Form **990**

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

_		2014					
A		2014 calendar year, or tax year beginning , 2014, and ending	11	,			
В	Check if a	plicable: C	D Employer	ridentification number			
	Addre	ss change Pacific Crest Trail Association	33-00	051202			
	Name	change 1331 Garden Highway	E Telephone				
	\vdash	Sacramento, CA 95833	916-285-1846				
	H	Total	910-4	205-1040			
	H	turn/terminated \tag{\tag{\tag{\tag{\tag{\tag{\tag{					
	Amer	ded return	G Gross rece				
	Applie	. 9	(a) Is this a group return f				
		Same As C Above	(b) Are all subordinates in If 'No,' attach a list. (s	ncluded? Yes No			
T	Tax-exe	mpt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	ii iio, allasii a listi (s	noo madadaanay			
J	Websi	te: ► www.pcta.org	(c) Group exemption num	nber ►			
K	Form of	organization: X Corporation Trust Association Other L Year of formation		ate of legal domicile: CA			
_		Summary	13// III 0.0	io or logal dollinoile. CA			
1	1 Br	iefly describe the organization's mission or most significant activities: To protect	.				
	ם ו	acific Crest National Scenic Trail as a world-class ex	r, preserve	and promote the			
Governance	<u>-</u>	mostrians and for all the values are ided by wild en	sperience for	nikers and			
퍨	_ =	questrians, and for all the values provided by wild ar	<u>id_scenic_lan</u>	<u>ias.</u>			
en Fe	2 CH	eck this box F if the organization discontinued its operations or disposed of mor	- 11 050/ - (11				
õ	3 Nu	eck this box • if the organization discontinued its operations or disposed of mormber of voting members of the governing body (Part VI, line 1a)	e than 25% of its ne				
		mber of independent voting members of the governing body (Part VI, line 1b)		3 13 4 13			
es	5 To	tal number of individuals employed in calendar year 2014 (Part V, line 2a)					
Activities &	6 To	tal number of volunteers (estimate if necessary)		- 47			
듛	7a To	tal unrelated business revenue from Part VIII, column (C), line 12					
·Q.	h Ne	t unrelated business taxable income from Form 990-T, line 34					
_	DITE	t unrelated business taxable income norm of or 550-1, line 54		<u> </u>			
	8 Cc	ptributions and grants (Part VIII, line 1h)	Prior Year	Current Year			
9		ntributions and grants (Part VIII, line 1h)	1,127,00				
Revenue		ogram service revenue (Part VIII, line 2g)	974,59				
ě	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	22,89				
	11 Ot	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,67				
-		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,131,17				
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	12,35	52.			
		nefits paid to or for members (Part IX, column (A), line 4)					
en.	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,100,62	1,221,898.			
Se	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	37,84				
Expenses		ral fundraising expenses (Part IX, column (D), line 25) ► 445, 455.					
ŭ		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	000 01				
			829,81				
		ral expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,980,63				
78	19 Re	venue less expenses. Subtract line 18 from line 12	150,54				
100			Beginning of Current \	Year End of Year			
Net Assets or Fund Balances	20 To	al assets (Part X, line 16)	1,728,58				
3 5	21 To	al liabilities (Part X, line 26)	162,81	5. 153,926.			
Zű	22 Ne	assets or fund balances. Subtract line 21 from line 20	1,565,76	6. 2,139,802.			
Pa	rt II	Signature Block		2,203,002.			
Unde		of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ation of preparer (other than officer) is based on all information of which preparer has any knowledge.	best of my knowledge an	nd belief, it is true, correct, and			
comp	olete. Declar	ation of preparer (other than officer) is based on all information of which preparer has any knowledge.					
		My Oliger	5/11/1	15			
Sig	ın	Signature of officer	Date /				
He	re	Liz Bergeron	Executive Di	rec			
		Type or print name and title.	DICCUCIVE DI				
		Print/Type preparer's name Preparer's signature Date	Check	if PTIN			
Pai	d	Debbie McCardle Ask, C.P.A. Debbie McCardle Ask, C.P.A.		"			
	parer	Firm's name John Waddell & Co., CPAs	self-employed	P00052634			
	e Only						
- 31	- - y	Firm's address 3416 American River Drive, #A	Firm's EIN ► 942329070				
		Sacramento, CA 95864	Phone no. 916-488-2460				
		discuss this return with the preparer shown above? (see instructions)		X Yes No			
BAA	\ For Pa	perwork Reduction Act Notice, see the separate instructions	1112 DE /20/14	Form 900 (2014)			

Forn	n 990 (2014) Pacific Crest Trail Association	33-0051202	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	To protect, preserve and promote the Pacific Crest National Scen	<u>ic Trail as a</u>	
	world-class experience for hikers and equestrians, and for all t	<u>he values prov</u>	ided_by_
	wild and scenic lands.		
	Did the organization undertake any significant program services during the year which were not listed on the pr	day.	
_	Form 990 or 990-EZ?	Yes	V No
	If 'Yes,' describe these new services on Schedule O.	[] Tes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so	ervices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported.	ns to others, the total e	xpenses,
	and revenue, if any, for each program service reported.		
4 a	(Code:) (Expenses \$ 764,281. including grants of \$) (Revenue \$ 47	4,802.)
	PRESERVE:	4 47	4,002.
	In 2014, 1,591 citizen stewards and corps crew members performed	the hard, phy	 sical
	labor of annual maintenance and restoration of the PCT. PCTA vol		
	82,000 service hours in 2014, an in-kind value of \$1.8 million.		
	the completion of 1,712 miles of trail maintenance, 46 miles of		
	the construction of two trailhead kiosks and 40 volunteer traini	ng events.	
4 h	(Code:) (Expenses \$ 514,134. including grants of \$) (Revenue \$ 23	2 01E \
40	PROMOTE:	Neverlue 9 23	3,815.)
	Through our print and electronic publications and personal outre	ach we promote	
	PCT, marshal volunteers and keep our members and elected leaders		
	and issues facing the trail.		
	Program service accomplishments continued on Schedule O.		
4 -	(Code:) (Expenses \$ 195,125, including grants of \$) (Revenue \$ 5	0 700 \
4 C		Revenue 5 5	(8,702.)
	PROTECT: In 2014, the PCTA partnered with private foundations, land trust	e and federal	
	agencies to purchase land from private owners that included or w		the
	PCT.	as adjacene co	
	222		
	Program service accomplishments continued on Schedule O.		
JA . 1	Other program convices (Describe in Schedule O.)		
4 d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
10			
4e	Total program service expenses ► 1,473,540.	Forr	n 990 (2014)

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŧ	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		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
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? If 'Yes,' complete Schedule N, Part II	32		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form 990 (2014)

Form 990 (2014) Pacific Crest Trail Association 33-0051202 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners?... 1 c 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..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.. X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O..... 3 b 4 a 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)? X 4a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... Х 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? \overline{X} 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?..... 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. **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..... 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?...... Х 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O......

RAA

14b

Form 990 (2014) Pacific Crest Trail Association 33-0051202 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes Νo 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Х 6 Did the organization have members or stockholders?.... See. Schedule.Q...... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See. Schedule 0..... 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body?..... Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Х **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Х 10a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Х Х 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a X **b** Other officers or key employees of the organization...See.Schedule.O..... 15b 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 Х taxable entity during the year?..... 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line in this Part VII.....

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

- 1 a 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.

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

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		(C)						-				
	(A) Name and Title		thar	one both dir	(do n box,	ot ch unles officer /truste		i	(D) Reportable compensation from	Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
_(1)	Chip Herzig	3										
	Director	0	<u>X</u>						0.	0.	0.	
(2)	John Crawford	3										
	Director	0	X						0.	0.	0.	
_(3)	Christy Corzine	3										
	Vice Chair	0	X		Х				0.	0.	0.	
_(4)	Tim McGuire	3										
	Director	0] X						0.	0.	0.	
(5)	Don Ralphs	3									-	
	Director	0	X		_				0.	0.	0.	
_(6)	Denise Gilbert	3										
	Sec/Treasurer	0	X		X				0.	0.	0.	
_(7)	Barney Mann	3									-	
	Chairman	0	x		Х				0.	0.	0.	
_(8)	John_Hoffnagle	3										
	Director	0	X						0.	0.	0.	
_(9)	Eric_Ryback	3										
	Director	0	x						0.	0.	0.	
(10)	Tom Reveley	3										
	Director	0	X						0.	0.	0.	
(11)	Scott Jacobsmeyer	3										
	Director	0	Х				1		0.	0.	0.	
(12)	Anne_Ewalt	3										
	Director	0	X	- 1			[0.	0.	0.	
(13)	Jim Newman	3										
	Director	0	Х			j			0.	0.	0.	
(14)	Liz Bergeron	40										
	Exec Dir & CEO	0			Х				133,047.	0.	8,904.	

Part VII Section A. Officers, Directors, Tri		Key	Em	_		es,	and	d Highest Con	pensated Emp	loyees (continued)
(A)	(B) Average hours	Position (do not check more than one box, unless person is both an					one	(D)	(E)	(F)
Name and title	per week	offic	cer an	nd a	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	(list any hours for	Individual trustee or director	nstitu	Officer	Key employee	Highest compensated employee	m m	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	related organiza	ector	nstitutional trustee	व्य	mplo	st co	ত্			and related organizations
	- tions below dotted	Iruste	25		yee	npen				
	line)	6	tee			sated				
(15)		\vdash	\vdash							
(16)										
(17)			\vdash							
22/										
(18)										-
(10)										
(19)	l									
(20)										
(21)										
(22)							\vdash			
(23)								-		
(24)			\dashv				\vdash			
(25)										
1 b Sub-total			\perp					122 047	0.	9 004
c Total from continuation sheets to Part VII, Section							•	133,047.	0.	8,904. 0.
d Total (add lines 1b and 1c)					<i>.</i> .		•	133,047.	0.	8,904.
2 Total number of individuals (including but not limited	to those li	isted	abov	/e) v	vho	recei	ved	more than \$100,00	0 of reportable comp	ensation
from the organization 1										Yes No
3 Did the organization list any former officer, direc	tor or true	stee	kev	em	nlov	/66	or h	ighest compensati	ted employee	Tes No
on line 1a? If 'Yes,' complete Schedule J for such	h individu	al								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabl	e coi	npe	nsa	tion	and	oth	er compensation	from	
such individual	:i ulali p i:							e Scriedule 3 for		. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio	n fro	om a	any	unre	late	d organization or	individual	. 5 X
Section B. Independent Contractors	, comple	ie 30	neu	uic	3 10	Suc	πр	erson		. J A
 Complete this table for your five highest compen- compensation from the organization. Report compen 	sated inde	epend	dent	cor	ntrad vear	tors endi	tha	t received more the or with or within the or	nan \$100,000 of	
(A) Name and business addi					,			(B)	i i	(C)
Name and business addi	ess							Description of	of services	Compensation
	1 1 1' '	4! !			-1				Ale a s	a chall the annual a
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		tea to	tho	se li	stec	abo	ve)	wno received more	ırıan	
\$100,000 of compensation from the organization	U									Form 990 (2014)

		Check if Schedule O	contains a	response or note to an	y line in this Part VII	<u> </u>		
N S S S S S S S S S S S S S S S S S S S					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns	_	1a 11,723.				
E S	š t	Membership dues	_	1 b				
ls, <	9	Fundraising events		1 c		THE PARTY OF THE P		
<u>ਦੇ</u> ਤੋਂ	C	Related organizations	_	1 d				
ns, 12	•	Government grants (contribution	ons)	1 e				
Contributions, Gifts, Grants	f	All other contributions, gifts, gr similar amounts not included a	rants, and					
들		Noncash contributions included		1f 1,770,861.				
	9	Total. Add lines 1a-1f			1 700 504	Mercan Maria Maria		
	+	Total. Add lines Ta-It		Business Code	1,782,584.			
Program Service Revenue	2 a	Government Gran	nte	900099	902,447.	902,447.		
E S	b			541800	8,520.	302,447.		8,520.
Se	6	TOTACT CIPTURE TEA	enue		0,520.			0,320.
ē	d			-			- remains	
E	e							
gra	f	All other program service						1
P.	g	Total. Add lines 2a-2f			910,967.			
	3	Investment income (inclu	uding divide	ends, interest and				
		other similar amounts)			27,672.			27,672.
	4	Income from investment						
	5	Royalties	(i) Real					#
	6.2	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
	4.	Rental income or (loss)						
	1	Net rental income or (los	26)		AND MENTER LINES IN A			BOOKE LAND BEEN INGS
			(i) Securitie					
	/ a	Gross amount from sales of assets other than inventory	(/	15,000.				
		· F		13,000.				
	D	b Less: cost or other basis and sales expenses		13,500.				
	c	Gain or (loss)		1,500.				
	d	Net gain or (loss)			1,500.			1,500.
Φ	8 a	Gross income from fundr	raising ever	nts	1,300.		VENEZA MENT	1,300.
	Ju	(not including \$	aising ever	113				
š		of contributions reported	on line 1c)	ī . 				
Other Reven		See Part IV, line 18		. a				
至		Less: direct expenses		1	DE MANUEL PROPERTY			
ರ	C	Net income or (loss) from	n fundraisir	ng events				
	9 a	Gross income from gamin See Part IV, line 19	ng activitie	s.			on the san it most	
	10	Less: direct expenses Net income or (loss) from		1		A DV IVE A		
								terror britain
	10a	Gross sales of inventory, and allowances	less return					
		Less: cost of goods sold.		12,150.				
		Net income or (loss) from		0,010.	2 077	2 077		BUILD KA BAN CH. SA
	en -	Miscellaneous Revenue		Business Code	3,877.	3,877.		
	11 a	Other_Income		900099	97.		The Part of the Part of	97.
	b						= ===	31.
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			97.			
	12	Total revenue. See instru	ictions		2,726,697.	906.324	0	37.789

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).

Check if Schedule O contains a response or note to any line in this Part IX......

	Check if Schedule O contains a re				the state of the s
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	141,951.	59,349.	64,920.	17,682.
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	854,584.	605,333.	133,692.	115,559.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,255.	34,972.	9,118.	7,165.
9	Other employee benefits	91,879.	65,823.	13,251.	12,805.
10	Payroll taxes	82,229.	55,509.	15,467.	11,253.
11	Fees for services (non-employees):		,		
	Management				
- 1	Legal	989.	686.	169.	134.
	Accounting	15,300.	10,609.	2,613.	2,078.
•	Lobbying				
•	Professional fundraising services. See Part IV, line 17	53,407.			53,407.
1	Investment management fees				
•	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	145,005.	143,303.	948.	754.
13	Office expenses	176,348.	145,683.	989.	29,676.
14	Information technology	31,075.	20,222.	3,984.	6,869.
15	Royalties.	31,073.	20,222.	3,304.	0,005.
16	Occupancy	101,546.	78,272.	12,405.	10,869.
17	Travel.	172,626.	153,302.	1,600.	17,724.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	172,020.	133,302.	1,000.	117123.
19 20	Conferences, conventions, and meetings	60,834.	51,494.	1,279.	8,061.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,340.	12,717.	3,132.	2,491.
23	Insurance	8,024.	5,564.	1,370.	1,090.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Direct mail	110,565.			110,565.
	Miscellaneous	74,235.	30,702.	6,260.	37,273.
,	<u></u>				
	All other expenses				33-3
25	Total functional expenses. Add lines 1 through 24e	2,190,192.	1,473,540.	271,197.	445,455.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	2/130/132.	1,110,010.	212,2371	110/1001
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	132,106.	1	218,582.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	11,028.	3	70,609.
	4	Accounts receivable, net		4	34,638.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	3,471.
As	9	Prepaid expenses and deferred charges	-/	9	23,131.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			23,131.
	_F	Less: accumulated depreciation		10 c	31,364.
	11	Investments — publicly traded securities.		11	1, 911, 933.
	12	Investments – other securities. See Part IV, line 11		12	1, 311, 333.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	72.85
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	2 202 720
_	17	Accounts payable and accrued expenses.	161,330.	17	2,293,728. 142,347.
	18	Grants payable		18	142,341.
	19	Deferred revenue		19	11,579.
	20	Tax-exempt bond liabilities	_,	20	11,575.
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	7.7
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1	25	3//
	26	Total liabilities. Add lines 17 through 25.	162,815.	26	153,926.
ses		Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	434,713.	27	398,173.
賣	28	Temporarily restricted net assets.	192,976.	28	700,416.
뜅	29	Permanently restricted net assets		29	1,041,213.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			1,011,213.
8	30	Capital stock or trust principal, or current funds	es a Para Laffar y Agrigação a que	30	. W. at the same of the same
Se l	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	146
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
e i	33	Total net assets or fund balances		33	2,139,802.
z	34	Total liabilities and net assets/fund balances.	1,728,581.	34	2,293,728.
BA	4		1,120,301.	•	Form 990 (2014)

		3-00	31202		Г	iye iz
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2,7	26,6	597.
2	Total expenses (must equal Part IX, column (A), line 25)		2			192.
3	Revenue less expenses. Subtract line 2 from line 1		3			505.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			766.
5	Net unrealized gains (losses) on investments	🗀	5			531.
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments	🗀	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	1	U	2,1	39,8	302.
Pal	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>				. 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					To the later of
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ewed (on a			
t	Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both: X Separate basis	arate				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 		3 a		Х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				Form	990	(2014)

TEEA0112L 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014

Open to Public Inspection

Name of the organization Employer identification number Pacific Crest Trail Association 33-0051202 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

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						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,102,750.	2,897,396.	1,839,846.	2,101,607.	2,685,031.	11,626,630.
2	Tax revenues levied for the organization's benefit and either paid to 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	2,102,750.	2,897,396.	1,839,846.	2,101,607.	2,685,031.	11,626,630.
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)						626,849.
6	Public support. Subtract line 5 from line 4						10,999,781.
Sec	tion B. Total Support			HW215	···		
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,102,750.	2,897,396.	1,839,846.	2,101,607.	2,685,031.	11,626,630.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,502.	19,162.	19,489.	22,898.	27,672.	92,723.
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 VI.)						0.
11	Total support. Add lines 7 through 10						11,719,353.
12	Gross receipts from related activ	ities, etc (see ins	tructions)				161,338.
13	First five years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pul	alic Support P	ercentage	·			
	Public support percentage for 20						93.86%
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14			15	93.54%
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported or	box on line 13, ar ganization	nd the line 14 is 3	33-1/3% or more,	check this box
b	33-1/3% support test — 2013. If t and stop here. The organization	he organization d qualifies as a pul	id not check a boo olicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	r e. Explain in Part	: VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ition qualifies as a	box and stop he r a publicly support	r e. Explain in Part ed organization.	VI how the ►
BAA	Thrace realisations in the organiz	-adon dia not one					90 or 990-EZ) 2014
					SCI	icuule A (FUIII) 95	7U UI 33U•EL) 2U14

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	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	h 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.						
•	Add lines 7a and 7b						11.6
8	Public support (Subtract line 7c from line 6.)		(d. 5 v.) (d. 5 v.) (d) (8 (4 v.) (d.) (d.) (d.)				
Sec	tion B. Total Support						
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
12	regularly carried on						
13	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pub	olic Support P	ercentage				
15	Public support percentage for 20	14 (line 8, column	(f) divided by lin	ne 13, column (f)).		15	%
16	Public support percentage from 2	2013 Schedule A,	Part III, line 15			16	ર્જ
Sec	tion D. Computation of Inve	estment Incon	ne Percentage				
17	Investment income percentage for	or 2014 (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	%
	Investment income percentage fr						%
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	is a publicly supp	orted organization	ı ►
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3% Private foundation. If the organiz	the organization of the check this box a	did not check a bo and stop here. The	ox on line 14 or li e organization qua	ne 19a, and line a alifies as a public	l6 is more than 33 ly supported organ	3-1/3%, and nization ▶
	att iodination. II the organiz	.ation did not che		14, 19a, or 19b, cl	neck this box and	see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2		2		
3	Ba Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4	la Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		E
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		8-1
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		10/1
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		107-5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11		he organization accepted a gift or contribution from any of the following persons?	S Vo		
	a A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a	SECTION AND IN	
	b A fam	nily member of a person described in (a) above?	11b		
	c A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction E	3. Type I Supporting Organizations			
				Yes	No
1	or elect Part V If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in II how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did th that of benefit	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such it carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Se		C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D	D. All Type III Supporting Organizations			
				Yes	No
1	organi year, (e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a organi the org	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice i	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at es during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played regard	3		
Se	tion E	. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
·					
	$\overline{}$	ne organization satisfied the Activities Test. Complete line 2 below.			
		ne organization is the parent of each of its supported organizations. Complete line 3 below.			
	c Th	e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activiti	ies Test. Answer (a) and (b) below.		Yes	No
•	organi respon	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the ted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported izations and explain how these activities directly furthered their exempt purposes, how the organization was notive to those supported organizations, and how the organization determined that these activities constituted intially all of its activities.	2a		
İ	Did the the org	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the zation's involvement	2b		
3	Parent	of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	Did the each o	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of f the supported organizations? <i>Provide details in Part VI</i>	3a		
ı	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ted organizations? If 'Yes.' describe in Part VI the role played by the organization in this regard	2h	ATS.	By RE

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Secti	er 20, 1970. See instructio ons A through E.	ons. All
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		50000 Al-
5	Depreciation and depletion	5		=
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ä	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
•	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount	The same of		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		L/2.2
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inter(see instructions).	grated		
BAA			Schedule A (For	n 990 or 990-EZ) 201

orting Organiza	ations (continued)	
		Current Year
ses		
upported organization	ıs,	
		- 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10
s responsive (provide	details	
(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
- 11 TO 11 THE RESIDENCE		
The second second		
		- Aline -
an june ziil		THE DESIGNATION
	ses upported organization orted organizations s responsive (provide	ses. upported organizations, orted organizations s responsive (provide details (i) Excess Distributions Underdistributions Pre-2014

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

Open to Public Inspection

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Name	e of organization		·	Employer identific	ation number
Pa	cific Crest Trail A	Association		33-005120	2
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1		organization's direct and indirect political			
2	Political expenditures				
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
4:					
	b If 'Yes,' describe in Part IV.				I les I lito
Pa	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) excen	t section 501(c)(3)	
1		spended by the filing organization for section			
2		organization's funds contributed to other organ	•		
_	function activities			/ exempt ▶\$	
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	> \$	
4		e Form 1120-POL for this year?		•	
5	Enter the names, addresses organization made payment	and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly deal action committee (PAC). If additional span	of all section 527 pol	litical organizations to w	hich the filing
	(a) Name	(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

		St Itali ASSOCIAT		33-0051	
Part II-A Complete if the section 501(h	he organizatior ı)).	n is exempt under sect	ion 501(c)(3) and 1	filed Form 5768 (ele	ection under
A Check ► if the filing	organization belong	s to an affiliated group (and li	st in Part IV each affiliate	ed group member's name	
		share of excess lobbying e		3	,
B Check ► if the filing	g organization chec	cked box A and 'limited cont	rol' provisions apply.		
	expenditures' mea	ing Expenditures ns amounts paid or incurre	· 1	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur		· -	: <u></u>		
		egislative body (direct lobby	<i>□</i> ,	27,019.	·
	•	nd 1b)		27,019.	0.
	·			2,163,173.	
e Total exempt purpose ex	penditures (add lin	es 1c and 1d)		2,190,192.	0.
f Lobbying nontaxable amo both columns	ount. Enter the am	ount from the following table	e in	259,510.	
If the amount on line 1e, colur		The lobbying nontaxable ar	nount is:		
Not over \$500,000		20% of the amount on line 1e.			Page Thomas
Over \$500,000 but not over \$1,00		\$100,000 plus 15% of the excess ov			
Over \$1,000,000 but not over \$1,		\$175,000 plus 10% of the excess ov			
Over \$1,500,000 but not over \$17		\$225,000 plus 5% of the excess over	er \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
_	•	of line 1f)	L	64,878.	0.
		, enter -0	<u> </u>	0.	0.
		enter -0		0.	0.
j If there is an amount other	than zero on either	line 1h or line 1i, did the organ	nization file Form 4720 re	eporting	Yes No
	, 				les liko
(Some	organizations that	1-Year Averaging Period Un t made a section 501(h) elec s below. See the instruction	tion do not have to co		
	Lobby	ing Expenditures During 4	Year Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount	255,451	248,164.	249,032.	259,510.	1,012,157.
b Lobbying ceiling					
amount (150% of line 2a, column (e))					1,518,236.
c Total lobbying expenditures	15,462	2. 24,995.	21,034.	27,019.	88,510.
d Grassroots nontaxable amount	63,863	62,041.	62,258.	64,878.	253,040.
e Grassroots ceiling amount (150% of line 2d, column (e))					379,560.
f Grassroots lobbying expenditures	11,182	2.			11,182.
BAA				Schedule C (Form	990 or 990-EZ) 2014

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description)	(b)
or each 'Yes' response to lines Ta through TI below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
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, through the use of:			
a Volunteers?			
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?	. T. T.		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i	THY ST		,.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			HELD THE RESERVE TO SERVE THE RESERVE THE
b If 'Yes,' enter the amount of any tax incurred under section 4912		100	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	Harris Street,		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or	

section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

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).		
ā	Current year	2a	
	Carryover from last year	2b	
C	: Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification numbe Pacific Crest Trail Association 33-0051202 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 Total number at end of year..... 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during 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?.... Yes No **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). Preservation of land for public use (e.g., recreation or education) Preservation of a 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..... 2h 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 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, No and enforcement of the conservation easements it holds?..... Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, 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 the organization's financial statements that describes the organization's accounting for conservation easements. 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 XIII, 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: (ii) Assets included in Form 990, Part X..... 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 Revenue included in Form 990, Part VIII, line 1.....

►\$

Part III Organizations Mainta	ining Collection	s of Art, Historic	al Treasures, or	Other Similar Ass	ets (CC	ntınu	ea)
3 Using the organization's acquisition items (check all that apply):	n, accession, and othe	-	_	a significant use of its o	collection	1	
a Public exhibition		d Loan or ex	change programs				
b Scholarly research		e Other					
c Preservation for future gener	rations						
4 Provide a description of the organize Part XIII.		,	J				
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintained	d as part of the organ	ization's collection?		Yes	[No
Part IV Escrow and Custodia line 9, or reported an				wered 'Yes' to For	m 990	, Part 	. IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian, or o	ther intermediary for	contributions or othe	r assets not included	Yes	Г	□No
b If 'Yes,' explain the arrangement						L	
bit 103, explain the arrangement	in i art Am and con	ipiete the following to	able.		Amount		
c Beginning balance					Thount		
d Additions during the year							
							
e Distributions during the year				1 f			
f Ending balance					7 27		7
2a Did the organization include an a				- L	Yes	-	No
b If 'Yes,' explain the arrangement	in Part XIII. Check	nere if the explanatio	n has been provided	in Part XIII		[_
B . W = 1					- 10		
Part V Endowment Funds. C			1				
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	
1 a Beginning of year balance	1,220,309.	877,285.					178.
b Contributions	107,021.	237,457.	403,930	. 281,976.		6,	309.
c Net investment earnings, gains, and losses	66,456.	130,567.	75,256	. 19,164.		3,	472.
d Grants or scholarships							
e Other expenditures for facilities and programs	127,500.	25,000.		0.			
f Administrative expenses							
g End of year balance	1,266,286.					96,	959.
2 Provide the estimated percentage	e of the current year	end balance (line 1g	, column (a)) held a	s:			
a Board designated or quasi-endowm	ent ►	1.23 %					
b Permanent endowment ►	82.22%						
c Temporarily restricted endowmer		5 %					
The percentages in lines 2a, 2b,		<u> </u>					
	-						
3a Are there endowment funds not in to organization by:	he possession of the	organization that are h	eld and administered f	or the	Г	Yes	No
(i) unrelated organizations					20(1)	162	
(ii) related organizations					3a(i)		X
							X
b If 'Yes' to 3a(ii), are the related of					3b		L
4 Describe in Part XIII the intended		ation's endowment for	unds. See Part	XIII			
Part VI Land, Buildings, and I							
Complete if the organi	zation answered	'Yes' to Form 99	0, Part IV, line 1	1a. See Form 990	, Part	X, lin	ıe 10.
Description of property	(a) Cos (ir	t or other basis (I	Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment			105,689.	06 224		0	265
e Other				96,324.			<u>, 365.</u>
Total. Add lines 1a through 1e. (Colum		m 000 Part V anti-	65,798.	<u>43,799.</u> ►			<u>, 999.</u>
BAA	ii (u) iiiusi eyuai F0i	III 330, FAR A, COIUN	iii (B), iirie TUC.)		I. D. /		364.
DAA				Schedu	le D (Fo	rm 990	2014

(a) Description of security or category (including name of security)		, Part IV, line 11b. See Form 990, Part X, line 12
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other	<u> </u>	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments — Program Related.		N/A
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		W-2 WA ARA HUS-
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	M/A	
	II/ II	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answered (a) Des	'Yes' to Form 990 cription	, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Complete if the organization answered (a) Des (1)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' to Form 990 cription	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	cription	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Foll (a) Description of liability (1) Federal income taxes (2)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)), line 15.)	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	cription), line 15.) rm 990, Part IV, line 11 (b) Book value	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	cription), line 15.) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statemen		•	turn.	
Complete if the organization answered 'Yes' to Form 990, P	art IV, lir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements			1	3,037,968.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	37,531.		
b Donated services and use of facilities	2b	265,421.		
c Recoveries of prior year grants	2 c		118	
d Other (Describe in Part XIII.) See Part XIII	2d	8,319.		
e Add lines 2a through 2d			2 e	311,271.
3 Subtract line 2e from line 1			3	2,726,697.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			701	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
b Other (Describe in Part XIII.)	4 b			
c Add lines 4a and 4b			4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	2,726,697.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Return	
		EVACUINOS MOLI	101011	••
Complete if the organization answered 'Yes' to Form 990, P			· · · · · · · ·	••
	art IV, Iir	ne 12a.	1	
Complete if the organization answered 'Yes' to Form 990, P	art IV, Iir	ne 12a.		2,463,932.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, lir	ne 12a.		
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements	art IV, Iir	ne 12a.		
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements	2a 2b	ne 12a.		
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements	2a 2b 2c	265,421.		
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) See Part XIII	2a 2b 2c 2d	265,421. 8,319.	1	2,463,932.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d.	2a 2b 2c 2d	265,421. 8,319.		2,463,932. 273,740.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d	265,421. 8,319.	1 2 e	2,463,932.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	265,421. 8,319.	1 2 e	2,463,932. 273,740.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d 4a	265,421. 8,319.	1 2 e	2,463,932. 273,740.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	265,421. 8,319.	1 2 e	2,463,932. 273,740.
Complete if the organization answered 'Yes' to Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	265,421. 8,319.	1 2e 3	2,463,932. 273,740.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

BAA

			upplemental Information		
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ш	rait Alli	SUDDICHELIA	muonnauon	accinn in ear	

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990	
Cost of Sales	\$ 8,319. 8,319.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S	
Cost of Sales	\$ 8,319. 8,319.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Pacific Crest Trail Association 33-0051202 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) have custody or control of contributions? (or retained by) fundraiser listed in from activity (or retained by) organization column (i) Yes No See Part Majorgiving.com X 951,473 20,000 931,473. See part Farr Associates Х 16,600 See part IV 3 Seth Levy Х 161,476 15,466. 146,010. 4 5 6 7 8 9 10 Total... 1,112,949. 52,066. 1,077,483. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing CA OR WA AK AL AZ AR CO CT FL GA HI IL KS KY LA MA MD ME MI MN MS MO NH NJ NM NY NC ND OH OK PA RI SC TNUT

Schedule G (Form 990 or 990-EZ) 2014 Pacific Crest Trail Association 33-0051202 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) None through column (c)) REVENUE (event type) (event type) (total number) 1 Gross receipts..... Gross income (line 1 minus line 2)..... 4 Cash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages EXPENSES Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d)..... Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (a) Bingo (c) Other gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) **1** Gross revenue..... 2 Cash prizes..... EXPENSES DIRECT Rent/facility costs..... Other direct expenses..... Yes Yes Yes No 7 Direct expense summary, Add lines 2 through 5 in column (d)..... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

Sch	edule G (Form 990 or 990 EZ) 2014 Pacific Crest Trail Association	33-0051	L202	Page 3
11	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 entity formed to administer charitable gaming?)	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility	13а		%
	b An outside facility			બ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name •			
	Address •			
15	a Does the organization have a contact with a third party from whom the organization receives gaming reven	ue?	. Tyes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization► \$	the amour		
	of gaming revenue retained by the third party ► \$			
	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			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
Da	organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	olumns (ny additi	(iii) and (onal	(v),
	Part I, Line 2b - Fundraiser Additional Information Majorgiving.com advises staff on fundraising strategies. All solic administrative work, and gift acceptance is performed by PCTA staff	itation	1,	
Seth Levy consults with staff on fundraising strategies for corporate partner All solicitation, administrative work, and gift acceptance is performed by staff.				
	Farr Associates Consulting LLC works with staff to develop the key: Case for Support for the Major Gifts Initiative.	message	es in t	he

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization Pacific Crest Trail Association Employer identification number

33-0051202

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash o	(d) od of detern contribution	nining amounts
1	Art — Works of art				,		
2	Art — Historical treasures					-	
3	Art — Fractional interests						
4	Books and publications				-		-
5	Clothing and household goods	Х		16,868.			
6	Cars and other vehicles			20,000.			
7	Boats and planes						-
8	Intellectual property						
9	Securities – Publicly traded	X	14	271,755.	-		
10	Securities - Closely held stock		1.1	271,755.			
11	Securities – Partnership, LLC, or trust interests .				-		
12	Securities - Miscellaneous						
	Qualified conservation contribution —						
13	Historic structures				8		
14	Qualified conservation contribution — Other			· ·		×=	
15	Real estate – Residential						
16	Real estate – Commercial				1		
17	Real estate – Other.						-
18	Collectibles						
19	Food inventory.	Х	2	293.	-		-
20	Drugs and medical supplies			293.			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
	•						
24	Archeological artifacts.	v	1 [1 000			
25	Other (Other)	Х	15	1,060.			
26	Other ()						
27	Other ()						
28	Other► ()						1100 12
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done	uring the tax	year for contributions for	r which the	29		
	organization completed Form 6265, Fart IV, Done	e Ackilowiec	igement		29	T Vaa	N-
					F	Yes	No
30a	During the year, did the organization receive by contri						
	hold for at least three years from the date of the initial					20 -	V
	purposes for the entire holding period?					30 a	X
	b If 'Yes,' describe the arrangement in Part II.					21 12	
31	Does the organization have a gift acceptance police		_		ons?	31 X	-
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32 a	X
b	If 'Yes,' describe in Part II.						
33	If the organization did not report an amount in column describe in Part II.	(c) for a type	e of property for which co	olumn (a) is checked,		willing	ang j

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

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Additional Information

Column (b) represents number of contributions.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pacific Crest Trail Association

Employer identification number

33-0051202

Program Service Accomplishments Continued: Protect

In addition, PCTA advocated for Land and Water Conservation funding for the U.S. Forest Service and the Bureau of Land Management. PCTA's advocacy work made it possible for the following acquisitions benefitting the PCT to occur in 2014: In California, the US Forest Service purchased more than 1,000 acres near Mount Eddy, west of Mount Shasta, nearly 500 acres of Fleming Ranch in Southern California and 100 acres of Onyx Peak in Southern California. In Oregon, the Bureau of Land Management purchased 160 acres in the Hyatt Lake area. In addition, the Nature Conservancy purchased nearly 48,000 acres near the Pacific Crest Trail east of Seattle including tracks within the PCT corridor in the state of Washington.

PCTA also monitored or responded to ongoing threats to the trail, including the following: Trailwide - timber harvesting, fuels reduction, reforestation, invasive plant eradication, watershed restoration; California - wind development, solar installation, California High Speed Train, bankruptcy/selling of Warner Springs Ranch, Highway 138 expansion, Marine Corps Mountain Warfare Base Expansion, Yellow Creek bridge expansion, and State Route 89 realignment at Burney Falls State Park; Oregon - Pacific Connector Natural Gas Pipeline; Washington - ski area expansion, Suiattle River Road repairs, and Stehekin Valley Road relocation. In 2014, PCTA staff conducted 528 meetings with government agency partners to plan field work. About half of these meetings included discussion of protection activities. Our 2014 protection activities also included an annual trip to Washington, D.C. in February to advocate for federal trail management, operations and land acquisition funding for the PCT. Volunteers - including youth - and PCTA staff members attended this "Hike the Hill" event, visiting with federal agency leaders and Congressional

representatives and their staff.

Employer identification number 33-0051202

Program Service Accomplishments Continued: Promote

In 2014, promotional activities included: publishing four issues (50,000 copies) of the Pacific Crest Trail Communicator magazine, and distributing it to members, partners and elected officials; publishing an annual calendar; publishing four regular issues of Trail Dirt, the PCTA's electronic newsletter. The PCTA received 999 calls to the toll-free Trail Information telephone line; issued 2,627 wilderness permits; and monitored 1,366,385 website visits and 67,500 Facebook likes. PCTA ran a national awareness campaign around the theatrical release of the movie Wild to build awareness for the trail and the PCTA as the only organization dedicated to preserving the entire length of the PCT.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Members consist of individuals, associations, clubs, and organizations

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Members have the right to vote on the election of Directors and on other matters submitted to the membership by the Board of Directors. Each individual member has one vote and each member group has one vote.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Members have the right to vote on changes to the bylaws.

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 members for review.
- 2) The finance committee holds a meeting to discuss the contents of the Form 990.
- 3) The committee submits review comments to the finance director 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 Board.

Employer identification number

33-0051202

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

At a regularly scheduled board meeting, the PCTA board of directors determines the salary of the executive director based in part on performance measured against objectives and other factors. In 2014 the Board of Directors used comparable salary data from a survey of Northern California non -profit organizations from the Nonprofit Compensation Associates.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

At a regularly scheduled board meeting, the PCTA board of directors reviewed and approved the salary of the Finance Director.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

CA OR WA AK AL AZ AR CO CT FL GA HI IL KS KY LA MA MD ME MI MN MS MO NH NJ NM NY ND NC OH OK PA RI SC TN UT VA WI WV

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All documents are available to the public upon request. Form 990 can be found through guidestar.org and PCTA's website and PCTA's Financial statements can also be found on their website.