from (during year)				
4	Aggre	gate value at end of year				
5	Did th	e organization inform all donors and donor advisors in v	vriting that the assets he	ld in donor advised		
	funds	are the organization's property, subject to the organizat	ion's exclusive legal con	trol?		🗌 Yes 🗌 No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be used	b	
	only f	or charitable purposes and not for the benefit of the dom	or or donor advisor, or fo	r any other purpose		
	confe	rring impermissible private benefit?				🗌 Yes 🗌 No
Par	t II	Conservation Easements.				
		Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 7.		
1	Purpo	se(s) of conservation easements held by the organization				
		eservation of land for public use (for example, recreation	· · · · · ·	-	historical	ly important land area
	=	otection of natural habitat	, I	Preservation of a	certified h	nistoric structure
	=	eservation of open space	-	_		
2		lete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a o	conserva	tion
		nent on the last day of the tax year.				Held at the End of the Tax Year
а		number of conservation easements • • • • • • • • •			🗔	2a 15
b		acreage restricted by conservation easements				2b 35.98
С		per of conservation easements on a certified historic stru				2c
d		er of conservation easements included in (c) acquired a				-
		ic structure listed in the National Register				2d
3		er of conservation easements modified, transferred, rel				
	tax ye		eacea, entrigateriea, er		amzation	
4	•	er of states where property subject to conservation eas	ement is located	1		
5		the organization have a written policy regarding the peri		ion handling of		
•		ons, and enforcement of the conservation easements it	• ·			🛛 Yes 🗌 No
6		and volunteer hours devoted to monitoring, inspecting, h				
•		10.00		g		
7	Amou	nt of expenses incurred in monitoring, inspecting, handl	ing of violations and enf	orcing conservation	easemen	ts during the year
-						
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4	4)(B)(i)	
		ection 170(h)(4)(B)(ii)?	• •		,, ,,,,	Yes 🗌 No
9		t XIII, describe how the organization reports conservation				
		ce sheet, and include, if applicable, the text of the footnot		•		
		ization's accounting for conservation easements.	5			
Par	tIII	Organizations Maintaining Collections	of Art, Historical	Treasures, or C	Other S	Similar Assets.
		Complete if the organization answered "Yes" of				
1a	If the	organization elected, as permitted under FASB ASC 958			alance sl	heet works
		historical treasures, or other similar assets held for pub				
		e, provide in Part XIII the text of the footnote to its finan				F
b		organization elected, as permitted under FASB ASC 958			nce sheet	t works of
-		storical treasures, or other similar assets held for public	•			
	,	le the following amounts relating to these items:				
	•	evenue included on Form 990, Part VIII, line 1				\$
		ssets included in Form 990, Part X				
2		organization received or held works of art, historical trea				
-		ing amounts required to be reported under FASB ASC 9		-	, provid	
а		nue included on Form 990, Part VIII, line 1	0			\$
b		s included in Form 990, Part X				
					-	Ŧ

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

Schedul	e D (Form 990) 2022 CROSS VERMONT T tIII Organizations Maintaining	RAIL ASSOCATI	<u>ON, INC.</u> Art Historical T	reasures	or Oth	03-03631 er Similar Asso			Page 2
3									<u>, , , , , , , , , , , , , , , , , , , </u>
Ŭ	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а									
b									
c	Preservation for future generations								
4	Provide a description of the organization's co	llections and evolain	how they further the	organization's	ovomnt r	urnose in Part			
-	XIII.			organizations	схотрер				
5	During the year, did the organization solicit or	receive donations of	art historical treasu	res or other si	milar				
Ū	assets to be sold to raise funds rather than to			-			☐ Yes		No
Part									
	Complete if the organization		on Form 990, P	art IV, line	9. or re	ported an amo	unt on F	orm	1
	990, Part X, line 21.			,	-,	P			
	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributions c	or other assets	not				
			-				☐ Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			·····g ·····			Amou	unt		
с	Beginning balance				1c				
d	Additions during the year								
e	• •				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				liability?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.						_	Π	
Part		- 1	•						
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four y	ears ba	ack
1a	Beginning of year balance	15,055	15,004	14,		10,674		10,5	
b	Contributions		,	,		4,000		,-	
с	Net investment earnings, gains, and					_,			
	losses	75	51		132	198		1	49
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	15,130	15,055	15,	004	14,872	1	10,6	574
2	Provide the estimated percentage of the curre					, -		- / -	
а	Board designated or quasi-endowment	%							
b	Permanent endowment 100.00 %								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held and	administered f	or the				
	organization by:						١	res	No
	(i) Unrelated organizations						3a(i)		х
	(ii) Related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	/ment funds.						
Part									
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line	11a. Se	ee Form 990, P	art X, lin	ne 10	J
	Description of property	(a) Cost or othe (investme		or other basis other)	• •	ccumulated preciation	(d) Book	/alue	
1a	Land			35,000			3	35,0	000
b	Buildings								
с	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, c	column (B), line 10c.)				3	35,0	000
EEA	<u> </u>	· · · ·				Sched	ule D (Forr		

Schedule D (For		AIL ASSOCAT	ION, INC.		03-	0363125	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered	d "Yes" on For	<u>m 990, Par</u>	t IV, line 11	b. See Form	990, Part X, li	ine 12.
	 (a) Description of security or category (including name of security) 		(b) Book va	alue		thod of valuation: l-of-year market value	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII	Investments - Program Related.						
	Complete if the organization answered	d "Yes" on For	<u>m 990, Par</u>	t IV, line 11	c. See Form	990, Part X, li	ine 13.
	(a) Description of investment		(b) Book va	alue	. ,	thod of valuation: l-of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.						
	Complete if the organization answered	d "Yes" on For	m 990, Par	t IV, line 11	d. See Form	990, Part X, li	ine 15.
	(a) De	escription				(b) Book v	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities.		000 D	6 N / Page 44	445 0		
	Complete if the organization answered line 25.	d "Yes" on For	m 990, Par	t IV, line 11	e or 11f. See	Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book	value				
(1) Federal i	ncome taxes			-			
(2)				-			
(3)				-			
(4)				-			
(5)							
(6)				-			
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 25.)						
	uncertain tax positions. In Part XIII, provide the text	of the footnote to t	he organization	n's financial sta	tements that rer	orts the	
-	liability for uncertain tax positions under FASB ASC		-				x
EEA						Schedule D (For	

	le D (Form 990) 2022 CROSS VERMONT TRAIL ASSOCATION, INC.	03-0363125	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	155,037
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	155,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		155,037
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	157,668
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	157,668
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	. 5	157,668
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Easement policy or policies (Part II, line 5)

THE ORGANIZATION HAS A WRITTEN POLICY REGARDING THE PERIODIC MONITORING, INSPECTION, HANDLING OF

VIOLATIONS, AND ENFORCEMENT OF THE CONSERVATION EASEMENT IT HOLDS.

02. Reports conservation easements (Part II, line 9)

THE VALUE OF CONSERVATION EASEMENTS ARE NOT REPORTED AS REVENEUS OR EXPENSES, AND ARE NOT INCLUDED

ON THE BALANCE SHEET. DIRECT COSTS OF ACQUISITIONS AND STEWARDSHIP ARE REPORTED AS EXPENSES.

03. Endowment funds intended uses (Part V, line 4)

STEWARDSHIP OF CONSERVATION EASEMENTS.

04. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023, AND ACCORDINGLY, DID NOT HAVE

ANY UNRECOGNIZED TAX BENEFITS THAT NEED TO BE RECOGNIZED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

CROSS VERMONT TRAIL ASSOCATION, INC.

03-0363125

01. Members or stockholder classes and rights (Part VI, line 6)

BYLAWS OF THE CROSS VERMONT TRAIL ASSOCIATION, INC., ADOPTED OCTOBER 7, 1999, ARTICLE II,

SECTION 2.1 MEMBERSHIP "ANY PERSON, ORGANIZATION, BUSINESS, OR FOUNDATION THAT SUPPORTS

THE PURPOSE OF THE ASSOCIATION SHALL BE ENTITLED TO MEMBERSHIP IN THE ASSOCATION.

FOR-PROFIT ENTITIES SHALL NOT HAVE MEMBERSHIP VOTING PRIVILEGES AT ASSOCIATION MEETINGS".

02. Member election for additional members (Part VI, line 7a)

BYLAWS OF THE CROSS VERMONT TRAIL ASSOCIATION, INC., ADOPTED OCTOBER 7, 1999, ARTICLE II,

SECTION 2.3 BOARD OF DIRECTORS, PART A "THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE

ELECTED BY THE VOTING MEMBERS OF THE ASSOCIATION PRESENT AT THE ANNUAL MEETING".

03. Form 990 governing body review (Part VI, line 11)

990 IS REVIEWED BY THE BOARD AT REGULARLY SCHEDULED BOARD MEETINGS.

04. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST COMPLIANCE IS REVIEWED AND UPDATED AS NEEDED AT REGULARLY SCHEDULED

BOARD MEETINGS.

05. Governing documents, etc, available to public (Part VI, line 19)

FINANICAL STATEMENTS ARE POSTED PUBLICLY AT CROSSVERMONT.ORG AND ARE ALSO AVAILABLE UPON

REQUEST. GOVERNANCE DOCUMENTS ARE PUBLICLY AVAILABLE UPON REQUEST.

06. List of other fees for services expenses (Part IX, line 11g)

PART IX, LINE 11G PROFESSIONAL FEES

PROGRAM:

Schedule O (Form 990) 2022		Page 2
Name of the organization	Employer identification number	
CROSS VERMONT TRAIL ASSOCATION, INC.	03-0363125	
TRAIL PROJECT CONTRACTOR \$9,630		
MISCELLANEOUS \$8,914		
ADMIN:		
MISCELLANEOUS \$ 48		
07. General explanation attachment		
990 PART III MISSION: THE PURPOSE OF CROSS VERMONT TRAIL ASSOCIATION, INC.	IS TO ASSIST	
MUNICIPALITIES, RECREATION GROUPS, AND LANDOWNERS IN THE CREATION AND MANAG	EMENT 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.		