Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	F OF T	ne Zuiu caleni	dar year, or tax year beginning , 2010, and endin	g		1
В	Check	if applicable:		D Empl	oyer ident	ification Number
	ΠA	ddress change	Pacific Crest Trail Association	33	-0051	202
	Пи	ame change	1331 Garden Highway	E Telep	hone num	ber
		nitial return	Sacramento, CA 95833	91	6-285	1846
	\square_{T}	erminated				
	\vdash	mended return		G 0	receipts :	s 2,161,672.
	\vdash	pplication pending	F Name and address of principal officer: Liz Bergeron	H(a) Is this a group re		
	⊔^	pplication pending	1	H(b) Are all affiliates in		Yes No
_	Tav	avanant atatus	bane Ab C Above	If 'No,' attach a li		structions)
÷		exempt status	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			
<u>J</u>				H(c) Group exemption		
K			X Corporation Trust Association Other ► L Year of Formation	on: 19// M	State of I	egal domicile: CA
10	art I	Summar				
	1	Briefly describ	be the organization's mission or most significant activities: To protect	ct, <u>preserv</u>	<u>e an</u> d	<u>l promote the </u>
Ö	1		<u>Crest National Scenic Trail as an internationa</u>			
Activities & Governance			yment of hikers and equestrians, and for the v	<u>alue that r</u>	<u>rild</u> a	and scenic
Ver			ovide to all people			
Ĝ	3	Check this bo	if the organization discontinued its operations or disposed of more	re than 25% of it	net as	
প্	4		ting members of the governing body (Part VI, line 1a)dependent voting members of the governing body (Part VI, line 1b)			13 13
ties	5		of individuals employed in calendar year 2010 (Part V, line 2a)			23
Ę.	6		of volunteers (estimate if necessary)			1,500
Ac			ed business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	0.
	-		The state of the s	Prior Yea		Current Year
	8	Contributions	and grants (Part VIII, line 1h)			883,384.
ne	9		ice revenue (Part VIII, line 2g)			1,230,547.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d).		355.	2,121.
Be.	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		397.	-1,048.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,115,004.
_			milar amounts paid (Part IX, column (A), lines 1-3)		200.	8,272.
						0,212.
			to or for members (Part IX, column (A), line 4).		001	1 050 410
g			r compensation, employee benefits (Part IX, column (A), lines 5-10)			1,050,419.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	36,	000.	46,584.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)► 306, 276.			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24f)	826,	012.	1,099,801.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,705,		2,205,076.
09		=	expenses. Subtract line 18 from line 12		265.	-90,072.
5 8				Beginning of Curr		End of Year
a Para		Total assets (F	Part X, line 16)	644,		597,363.
Net Assets Fund Baland			s (Part X, line 26)		997.	138,500.
P. F.			fund balances. Subtract line 21 from line 20	547,		458,863.
	rt II	Signatur		1 347,	334.1	450,005.
	70.77	51558 III - 110				
com	er penal plete. D	eclaration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to t yer (other than officer) is based on all information of which preparer has any knowledge.	he best of my knowled	je and bel	iet, it is true, correct, and
			W/ Klyslan-	9/	15/4	
Sig	ın	Signature	e of officer	Date	-/-	
Hei	re	 	12 Bekgeron Asst. Secretary/E	Executive	Dir	ector
		Type or p	print name and title.			11 183500
			eparer's name Preparer's signature W O K COA Date,	CL t.	:£	PTIN
י-ם	_		White Made of the	Check	□"	2
Pai Dra				self-emplo	yed	P00052634
Preparer Firm's name John Waddell & Co., CPAs Use Only Firm's address 3416 American River Drive #A						
J 3 (J (11)	Firm's addres		1		2329070
			Sacramento, CA 95864	Phone no	(916)) 488-2460
May	the II	RS discuss this	s return with the preparer shown above? (see instructions)			. X Yes No

Form 990		33-0051202	Page 2
Part III			
	Check if Schedule O contains a response to any question in this Part III	<u></u>	X
1 Brie	efly describe the organization's mission:		
<u>To</u>	protect, preserve and promote the Pacific Crest National Scen	nic Trail as an	.
_in	ternationally significant resource for the enjoyment of hikers	and equestrians	,_and_
fo	r the value that wild and scenic lands provide to all people.		
2 Did	the organization undertake any significant program services during the year which were not listed	on the prior	
	m 990 or 990-EZ?See Schedule O		No
	'es,' describe these new services on Schedule O.		
	the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes X	No
	'es,' describe these changes on Schedule O.	v	
	cribe the exempt purpose achievements for each of the organization's three largest program services.	es by expenses. Section 5	01(a)(3)
and	501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and allocations to others, th	e total
exp	enses, and revenue, if any, for each program service reported.		
4a (Co	de:) (Expenses \$ 1,145,637. including grants of \$ 8,272.) ((Revenue \$ 1,145,	637. ₎
See	e Schedule 0		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			#
41.70	, a 201 250	, A 20	016
<b>4b</b> (Cod		Revenue \$ 39,	<u>016.</u> )
<u>Se</u> e	e <u>Schedule_0</u>		30.38
			311
	····		. – – – –
<b>4c</b> (Coc	de:) (Expenses \$260,308. including grants of \$) (	Revenue \$	
	Schedule 0	1,10,101,100	
<u> 500</u>	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			12
			3500
			20.1
			J4.
			- N II
	er program services. (Describe in Schedule O.)		
	penses \$ including grants of \$ ) (Revenue \$	)	
4e Tota	I program service expenses ► 1,727,303.		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		X
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	(4)
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 Revenue Procedure 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 where 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		X
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	æ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?// '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, VIII, IX, or X as applicable.			X
a	Did the organization report an amount for land, buildings and equipment in Part X, line 103f 'Yes,' complete Schedule D, Part VI.	11a	Х	
k	Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		Х
c	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
C	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
e	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)? 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, XII, and XIII	12a	Х	
	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)?/// 'Yes,' complete Schedule E	13		X
	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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?ff 'Yes,' complete Schedule G, Part III.	19		Х
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

ASS.	Continued			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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
24	a 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, and that was issued after December 31, 2002?/f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25	a Section 501(c)(3) and 501(c)(4) 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		Х
I	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-EZ3f 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	:	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?/f 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ì	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f '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, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?/f 'Yes,' complete Schedule R, Part V, Iine 2			
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2010)

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MACHINE THE RESIDENCE OF THE PERSON OF THE P	<b>NTATEMENTS</b>	Redarding	( ITHAT IN	Fillings and	I Lay Compliance
THE REAL PROPERTY AND ADDRESS.	Judicilicitis	i vegai airiq	Other 1173	i illings and	I Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	sol	1000	1
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 23	1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see instructions)			17 E
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in 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	200	Х
b If 'Yes,' enter the name of the foreign country:	3		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		91.68	V
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?	5b	-	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		X
<b>b</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).	126		1638
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	1	3	
services provided to the payor?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	150	88	
e 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	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(aV3) supporting organization9id the	All I		100
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization9id the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	Destil	nia d	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 Section 501(c)(7) organizations.Enter:			1
a Initiation fees and capital contributions included on Part VIII, line 12	THE STATE OF	SHIP	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	Val.	1991	
1 Section 501(c)(12) organizations.Enter:	4000		
a Gross income from members or shareholders	1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
2a Section 4947(a)(1) nonexempt 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		W 151	TES!
3 Section 501(c)(29) qualified nonprofit health insurance issuers.	SOULO!	138 h	
a 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.		FIRST	
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			1
c Enter the amount of reserves on hand	24	Tell B	
4a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2010)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and fora 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part V.I. . Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year..... 13 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х X Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?.... 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets?... X Does the organization have members or stockholders?...See.Schedule.O...... 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....See. Schedule. 0..... X 7 a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?...... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b X Is there any officer, director or 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 in Schedule Q..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates?..... 10a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X to conflicts?..... Schedule O how this is done. ...... 12c Х 13 Does the organization have a written whistleblower policy?..... 13 Х 14 Does the organization have a written document retention and destruction policy?..... 14 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? 15a X a The organization's CEO, Executive Director, or top management official .. See. Schedule .. 0........... Х b Other officers of key employees of the organization... See. Schedule .0...... 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Teresa Fieth 1331 Garden Hwy Sacramento CA 95833 916-285-1848

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII......

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	<del></del>			1011 60	пре	(D)	(E)	(F)		
Name and title	Average	1	tion (	(check all that apply)				Reportable	Reportable compensation from	Estimated	
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) David E. Allen											
Director	0.5	X						0.	0.	0.	
(2) Ed Bergeron	_										
Director	0.5	X						0.	0.	0.	
(3) Christy Corzine	_										
Secty/Treasurer	0.5	X		X				0.	0.	0.	
(4) Nick Donnelly	1										
Director	0.5	Х						0.	0.	0.	
(5) David Hanna	]										
Chairman	0.5	X		X			<u> </u>	0.	0.	0.	
(6) Denise Gilbert	1										
Director	0.5	X						0.	0.	0.	
(7) Barney Mann								_		_	
Director	0.5	X						0.	0.	0.	
(8) John Hoffnagle								_	_		
Director	0.5	X						0.	0.	0.	
(9) Eric Ryback	ļ <u></u>									•	
Director	0.5	X						0.	0.	<u> </u>	
(10) Terri Shettle										•	
Vice Chairman	0.5	Х		X				0.	0.	0.	
(11) Rick Thalhammer		l								•	
Director	0.5	Х						0.	0.	0.	
(12) Peggy Willis		<b>,,</b>								0	
Director	0.5	X	$\square$					0.	0.	0.	
(13) Liz Bergeron	40			٠,,				101 076	0	11 004	
Executive Direc	40			X				101,976.	0.	11,824.	
(14)	-										
(15)									VI		
(16)											
(17)					-						
BAA		T	EEA	0107L	12	/21/10				Form <b>990</b> (2010)	

Part VII Section A. Officers, Directors, Trus (A)	(B)	L			;) :)	03,	uii	(D)	(E)	(F)
Name and title	Average	Posi	tion (	•	•	hat a	oply)	, ,	, ,	Estimated
	hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo⊔nt of other compensation from the organization and related organizations
(18)									- 10-	
(19)										
(20)										ia ia
21)									0)1	
22)										
23)										
24)									•	
25)									- 11 - 17/1	in-
26)									***************************************	
27)										
28)										
29)										#4
1b Sub-total							▶	101,976.	0.	11,824
c Total from continuation sheets to Part VII, Section	<b>A</b>						▶ ]	0.	0.	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	101,976.	0.	11,824
2 Total number of individuals (including but not limite from the organization ► 1				abo	ove)	who	rec	ceived more than	\$100,000 in reporta	able compensation
<ul> <li>3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual.</li> </ul>	i <i>dividua.</i> portable nan \$15	/ e con 0,00	 преі 0? <i>lf</i>	 nsat ' <i>'Ye</i>	 ion <i>s' c</i> :	and	oth	er compensation		Yes No
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c	ompens	atior	n fro	om a	inv i	unre	late	d organization or	individual	5 X
ection B. Independent Contractors									- Aleke	- 1 1 44
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>		oenc	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description of	of services	(C) Compensation
2011										
1997 1997 1997 1997 1997 1997 1997 1997										
2 Total number of independent contractors (including \$100,000 in compensation from the organization▶		limit	ed t	to th	ose	liste	ed a	bove) who receive	ed more than	

III DEC	it vill Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S. (0	1a Federated campaigns   1a   10,475.	10 N Table 1 10	-288 - 8 - 93,8	5.5.051575	
NA S	<b>b</b> Membership dues			E CHAIL E STATE	the work as to
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events				
AR A	d Related organizations 1 d				
S, G	e Government grants (contributions) 1 e		MATERIAL PROPERTY.		
NOT SE	f All other contributions, gifts, grants, and			-15.7	
9 E	similar amounts not included above 1f 872, 909.				
F S	g Noncash contributions included in Ins 1a-1f: \$ 11,181.				
6.0	h Total. Add lines 1a-1f▶	883,384.			
Š	Business Code				
E.	2a Government Grants 900099	1,230,547.	1,230,547.		
Μ̈́	b			<del></del>	
Ş.	c				
ä	d				
RAR	e				
PROGRAM SERVICE REVENUE	f All other program service revenue	1 000 545			1
· <u> </u>	g Total. Add lines 2a-2f	1,230,547.			
	3 Investment income (including dividends, interest and other similar amounts)	2,121.			2,121.
	4 Income from investment of tax-exempt bond proceeds.	2,121.			2,121.
	5 Royalties				
	(i) Real (ii) Personal	100年1月 2000			· · · · · · · · · · · · · · · · · · ·
	6a Gross Rents				
	b Less: rental expenses		BANKER SECTION		
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory.				
	<b>b</b> Less: cost or other basis				
	and sales expenses				名 排列 河
	c Gain or (loss)				
	<b>d</b> Net gain or (loss)				
JOE GE	8a Gross income from fundraising events (not including. \$				
E E	of contributions reported on line 1c).				
~	See Part IV, line 18 a				
OTHER REVEN	b Less: direct expenses		STATE OF THE STATE OF		
0	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns		DOWN THE REAL PROPERTY.		
	and allowances a 39,016.				
	<b>b</b> Less: cost of goods sold <b>b</b> 46,668.	NOT THE REAL PROPERTY.			
	c Net income or (loss) from sales of inventory▶	-7,652.	-7,652.		
	Miscellaneous Revenue Business Code	HOTHING THE STATE OF			
	11a Other Income 900099	6,604.			6,604.
	b				
	d All other revenue				
	e Total. Add lines 11a-11d.	6 604			
	12 Total revenue. See instructions.	6,604.	1,222,895.		8,725.
	12 I Juli Levellue. Jee II Structions	Z,113,UU4.	1,444,095.	0.	0.125.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,272.	8,272.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			THE RESERVE OF THE SECOND	
5	Compensation of current officers, directors, trustees, and key employees	113,800.	87,626.	14,794.	11,380
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	755,315.	583,822.	98,567.	72,926
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	104,945.	81,111.	13,694.	10,140
10	Payroll taxes	76,359.	58,995.	9,960.	7,404
11	Fees for services (non-employees):				
	a Management				
	<b>)</b> Legal	11,945.	9,229.	1,558.	1,158
C	Accounting	11,833.	9,142.	1,544.	1,147
	Lobbying				X
	Professional fundraising services. See Part IV, line 17	46,584.			46,584
	Investment management fees				
	Other	93,074.	68,575.	2,493.	22,006
12	Advertising and promotion	56,371.	29,200.	10 701	27, 171
13	Office expenses.	599,734.	503,254.	10,791.	85,689
14 15	Information technology	131.	116.	-	15
16	Royalties Occupancy	87,201.	73,821.	7,675.	5,705
17	Travel	131,557.	128, 204.	1,924.	1,429
	Payments of travel or entertainment expenses for any federal, state, or local public officials	131,337.	120,204.	1,324.	1,423
19	Conferences, conventions, and meetings	40,657.	39,508.	659.	490
	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,367.	18,826.	3,178.	2,363
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).	35,726.	27,602.	4,660.	3,464
a b	MISCELLANEOUS	7,205.			7,205
d					AND THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY
e f	All other expenses				5
	Total functional expenses. Add lines 1 through 24f	2,205,076.	1,727,303.	171,497.	306,276
	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	5,200,010.	1,121,000.	1,1,401.	550,210

art)	Balance Sheet			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash — non-interest-bearing	172,689.	1	253,072.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	7,223
4	Accounts receivable, net	81,379.	4	161,028
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
7	Notes and loans receivable, net		7	
7 8 9	Inventories for sale or use	16,058.	8	12,343
9	Prepaid expenses and deferred charges	25,755.	9	20,711
10:	a Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b Less: accumulated depreciation	37,925.	100	36,094
11	Investments — publicly traded securities.	310,745.	10c	106,892
12	Investments – publicly traded securities.  Investments – other securities. See Part IV, line 11	310, 143.	12	100,092
13			13	
	Investments – program-related. See Part IV, line 11.		14	
14	Intangible assets.			
15	Other assets. See Part IV, line 11.	CAA FF1	15	E07 262
16	Total assets Add lines 1 through 15 (must equal line 34)	644,551.	16	597,363
17	Accounts payable and accrued expenses	96,997.	17	138,500
18	Grants payable		18	-
19	Deferred revenue	•	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	The same of the same of the same
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	THE PROPERTY.	22	
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. Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25.	96,997.	26	138,500
_	Organizations that follow SFAS 117, check here► X and complete lines	90,991.	MEDINIE	130,300
	27 through 29 and lines 33 and 34.			
1		228,338.	27	309,838
27 28	Unrestricted net assets	233,961.	27	57,461
29	Permanently restricted net assets	85,255.	29	91,564
2.5	Organizations that do not follow SFAS 117, check here and complete	05,255.		91,504
	lines 30 through 34.		1000	
30	~		30	A THE PARTY OF THE
	Capital stock or trust principal, or current funds.		_	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	F43 FF4	32	450.000
33	Total net assets or fund balances.	547,554.	33	458,863.
34	Total liabilities and net assets/fund balances	644,551.	34	597,363.

Form	990 (2010) Pacific Crest Trail Association	33-0051202	2	Pa	ge 12
Par	Reconciliation of Net Assets	7.11			
	Check if Schedule O contains a response to any question in this Part XI				. X
		v v			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,1	15,0	004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2	05,0	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	90,0	)72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	47,5	554.
5	Other changes in net assets or fund balances (explain in Schedule O) See. Schedule .0	5		1,3	381.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4	58,8	363.
Par	t XII Financial Statements and Reporting	A1 =12022		- 25	Pro 100
Parameter and	Check if Schedule O contains a response to any question in this Part XII				
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 in Schedule O.			Yes	No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	Were the organization's financial statements audited by an independent accountant?			Х	
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit.		X	
	in Schedule O.			33.34	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	issued on a	IN SECTION		
	X Separate basis Consolidated basis Both consolidated and separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		
BAA			Forn	n <b>990</b>	(2010)

TEEA0112L 12/21/10

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2010

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

Open to Public Inspection

Employer identification number

	ific Crest Trai								051202		
Par	t Reason for Pub	lic Charity Statu	s (All organizations	s must	comple	ete this	s part.)	See i	nstruct	ions.	
The	organization is not a priva	ate foundation becau	se it is: (For lines 1 thre	ough 11,	check o	nly one	box.)				
1	A church, convention	n of churches or asso	ociation of churches des	scribed ir	section	170(b)(	1)(A)(i).				
2	A school described i	n <b>section 170(b)(1)(</b> A	<b>I)(ii).</b> (Attach Schedule I	E.)							
3	A hospital or a coop	erative hospital servi	ce organization describ	ed insec	tion 170	(b)(1)(A)	<b>)</b> (iii).				
4	A medical research	organization operate	d in conjunction with a	hospital	describe	d ir <b>sect</b>	ion 170(	b)(1)(A)	<b>(iii)</b> Ente	er the hosp	ital's
_	name, city, and state										
5	170(b)(1)(A)(iv). (Co	mplete Part II.)	of a college or universi	•		_	_	nmenta	l unit des	scribed i <b>se</b>	ction
6 7			governmental unit descr substantial part of its s					ar fram	. the gor	orol public	docaribod
,	X An organization that in section 170(b)(1)(	<b>A)(vi).</b> (Complete Pa	rt II.)	support ii	om a go	iveriline	i itai ui ii	. OF ITOM	i tile gel	ierai public	uescribed
8	A community trust d	escribed in section 1	70(b)(1)(A)(vi). (Comple	te Part II	.)						
9	from activities relate	d to its exempt funct and unrelated busine	1) more than 33-1/3% o ions— subject to certain ss taxable income (less molete Part III.)	n excepti	ons, and	d (2) no	more th	an 33-1	/3% of it	s support 1	from gross
10			exclusively to test for p	ublic saf	etv. See	section	509(a)(4	D.			
11	An organization organization organization organization	anized and operated rted organizations de	exclusively for the bene escribed in section 509( ation and complete lines	efit of, to a)(1) or s	perform	the fur 509(a)(2	octions o	f, or ca	rry out th 1 <b>9(a)(3).</b>	ne purpose Check the	s of one or box that
	a Type i	<b>b</b> Type II	c Type I		-		ted		d 🗌	Type III -	- Other
е	By checking this box other than foundation section 509(a)(2).	r, I certify that the or n managers and othe	ganization is not contro er than one or more put	lled dired blicly sup	tly or in	directly organiza	by one itions de	or more scribed	disquali in section	fied persor on 509(a)(1	ns ) or
f	If the organization re	eceived a written det	ermination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting o	organizatio	n,
g			tion accepted any gift				of the fo	llowing	persons	?	
		_	, , ,			-		_			Yes No
	(i) A person who	directly or indirectly o	controls, either alone or	togethe	r with pe	ersons d	lescribe	d in (ii)	and (iii)	11 (1)	
		• •	upported organization?							11g(i)	
	•	•	ibed in (i) above?								
L			described in (i) or (ii)		· · · · · · · ·					11g (iii)	
h		(1 to 1 to	ne supported organizati						[		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	column (	s the ration in i) listed in overning ment?	the organ	ou notify ization in n (i) of apport?	organiz	s the ation in nn (i) ed in the 5.?	(VII) Amoun	nt of support
				Yes	No	Yes	No	Yes	No		
35 W III				1							
(A)										-5	
66											
(B)				-							
(C)											-
(D)											
(E)											
Total											

# Schedule A (Form 990 or 990-EZ) 2010 Pacific Crest Trail Association 33-0051202 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	у	v				
begi	endar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	904,430.	1,582,022.	1,561,244.	1,667,948.	2,102,750.	7,818,394.
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 by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	904,430.	1,582,022.	1,561,244.	1,667,948.	2,102,750.	7,818,394.
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)						386,030.
6	Public support. Subtract line 5 from line 4						7,432,364.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	904,430.	1,582,022.	1,561,244.	1,667,948.	2,102,750.	7,818,394.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,033.	8,390.	8,687.	3,355.	3,502.	26,967.
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	3,750.	5,998.	11,745.	810.	6,604.	28,907.
11	Total support. Add lines 7 through 10						7,874,268.
12	Gross receipts from related activi	ities, etc (see ins	tructions)				0.
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	8) ▶ □
	tion C. Computation of Pul			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1		14	04.49/
	Public support percentage for 20 Public support percentage from 2						94.4%
	33-1/3% support test – 2010. If the and stop here. The organization of	ie organization di	d not check the b	ox on line 13, an	d the line 14 is 33	 3-1/3% or more, ch	neck this box
b	33-1/3% support test – 2009. If translation of and stop here. The organization of	ie organization di	d not check a box	c on line 13 or 16	a, and line 15 is 3	33-1/3% or more, o	check this box
17 a	<b>10%-facts-and-circumstances te</b> or more, and if the organization rethe organization meets the 'facts	neets the 'facts-a	and-circumstances	s' test, check this	box and top here	.Explain in Part l'	V how
b	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	neets the 'facts-a	and-circumstances	s' test, check this	box andstop here	Explain in Part I	V how the
	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2010

Page 3

### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		e e				
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.						1
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			V. I			
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
10a	Amounts from line 6						
	Add lines 10a and 10b  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 ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	(3)
	tion C. Computation of Pul						
	Public support percentage for 20			e 13, column (fl)		15	8
	Public support percentage from 2						8
	tion D. Computation of Inv						
	Investment income percentage for				mn (f))		8
	Investment income percentage fr						8
19a	<b>33-1/3% support tests</b> — <b>2010.</b> If is not more than 33-1/3%, check	the organization of this box and <b>stop</b>	did not check the <b>i</b> here. The organiz	oox on line 14, ar zation qualifies as	nd line 15 is more s a publicly suppo	than 33-1/3%, a	nd line 17 ►
b	<b>33-1/3% support tests— 2009.</b> If line 18 is not more than 33-1/3%	the organization o , check this box a	did not check a bo and <b>stop here.</b> The	x on line 14 or lir organization qua	ne 19a, and line 1 lifies as a publicly	6 is more than 3 supported organ	3-1/3%, and hization ▶
20	Private foundation. If the organiz	ation did not che	ck a box on line 1	4, 19a, or 19b, ct	neck this box and	see instructions.	▶ 🗍

Schedule A	(Form 990 or	990-EZ) 201	0 Paci	ic Cres	t Trail	. Associa	tion	33-005120	12 Page 4
Part IV	Supplemer Part II, line (See instru	ntal Inform 17a or 17 ctions).	nation. Co b; and Pa	mplete th art III, line	is part to 12. Also	provide th complete t	e explanation his part for ar	s required by Par ny additional infor	t II, line 10; mation.
	<u> </u>								
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2010	Schedul	le A, Part I	V - Suppler	mental Info	mation	Page
Client 57175			Crest Trail Asso			33-005120
9/15/11						11:23A
Part II, Line 10 - Othe	er Income					
Nature and Source	<u>e</u>	2010	2009	2008	2007	2006
Miscellaneous	Total <u>\$</u>	6,604. 6,604.	\$ 810. \$ 810.	11,745. \$ 11,745.	5,998. 5,998. \$	3,750. 3,750.
	<u>=</u>	<del></del>	·			<u></u>
					187	

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization			Employer identifica	ition number
Pag	cific Crest Trail A	ssociation		33-005120	
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a s	ection 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).	V 48	
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955		0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
48	Was a correction made?				Yes No
	olf 'Yes,' describe in Part IV.				17/6/2
Pa	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sect	tion 527 exempt ►\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4		eForm 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contributi segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the arons received that were promptly and directly action committee (PAC). If additional spa	of all section 527 polimount paid from the fi tly delivered to a sepa ace is needed, provide	tical organizations to w ling organization's fund rate political organizati information in Part IV	hich the filing ds. Also enter the ion, such as a separate
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				à	
(2)					
(3)		 			
(4)					
(5)					
(6)					2.0

Schedule C (Form 990 or 990-EZ) 2010

0.

0.

No

Yes

### Part IJ-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	<b>•</b>	if the filing organization belongs to an affiliated group.		
В	Check	•	if the filing organization checked box A and 'limited control' provisions apply.		
			Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 1	Total Id	bbyi	ng expenditures to influence public opinion (grass roots lobbying)	19,806.	

c Total lobbying expenditures (add lines 1a and 1b).....

d Other exempt purpose expenditures.....

2,178,864. 2,205,076. 0.

6,406.

26,212.

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		THE STATE OF THE S
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.	Late and and said	F. 2
g Grassroots nontaxable amount (enter 25	5% of line 1f)	65,064.	
h Subtract line 1g from line 1a. If zero or	ess enter .O.	0	

h Subtract line 1g from line 1a. If zero or less, enter -0.

i Subtract line 1f from line 1c. If zero or less, enter -0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

columns below. See the instructions for lines 2a through 2f.)

section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) Total year beginning in) 2a Lobbying non-taxable 239,628 235,250. 260,254. amount..... 735, 132. **b** Lobbying ceiling amount (150% of line 2a, column (e)). 1,102,698. c Total lobbying expenditures. 30,011 20,710. 26,212. 76,933. d Grassroots nontaxable amount ....... 59,907. 65,064 183,784. 58,813. e Grassroots ceiling amount (150% of line 275,676. 2d, column (e)). . f Grassroots lobbying expenditures. 23,428 16,658. 19,806. 59,892.

BAA

0.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Pacific Crest Trail Association 33-0051202

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,			(b)
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum.	Yes	No	Amount
legislation, including any attempt to influence public opinion on a legislative matter or referendum.			
through the use of:			
a Volunteers?		100	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			-
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			3 N
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			- an
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i	The same of the sa	27U	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		200	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	Continue of the last		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		100	A CONTRACTOR OF STATE
art III-A Complete if the organization is exempt under section 501(c)(4), section 5		or	
section 501(c)(6).	( - ) ( - ) ,		
			Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			. 3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or	
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	Part III-A	, line ວ	i
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
		0 -	
a Current year		2a	
		2b	
a Current year. b Carryover from last year. c Total		_	
a Current year. b Carryover from last year.		2b	10 V
<ul> <li>a Current year.</li> <li>b Carryover from last year.</li> <li>c Total.</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the contraction of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exceeds the contraction of the</li></ul>	ccess	2b 2c 3	
<ul> <li>a Current year.</li> <li>b Carryover from last year.</li> <li>c Total.</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> </ul>	ccess	2b 2c 3	
<ul> <li>a Current year.</li> <li>b Carryover from last year.</li> <li>c Total.</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the contraction of the exdoes the contraction of the exdo</li></ul>	ccess	2b 2c 3	

Schedule C (Form 990 or 990-EZ)2010 Pacific Crest Trail Association	33-0051202	Page 4
Part IV Supplemental Information (continued)		
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	<b></b>	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number Pacific Crest Trail Association 33-0051202 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate contributions to (during year) .... 2 Aggregate grants from (during year)...... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ...... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).  $\overline{\mathrm{X}}$  Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a)......... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 1 See Part XIV tax year ► Number of states where property subject to conservation easement is located▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to organization's financial statements that describes the organization's accounting for conservation easements.

See Part XIV Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1.....

▶\$

Part III Organizations Mainta	ining Collection	ons of Art, Hist	orica	i ireasures, or	Other Similar Ass	els (COT	itiriuea)
3 Using the organization's acquisiti items (check all that apply):	ion, accession, ar	od other records, ch	neck ar	ny of the following	that are a significant u	ise of its co	llection
a Public exhibition		<b>d</b> Loan	or exc	hange programs			
<b>b</b> Scholarly research		e Other	r				
c Preservation for future gener	ations	_					
4 Provide a description of the orga Part XIV.	nization's collecti	ons and explain ho	w they	further the organiz	zation's exempt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be i	maintained as part	of the	organization's colle	ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	<b>I Arrangemen</b> unt on Form 9	<b>ts.</b> Complete if 90, Part X, line	orga 21.	nization answer	red 'Yes' to Form S	990, Part	IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	r other intermediar	y for co	ontributions or othe	er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ing tat	ole:			
						Amount	
c Beginning balance					. 1c		
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a						Yes	No
b If 'Yes,' explain the arrangement		50, Fait A, IIIIe 21	<b>.</b>			1.e2	
		organization on		ad Wast to Farm	n 000 Port IV line	- 10	
Part V Endowment Funds. Co	-		T				
	(a) Current year	(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four	years back
<b>1a</b> Beginning of year balance	87,17			73,126		The same	
<b>b</b> Contributions	6,30	9. 4,5	500.	2,198			
c Net investment earnings, gains, and losses	3,47	2. 3,3	384.	1,890			
d Grants or scholarships						R PERSON	1975)
e Other expenditures for facilities and programs							
f Administrative expenses							XIII TAB
<b>g</b> End of year balance	96,95	9. 87,1	178.	77,214			UF 16016
2 Provide the estimated percentage	e of the year end	balance held as:				-	
a Board designated or quasi-endow		3.00%					
<b>b</b> Permanent endowment ►							
c Term endowment ►	8						
3a Are there endowment funds not in	n the possession	of the organization	n that a	are held and admin	istered for the	Ye	es No
organization by:							
(i) unrelated organizations						3a(i)	X
(ii) related organizations						. 3a(ii)	X
<b>b</b> If 'Yes' to 3a(ii), are the related of	-	•				. 3b	X
4 Describe in Part XIV the intended					XIV		
Part VI Land, Buildings, and E	<b>Equipment.</b> S	ee Form 990, F	art X	, line 10.			
Description of investment		Cost or other basis (investment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d) Boo	k value
<b>1a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment				137,923.	101,829.		36,094.
<b>e</b> Other					=:=,:==;;		N.
Total. Add lines 1a through 1e (Column		form 990 Part Y	olumn	(R) line 10(c) )			36,094.
BAA	i (u) must equal r	υππ <i>33</i> 0, Γαπ Λ, Ο	Juilli	(D), IIIIC 10(C).)			m 990) 2010
DAA					Sched	Jule D (Forr	11 330) 2010

		e Form 990, Part X, line	12. N/A
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value
(1) Financ	ial derivatives		d Table
(2) Closely	y-held equity interests		
(3) Other			
			15.5
			1 030 a 100 a
(E)	<b></b>		- 1966-1969 - Oil
<u>(F)</u>	<del></del>		E-10-10-10-10-10-10-10-10-10-10-10-10-10-
(G)		-	The second secon
<u>(H)</u>	<del></del>	-	Programme To the Control of the Cont
(l)	mn (b) must equal Form 990 Part X, column (B) line 12.)	<b>•</b>	
	Investments—Program Related. (S		e 13) N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
G-02-03			Cost or end-of-year market value
(1)	70-0		3 2000000000000000000000000000000000000
(2)			
(3)			War and
(4)			4-6
(5) (6)			- 5/0-1 (AUX)
(7)			
(8)			1.2 Mar. of the Control of the Contr
(9)			An and a single
	The state of the s		
(10)			
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 13.) .	<b>&gt;</b>	
	on (b) must equal Form 990, Part X, column (B) line 13.).  Other Assets. (See Form 990, Part	▶ X, line 15) N/A	
Total. (Colum Part IX	Other Assets. (See Form 990, Part	X, line 15) N/A Description	(b) Book value
Total. (Colum Part IX	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
Total. (Colum Part IX	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
Total. (Colum Part IX (1) (2) (3)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. (See Form 990, Part	X, line 15) N/A	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Co	Other Assets. (See Form 990, Part (a)	X, line 15) N/A Description  n(B), line 15)	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. (See Form 990, Part (a)	X, line 15) N/A Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column To	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A Description  n(B), line 15)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column Other Liabilities. (See Form 990, P	X, line 15) N/A  Description  n(B), line 15)	
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X (1) Feder (2)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Column Total. (Column X) (1) Feder (2) (3)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Column Total. (Column Total. (2) (3) (4)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column X (1) Feder (2) (3) (4) (5)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Column Total. (2) (3) (4) (5) (6)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Column Total. (Column X) (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column X (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	
Total. (Colum Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column  Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets. (See Form 990, Part (a)  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. (See Form 990, P  (a) Description of liability	X, line 15) N/A  Description  n(B), line 15)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sch	edule <b>D</b> (Form 990) 2010 Pacific Crest Trail Association	33-0051202	Page <b>4</b>
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	2,115,004.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,205,076.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-90,072.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) See. Part .XIV		1,381.
9	Total adjustments (net). Add lines 4 through 8		1,381.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-88,691.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1 2	2,353,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
i	Net unrealized gains on investments	1.	
1	Donated services and use of facilities	2.	
(	Recoveries of prior year grants	100 h	
	Other (Describe in Part XIV) See. Part XIV	8.	
(	Add lines 2a through 2d	2e	238,551.
	Subtract line 2e from line 1	3 2	2,115,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	49.25	-
	Investments expenses not included on Form 990, Part VIII, line 7b		43
	Other (Describe in Part XIV.)		
•	: Add lines 4a and 4b.	4с	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2	2,115,004.
Pa	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1 2	2,442,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- 1	Donated services and use of facilities	2.	
- 1	Prior year adjustments		
•	: Other losses	18.337	
	Other (Describe in Part XIV.) . See Part XIV	8.	
	Add lines <b>2a</b> through <b>2d</b>	2e	237,170.
3	Subtract line 2e from line 1	3 2	2,205,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	100 (2.17)	
ā	Investments expenses not included on Form 990, Part VIII, line 7b	1888	
	Other (Describe in Part XIV.)	<b>9</b> 9 6	
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2	2,205,076.
BATTER STATE	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	IV, lines 1b and	2b;
any	additional information.	icto una part to p	# O VIGO
	Part II, Line 3 - Explanation of Each Easement Change		
	PCTA purchased a conservation easement on the Keene Creek property	<u>in Oregon</u>	and
	<u>immediately transferred the easement to the Bureau of Land Manageme</u>	<u>nt</u>	
	Part II, Line 9 - Organization Reporting Of Conservation Easements		
	The purchase of the Keene Creek easement is reported as an expense	because th	e
	<u>easement was immediately transferred to the Bureau of Land Manageme</u>	<u>nt</u>	

TEEA3304L 02/11/11

BAA

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Pacific Crest Trail Association 33-0051202 Page	2 3
Part XIV Supplemental Information (continued)	
Part V, Line 4 - Intended Uses Of Endowment Fund	
To defray normal operating expenses of the PCTA incurred in the furtherance of its	
objectives of protecting, preserving, and promoting the PCT, to defray expenses	
incurred by the PCTA in maintaining or improving the PCT, and to defray expenses	
incurred by the PCTA in promoting use of the PCT, membership in the PCTA,	
contributions or gifts to the PCTA, and direct costs incurred in the management and	
administration of the endowment fund.	
	И.
	<b>-</b> -

Schedule D (Form 990) 2010 Pacific Crest Trail Association	33-0051202	Page 5
Schedule D (Form 990) 2010 Pacific Crest Trail Association  Part XIV Supplemental Information (continued)		
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2010	Schedule D, Part XIV - Supplemental Information	Page 4
Client 57175	Pacific Crest Trail Association	33-005120
9/15/11 Schedule D, Pa Other Changes	rt XI, Line 8 In Net Assets Or Fund Balances	11:23Al
Unrealized i	nvestment gain	1,381. 1,381.
Schedule D, Pa Other Revenue	rt XII, Line 2d Included In F/S But Not Included On Form 990	-
Cost of Sale	s	46,668. 46,668.
Schedule D, Pa Other Expenses	rt XIII, Line 2d s And Losses Per Audited F/S	ži est
	s	46,668. 46,668.
		ū.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	of the organization						Employer identifica		
Pac	ific Crest Trail Association	ciation					33-005120	2	
Par	Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orgar quired to compl	nization an lete this pa	iswered 'Yi art.	es' to Form 990, Part I\	/, line 17			
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
а	a X Mail solicitations e X Solicitation of non-government grants								
b	X Internet and email solicitation	s			X Solicitation of gove				
С				g	Special fundraising		5 , -,, ,,-		
				9		CVCITCS			
	d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en ne organization.	tities (fund	draisers) p	ursuant to agreements	under wh	nich the fundra	iser is to be	
(i)	Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts		ount paid to	(vi) Amount paid to	
	or entity (fundraiser)			dy or control ibutions?	from activity	fundra	etained by) iser listed in lumn (i)	(or retained by) organization	
			Yes	No					
1	Rene Simi	Mail Solic.		X	407,119.		38,250.	368,869.	
2	Telefund, Inc.	Phone Solic.		X	9,400.		8,334.	1,066.	
3									
4									
5									
6								V.1-1	
7									
8									
9									
10									
Total					416,519.		46,584.	369,935.	
3	List all states in which the organiz or licensing.	ation is register	red or licer	nsed to sol	licit contributions or has	s been n			
-									
_									
-									
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-	- 								
-				-					
-				-					
-									
-									
									

- 2	- 4	. (1	11	51	 "	•

Page 2

		reported more than \$15,000 of fu and 6a. List events with gross red	indraising event co	ntributions and gro	ss income on Forn	1 990-EZ, lines 1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	through column (c))
REVENUE	1	Gross receipts			1000	
Ĕ	2	Less: Charitable contributions			4.1-192-11	
	3	Gross income (line 1 minus line 2)				
1100	4	Cash prizes				
	5	Noncash prizes			31435	
DIRECT	6	Rent/facility costs			41400	
	7	Food and beverages			united	
EXPENSES	8	Entertainment	-			
N S F	9	Other direct expenses				
Par	10 11 t III	Direct expense summary. Add lines 4-th Net income summary. Combine line 3, co Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	olumn (d), and line 10. ation answered 'Ye		.	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1_	Gross revenue		# # # # # # # # # # # # # # # # # # #	- And Cales Control	
_ E	2	Cash prizes				
D X I P R E E N	3	Non-cash prizes				****
D P E N C T S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Combine li	nes 1 column (d) and	line 7	•	
а	Ente	er the state(s) in which the organization op the organization licensed to operate gaming o,' explain:	erates gaming activitie activities in each of the	es:		Yes No
		e any of the organization's gaming license	s revoked, suspended	or terminated during the	tax year?	Yes No
BAA			TEEA3702L (11/13/11	Schedule G (Fo	orm 990 or 990-EZ) 201

Scne	edule G (Form 990 or 990-EZ) 2010 Pacific Crest Trail Association	33-0051202	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other er administer charitable gaming?		No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility		8
	b An outside facility		ફ
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and records:	
	Name ►		
	Address ►		
	a Does the organization have a contact with a third party from whom the organization receives gaming r		No
k	b If 'Yes,' enter the amount of gaming revenue received by the organization► \$	and the amount	
	of gaming revenue retained by the third party► \$		
C	c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	to retain the	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the	
Day	organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations re	aguired by Part L line	2h
rai	Supplemental Information. Complete this part to provide the explanations recolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	applicable. Also com	plete
			
	1 N - 19		
	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		*12-2	2,0
			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Inspection Name of the organization Employer identification number Pacific Crest Trail Association 33-0051202 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (f) Method of valuation (book, FMV, appraisal, (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (b) EIN (q) Description of (h) Purpose of grant or government assistance non-cash assistance or assistance other) (1) Coalition of Minority Maintaining P.O. Box 1903 the Pacific Vancouver, WA 98682 91-1996013 501 (c) (3) 8,272. 0. FMV Crest Trail 2 Enter total number of section 501(c)(3) and government organizations.....

3 Enter total number of other organizations

0

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
1							
2							
3	Lan.		, <u></u>				
4		· — — · · · · · · · · · · · · · · · · ·					
5					(Rote)		
6							
7					100,000		
Part IV Supplemental Information. Comp	plete this part to p	provide the informa	ation required in Pa	art I, line 2, and any othe	er additional information.		
Part I, Line 2 - Procedures for Monitori	ing Use of Grants	Funds in U.S.	· 				
Pacific Crest Trail Associatio	n (PCTA) has a	agreements with					
promote the diversity of our w	ork force and	to cover part:	s_of_the_trail	that are not			
covered by other volunteer pro							
oversight to the grant recipie	nt including	specifications	and on the gro	ound			
delineation_of_trail_projects_and_development_of_specific_project_plansPCTA_also							
submitted to PCTA after each project takes place that include participant names,							
number of hours worked, and work performed. PCTA provides funding for reimbursable							
expenses to the recipient afte	r the project	occurs.					

2010

Schedule I, Part IV - Supplemental Information

Page 3

Client 57175

Pacific Crest Trail Association

33-0051202 11:23AM

9/15/11

Part IV - Additional Supplemental Information

The purpose of the grant is for the Pacific Crest Trail Association (PCTA) and the USDA Coalition of Minority Employees to partner for the purpose of maintaining the Pacific Crest Trail systems located on the Gifford Pinchot National Forest and to offer urban youth an educational and working experience on the trail through the National Association for the Advancement of Colored People (NAACP) Rites of Passage Program. PCTA benefits from this agreement because it promotes the diversity of our work force and it covers parts of the trail that are not covered by other volunteer programs. The Coalition benefits from exposure of the kids to our National Trails System and the volunteers who maintain it and to potential careers in natural resources and outdoor recreation.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service 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 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number						
Pacific Crest Trail Association	33-0051202						
Form 990, Part III, Line 2 - New Services							
Completed purchase of Keene Creek Easement in Oregon to permanently protect one mile							
of the Pacific Crest National Scenic Trail.							
Form 990, Part III, Line 4a - Program Service Accomplishments							
Preserve:							
In partnership with the U.S. Forest Service, the PCTA works to	preserve the PCT by						
leading and coordinating trail maintenance, construction and re	construction projects.						
While many resources make up the PCT experience, the trail tre	ead provides access.						
The Trail requires constant effort to keep it safe and passable	e. Work involves						
cutting back annual growth, removing fallen trees, and repairing	g the annual damage of						
floods, fire and natural deterioration.							
PCTA received a very generous, two-year grant through the Ameri	can Recovery and						
Reinvestment Act, more commonly known as the federal stimulus of	r ARRA. Through the						
U.S. Forest Service (USFS) and Bureau of Land Management (BLM),	PCTA received						
\$947,084 in ARRA dollars for 2010 and 2011. We spent about \$470	,000 of that in 2010.						
We leveraged that federal money to get the most value for taxpa	yers, the Pacific						
Crest Trail (PCT) and the hiking and horseback-riding public ar	d proved our						
organization's ability to capitalize on opportunity.							
	. 						
The overall goal of ARRA was to put Americans back to work. On	the PCT, this meant						
hiring youth corps crews and young professionals for trail mana	gement and						
reconstruction projects. As the primary nonprofit partner of the	e_USFS,_BLM,_National						
Park Service and California State Parks for management and main	tenance of the Trail,						
the PCTA has a long-term obligation to muster the resources nee	ded to ensure the						
trail is there for generations to come.							

we focused on strengthening our volunteer base, training new crew leaders, and

putting new crews together. We increased our focus on youth in an effort to not only

provide worthwhile outdoor programs for young people, but to build future stewards of

the PCT. In 2010, 60% of our volunteer hours were accomplished with youth corps and

other youth programs

PCTA promotes the Trail as an international treasure. Promotional activities for 2010 included: 8 - National Geographic PCT film events

- 732 calls made to the toll-free Trail Conditions telephone line
- 52,312 issues of the Pacific Crest Trail Communicator distributed
- 1,061 wilderness permits issued
- 414,576 website visits on the pcta.org site
- 6 new PCT promotional items on sale at PCTA online store

Name of the organization	Employer identification number							
Pacific Crest Trail Association	33-0051202							
Form 990, Part III, Line 4c - Program Service Accomplishments								
for trail management, operations and land acquisition. PCTA w	as a standout among							
recreation groups during the annual "Hike the Hill" trip to Wa	recreation groups during the annual "Hike the Hill" trip to Washington, D.C. to							
advocate for trail funding, including young people among the g	roup of delegates who							
visited with Congressional representatives and their staff men	bers.							
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder								
Members consist of individuals, associations, clubs, and organ	nizations							
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	ody							
Members have the right to vote on the election of Directors an	d on other matters							
submitted to the membership by the Board of Directors. Each in	dividual member has							
one vote and each member group has one vote.								
Form 990, Part VI, Line 11b - Form 990 Review Process								
The 990 is reviewed by the finance committee.								
1) The draft Form 990 is e-mailed to the finance committee mem	bers for review.							
2) The finance committee holds a meeting to discuss the conten-	ts of the Form 990.							
3) The committee submits review comments to the finance direct	or and makes one of							
the following recommendations:								
A) File the Form 990 as prepared or								
B) Request a meeting with the auditor and staff to discuss	potential changes							
4) Before the Form 990 is filed, a copy is provided to the Boa	rd.							
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment							
At a regularly scheduled board meeting, the PCTA board of dire	ctors determines the							
salary of the executive director based in part on performance	measured against							
objectives and other factors. In addition, in 2010 the Board o	f Directors obtained							
comparable salary information and input from an independent CP	A regarding the							
Executive Director's salary.								

Schedule 0 (Form 990 or 990-EZ) 2010	Page 2
Name of the organization Pacific Crest Trail Association	Employer Identification number 33-0051202
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Offi	cers & Key Employees
At a regularly scheduled board meeting, the PCTA board of d	irectors approves the
salary of the Finance Director based in part on performance	measured against
objectives and other factors.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availab	le
All documents are available to the public upon request. Form	n 990 can be found
through guidestar.org and PCTA's website and PCTA's Financia	al statements can also be
found on their website.	
	
	
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2010	Page !	
Client 57175	33-0051202	
9/15/11		11:23A
Form 990, Part XI, Other Changes in	Line 5 Net Assets or Fund Balances	
Unrealized inve	estment gain	1,381. 1,381.
	Total <u>*</u>	1,301.
	18	

h

670

6845 95833 K IRS USE ONLY 29404-232-76366-1 330051202

A0180851

211A E 3

Department of the Treasury Internal Revenue Service Ogden UT 84201 For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 12, 2011

Taxpayer Identification Number: 33-0051202

Tax Form: 990

Tax Period: December 31, 2010

098883.890912.0339.007 1 AT 0.365 375

PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO CA 95833-9755998



)98883

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2011.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



Form 8868	(Rev 1-2011)				Page 2			
	are filing for an Additional (Not Automatic) 3-Mont	h Extension	n, complete only Part II and check	this box	► 🗓			
	complete Part II if you have already been granted				_			
	are filing for an Automatic 3-Month Extension, con							
Part II	Additional (Not Automatic) 3-Month Exte	nsion of	Time. Only file the original (no copies needed).				
	Name of exempt organization			Employer identification number				
~								
Type or print	Pacific Crest Trail Association 3			33-0051202				
F	Number, street, and room or suite number. If a P.O. box, see instr							
File by the extended	ohn Waddell & Co., CPAs							
due date for filing the	3416 American River Drive, #A							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
manachoria.	Sacramento, CA 95864							
	Dag amount of the same		<u>u</u>					
Enter the f	Return code for the return that this application is fo	or (file a sep	parate application for each return).		01			
Application Is For		Return Code	Application Is For		Return Code			
Form 990		01		多点相关的位置				
Form 990-	BL	02	Form 1041-A		08			
Form 990-		03	Form 4720		09			
Form 990-		04	Form 5227		10			
	T (section 401(a) or 408(a) trust)	05	Form 6069		11			
	T (trust other than above)	06	Form 8870		12			
	not complete Part II if you were not already grante	ed an autor		iously filed Form 8868.				
Teleph If the c	oks are in care of. Teresa Fieth one No. 916-285-1848 organization does not have an office or place of but is for a Group Return, enter the organization's four	siness in th						
whole grou	up, check this box ▶ 🗍 . If it is for part of the gr	oup, check t	this box ▶ 🗌 and attach a list w	ith the names and EINs o	f all			
-	the extension is for.		77.0					
4 I reg	uest an additional 3-month extension of time until	11/15	, 20 11.					
5 For a	alendar year 2010 , or other tax year beginnin	g	, 20 , and ending	, 20				
6 If the	calendar year 2010 , or other tax year beginning tax year entered in line 5 is for less than 12 months.	ths, check r	eason: Initial return	Final return	_			
	Change in accounting period	·						
	e in detail why you need the extensionINFO	RMATION	NEEDED TO COMPLETE TH	E RETURN IS NOT	YET			
AVA	AILABLE. AN EXTENSION OF TIME I	S RESPE	CTFULLY REQUESTED IN C	RDER TO FILE A				
	PLETE AND ACCURATE RETURN.							
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4: efundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	8a \$				
payn	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment al Form 8868.	llowed as a	credit and any amount paid previo	usly				
c Bala EFTE	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	instruction	S	8c \$				
			d Verification					
Under penaltic	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	ompanying sch	nedules and statements, and to the best of my k	knowledge and belief, it is true,				
correct, and complète, and that I am authorized to prepare this form. Signature Title					111			
BAA FIFZ0502L 11/15/10			Form 8868 (Rev 1-2011)				

Department of the Treasury

Internal Revenue Service Ogden UT 84201 61 211A TE 3

For assistance, call: 1-877-829-5500

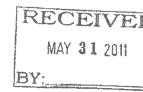
Notice Number: CP211A Date: May 30, 2011

Taxpayer Identification Number: 33-0051202

Tax Form: 990

Tax Period: December 31, 2010





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PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO CA 95833-9755998



110789

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

internal nevenue	: Service	animin whhi						
-	e filing for an Automatic 3-Month Extension, cor					► X		
,	e filing for an Additional (Not Automatic) 3-Mont <i>olete Part II unless</i> you have already been grante				•			
Electronic fill corporation r request an e Associated V	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of the second state of the second seco	if you nee automatic) Part I or Paust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructi	to file ctronic format	(6 months cally file Fortion Return	m 8868 to for Transfers		
			······································					
	utomatic 3-Month Extension of Time.							
•	n required to file Form 990-T and requesting an a							
All other corp income tax r		REMICS, a	nd trusts must use Form 7004 to request					
_	Name of exempt organization			Emplo	Employer identification number			
Type or print	ype or							
File by the due date for	Pacific Crest Trail Association Number, street, and room or suite number. If a P.O. box, see instructions.					33-0051202		
filing your return. See	1331 Garden Highway							
instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.					
	Sacramento, CA 95833							
	, , , , , , , , , , , , , , , , , , , ,							
Enter the Re	turn code for the return that this application is fo	r (file a sep	parate application for each return)			01		
Application Is For		Return Code	Application Is For					
Form 990		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A	, , , , , , , , , , , , , , , , , , ,				
Form 990-EZ		03	Form 4720					
Form 990-PF		04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above)		06	Form 8870			12		
Telephone If the org If this is for the extent I request until The ext	tension is for the organization's return for:	siness in the digit Group k this box . tion require	Exemption Number (GEN) If and attach a list with the names a	this is	for the who	ole group,		
>	calendar year 20 10 or tax year beginning, 20, 20, ax year entered in line 1 is for less than 12 mont			al retu	ırn			
	ange in accounting period	SHOOK II	n Indertoun					
3a If this application is for Form 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.			······································	3a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit					\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.		
Caution. If yo	ou are going to make an electronic fund withdray	val with this	Form 8868, see Form 8453-EO and For	m 887	9-EO for			