Form **990**

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

\overline{A}	For the	2015 calen	dar year, or tax year b	eginning	, ;	2015, and endi	ng							
В	Check if a	pplicable:	С					D Employ	er identi	fication number				
	Addr	ess change	Pacific Crest	Trail Asso	ciation			33-0	00512	202				
	H	e change	1331 Garden H		0200			E Telepho						
	H	il return	Sacramento, Ca	A 95833				016	-205.	1016				
	\mathbf{H}		· ·				916-285-1846							
	\vdash	return/terminated						C -		2 772 514				
	H	nded return	F				Max le thie	G Gross re a group retur		13.7				
	Appli	ication pending	7	incipal officer: Liz	Bergeron		1	_		H				
_			Same As C Abov		I Trace: .		If 'No,'	subordinales altach a list.	(see insi	tructions)				
<u></u>		empt status	X 501(c)(3) 501(c) () 1 (in:	sert no.) 4947(a)	(1) or 527	-							
1			w.pcta.org			T-		exemption nu						
K		f organization:	X Corporation Trust	Association	Other -	L Year of forma	tion: 197	7 M s	late of le	gal domicile: CA				
Pa	rtl	Summar	у	77 - 77 - 7										
	1 B	riefly descri	be the organization's i	nission or most s	ignificant activities	<u>To prote</u>	<u>ct. pr</u>	<u>eserve</u>	<u>and</u>	promote the				
ė	<u> </u>		ic Crest National Scenic Trail as a world-class experience for hikers and											
핆	_ €	<u>equestri</u>	trians, and for all the values provided by wild and scenic lands.											
Governance	_													
ò	2 C	heck this bo	ox F if the organizating members of the o	zation discontinue	d its operations or	disposed of m	ore than 2	5% of its	net ass					
90			dependent voting men						3	13				
S			of individuals employ						5	26				
Activities &			of volunteers (estima						6	1,825				
Ę			ed business revenue for						7a	0.				
4			l business taxable inco						7b	0.				
_								rior Year		Current Year				
	8 C	Contributions	and grants (Part VIII,	line 1h)			1	,782,5	84.	1,804,705.				
Revenue			rice revenue (Part VIII					910,9		912,880.				
Ver			ncome (Part VIII, colur					29,1		25,474.				
8	11 0	ther revenu	e (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)				74.	23,209.				
	12 T	otal revenue	- add lines 8 throug	h 11 (must equal	Part VIII, column (A), line 12)	2	,726,6		2,766,268.				
	13 G	rants and s	imilar amounts paid (F	art IX, column (A), lines 1-3)					28,644.				
	14 B	Benefits paid	to or for members (P											
			er compensation, emp				1,221,898.			1,478,594.				
Ses	16a P		fundraising fees (Part	=					42,050.					
Expenses	ьт		sing expenses (Part IX				Literature and the same	4000 SECTION 1	COLUMN TO SERVICE					
盗					•			22.4	The same of	076 202				
		•	ses (Part IX, column (/	•	•			914,8		976, 323.				
		•	es. Add lines 13-17 (m	•			-	,190,1		2,525,611.				
8		evenue less	expenses. Subtract li	ne 18 from line 1	2			536,5		240,657.				
200			20% - 1 hz 11 - 1125					g of Curren		End of Year				
Bell	20 T		(Part X, line 16)					,293,7		2,498,038.				
Not Assets Fund Balanc	21 T		s (Part X, line 26)					153,9		149,930.				
_			fund balances. Subtra	act line 21 from li	ne 20		2	,139,8	02.	2,348,108.				
Pa	art II	Signatur	e Block											
Und	er penaltie:	s of perjury, I de	eclare that I have examined the erer (other than officer) is base	is return, including according all information of	ompanying schedules and which preparer has any l	I statements, and to	the best of m	y knowledge	and belie	ef, it is true, correct, and				
_	p.0101 D 001			-(1)			_	0.0	. 11					
		Signal	re of officer	1646			Da	<u> </u>	- 14					
Sig	gn		-											
He	re		esa Fieth print name and title.				Chie	Fin 8	Adn	<u> </u>				
_		The State of the S		In-		In-t-			1 1	DT(b)				
			oreparer's name	Proparer's sign	J. O.K. CP.	4 S/2/		Check _	J #	PTIN				
Pa			McCardle Ask, C.P	.A. Debbie Mc	Cardle Ask, C.I	P.A. 3/2/	16	self-employ	ed j	P00052634				
	eparer		John Waddell	& Co., CPAs		_)						
US	e Only	Firm's addr	ess 🏲 <u>3416 America</u>	n River Drive,	#A			Firm's EIN	94-	2329070				
	Sacramento, CA 95864							Phone no. 916-488-2460						
Ma	y the IR	S discuss th	is return with the prep	arer shown above	? (see instruction	s)				X Yes No				
										E 000 (2015)				

Form	990 (2015) Pacific Crest Trail Association	33-005120	2 Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To protect, preserve and promote the Pacific Crest National Scen		
	world-class experience for hikers and equestrians, and for all t	<u>ne values p</u>	rovided by
	wild and scenic lands.		
	Did the second of the second o		
2	Did the organization undertake any significant program services during the year which were not listed on the pri Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O.		ies M No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X No
•	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ices, as measured as to others, the to	d by expenses. otal expenses,
4 a	(Code:) (Expenses \$ 826,684. including grants of \$ 18,644.) (F	Revenue \$	429,874.)
	PRESERVE:	the bard	obvetes1
	In 2015, 1,825 citizen stewards and corps crew members performed labor of annual maintenance and restoration of the PCT. PCTA volume	unteers con	tributed
	96,000 service hours in 2015, an in-kind value of \$2.2 million.		
	the completion of 1,482 miles of trail maintenance, 24 miles of		
	the construction of one trailhead kiosk and 37 volunteer training		
		229	
4 b		Revenue \$	230,307.
	PROMOTE:		
	Through our print and electronic publications and personal outre	acn, we pro	note the
	PCT, marshal volunteers and keep our members and elected leaders	informed of	r_programs_
	and issues facing the trail.		
	Program service accomplishments continued on Schedule O.		
	Tradition pervises recomplishments continued on pendents of		
40	: (Code:) (Expenses \$ 416,630. including grants of \$ 6,000.) (F	Revenue \$	114,607.
	PROTECT:		
	In 2015, the PCTA partnered with private foundations, land trust		
	agencies to purchase land from private owners that included or we	<u>as adjacent</u>	to the
	PCT.		
	Program service accomplishments continued on Schedule O.		
40	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 1,676,956.		
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			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 I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		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, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, tine 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	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		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	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	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	-		Х
		13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х

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Checklist of Required Schedules (continued)

Yes No X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H.... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 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......... X 21 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... Х 242 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 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X 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. X 26 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? If 'Yes,' complete Schedule L, Part III. Х 27 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV....... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV. ... 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..... X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II...... 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections X 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... b If '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 X 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O..... X Form 990 (2015)

Form 990 (2015)

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Party | 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners?.... 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.... 26 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a 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 0 3Ь 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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?..... X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6 b 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 X 7 a services provided to the payor?.... X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 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 X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.....as required?..... h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 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..... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders...... 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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..... X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14Ь b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O......

TEFA0105L 10/12/15

Form 990 (2015) Pacific Crest Trail Association 33-0051202 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 No Yes 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...... X Did the organization have members or stockholders?... See Schedule 0..... X 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 X 7Б stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8 a X b Each committee with authority to act on behalf of the governing body?..... 8Ь 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...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12c 13 Did the organization have a written whistleblower policy?..... $\overline{\mathbf{x}}$ 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See . Schedule............ 15a 15b X b Other officers or key employees of the organization...See .Schedule. O..... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If 'Yes,' 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?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>See Schedule O</u> 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 Own website 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 0

State the name, address, and telephone number of the person who possesses the organization's books and records:

Sacramento CA 95833 916-285-1848

Teresa Fieth 1331 Garden Hwy

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33-0051202

Dagifia	Croot	$T_{N-1} + 1$	Association	
Pacific	LTEST	Irail	ASSOCIATION	

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.

		(C)								
(A) Name and Title	(B) Average hours per	Pos thar	s both	ector	officer /trusto			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	individual trustoc or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Chip Herzig	3									
Director	0	X						0.	0.	. 0
(2) Priscila Franco	3									
Director	0	Х						0.	0.	0
(3) Scott Jacobsmeyer	3							-		
Vice Chair	0	X		X				0.	0.	0
(4) Tim McGuire	3						T			
Director	0	Х						0.	0.	0
(5) Don Ralphs	3									
Director	0	X						0.	0.	0
(6) Denise Gilbert	3]							1	
Sec/Treasurer	0	X		X				0.	0.	0
7) John Crawford	3									
Chairman	0	Х		Х			_	0.	0.	0
(8) John Hoffnagle	3									
Director	0	X				\sqcup	_	0.	0.	0
(9) Eric Ryback	3	1								
Director	0	X	Щ		_	\square	_	0.	0.	0
(10) Tom Reveley	3	1								
Director	0	X	Ш		_		_	0.	0.	0
(11) Barney Mann	3									
Director	0	Х				\sqcup	_	2,500.	0.	0
(12) Ken Schwarz	33	1								
Director	0	X					_	0.	0.	0
(13) Jim Newman	3_									
Director	0	Х		_	_	\sqcup	_	0.	0.	0
(14) Liz Bergeron	40				1					
Exec Dir & CEO	l 0	l .		X	1	1 1	- 1	141,827.	0.	10,440

Part VII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Con	pensated Emp	loyees	(cont	inued)
	(B)			((
(A) Name and title	Average hours per week	box offi	i, unie cer ar	ess pa nd a c	erson direct	than is bot or/trus	h an ilee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated ant of of pensati	ther
	(list any hours for related organiza • tions	or director	nstitutional trustee	Officer	key employ	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	om the anization d relate anization	on ed
	below dotted line)	rusice	Irustee		99	pensated						
(15) Teresa Fieth Chief Fin & Adm	<u>40</u>			х				89,734.	0.		11,	143.
(16)												
(17)									oranside:		0° (2)	
(18)									_			
(19)												
(20)			П									
(21)												
(22)					Γ							
(23)												
(24)											24092	
(25)												
1 b Sub-total.							-	234,061.	0.		21,	583.
c Total from continuation sheets to Part VII, Secti							•	0.	0.			0.
d Total (add lines 1b and 1c)							worl	234,061.	0.	ensatio		583.
from the organization 1	1 10 111036 1	isieu	abo	vc) v	WIIO	ICCCI	veu	more than \$100,00	o or reportable comp	ensauo		
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru ch individu	istee ial	, key	/ em	nplo	yee,	or h	nighest compensa	ted employee	. 3		х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	tion 'es'	and com	oth plet	er compensation le Schedule J for	from	4	X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	nsatio	on fr chec	om dule	any <i>J lo</i>	unre r sue	elate ch p	ed organization or erson	individual	. 5		X
Section B. Independent Contractors			al a sa			-4	- ملا	t and the disease the	han #100 000 at	25		
Complete this table for your five highest compensation from the organization. Report compensation.	sated ind sation for	the c	alen	idar j	ntra year	endi	ng v	with or within the or	ganization's tax year	,		
(A) Name and business add	ress							(B) Description (of services	Compe	C) nsatio	วก
			_	_	_	-				-		
						V						
	7975	3 EV 2		9,000					988			
Total number of independent contractors (including I \$100,000 of compensation from the organization)		ited to	o the	ose I	listed	abo	ve)	who received more	than			
Title to the second of the sec		_	_						Till (III)	-	-	-

	Check if Schedule O contains a response or note to any	line in this Part VIII	Ĺ, . , ,		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a Federated campaigns 1a 10,693.				
our at	b Membership dues				
S, E	c Fundraising events				
ar ar	d Related organizations 1 d				
JS.	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,789,917.				
달	g Noncash contributions included in lines 1a-1f: \$ 53,192.				
	h Total. Add lines 1a-1f	1,804,705.			
Program Service Revenue	Business Code				Management of Security
ē.	2a Government grants 900099	889,681.	889,681.		
e B	b Sponsorship revenue 900099	11,291.	11,291.		
νic	c Other contract fees 900099	10,000.	10,000.	<u>-</u> .	1 000
Š	d Advertising revenue541800	1,908.			1,908.
E.	e				
ᅙ	f All other program service revenue	24.5 222			
<u> </u>	g Total. Add lines 2a-2f	912,880.			SEASON NO.
	Investment income (including dividends, interest and other similar amounts)	25,474.			25,474.
	4 Income from investment of tax-exempt bond proceeds	23,414.	-		23,374.
	5 Royalties	12,229.	-		12,229.
	(i) Real (ii) Personal	12,225.	Service and the service of the servi	AND DESCRIPTION OF THE PARTY OF	TE TE STATE OF THE
	6 a Gross rents				
	b Less: rental expenses				
1 3	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other	Pall Consent Call			MORE SERVICES
	assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
a	8 a Gross income from fundraising events				
Other Revenue	(not including \$				
š	of contributions reported on line 1c).				
œ	See Part IV, line 18 a				
至	b Less: direct expenses b	i i			
8	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b	a At Line and At Land			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns a 17,167.				
	b Less: cost of goods sold b 6,246.				
	c Net income or (loss) from sales of inventory	10,921.	10,921.		
	Miscellaneous Revenue Business Code			A STATE OF THE STA	
	11a Other Income 900099	59.			59.
	b				
	d All other revenue				
	e Total. Add lines 11a-11d		CONTRACTOR OF THE PARTY OF THE	A CONTRACTOR OF THE PARTY OF	MATERIAL STREET, STREE
	12 Total revenue. See instructions	2 766 269	921.893	0	39,670.
	ILE TOURIEVERIUGE OCC. III SUUCUUI SEEREEREEREEREEREEREEREEREEREEREEREEREER	Z. 100.700	7/1/077		

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).

	clude amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
orga	nts and other assistance to domestic nizations and domestic governments. Part IV, line 21	20.644	20 644		
Gran	nts and other assistance to domestic riduals. See Part IV, line 22	28,644.	28,644.		
3 Gran organ eign	nts and other assistance to foreign nizations, foreign governments, and for- individuals. See Part IV, lines 15 and 16				
5 Com	efits paid to or for members	255,644.	113,270.	120,663.	21,711
6 Com	pensation not included above, to ualified persons (as defined under ion 4958(f)(1)) and persons described ection 4958(c)(3)(B)	255, 644.	0.	0.	21,711
	er salaries and wages	957,444.	689,016.	76,559.	191,869
e Pens	sion plan accruals and contributions ude section 401(k) and 403(b) loyer contributions)				
	er employee benefits	45,892.	34,093.	2,174.	9,625
	roll taxes	123,541. 96,073.	84,517. 64,287.	16,034. 14,794.	22,990 16,992
_	s for services (non-employees):	30,013.	04,40/.	14,/74.	10, 332
	agement		534361		
	al	518.	365.	70.	83
_	ounting	15,615.	10,448.	2,363.	2,804
d Lobb	bying				100.190002
e Profe	ssional fundraising services. See Part IV, line 17	42,050.		Junior Charles	42,050
	stment management fees				
9 Other (A) a 12 Adve	to (If line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule 0.)	126,671.	119,839.	1,811.	5,021
	ce expenses	205,499.	167,697.	1,449.	36,353
	rmation technology	34,529.	25,266.	3,796.	5,467
	alties		,		
16 Occi	upancy	120,757.	89,376.	13,545.	17,836
17 Trav	rel	180,552.	149,952.	1,505.	29,095
expe publ	ments of travel or entertainment enses for any federal, state, or local ic officials				
19 Con	ferences, conventions, and meetings	51,330.	39,495.	1,450.	10,385
	rest				
_	ments to affiliates				
	reciation, depletion, and amortization	20,730.	13,871.	3,136.	3,723
24 Othe cove in lir of lir	er expenses. Itemize expenses not er expenses. Itemize expenses not expenses not expenses in e 24e. If line 24e amount exceeds 10% ne 25, column (A) amount, list line 24e enses on Schedule O.)	10,291.	6,886.	1,557.	1,848
	rect mail	117,101.	Marine Marine Control of the Control		117,101
	scellaneous	92,730.	39,934.	7,968.	44,828
c					
d					
	other expenses				
25 Total	functional expenses. Add lines 1 through 24e	2,525,611.	1,676,956.	268,874.	579,781
the joint cam Che	at costs. Complete this line only if organization reported in column (B) toosts from a combined educational apaign and fundraising solicitation. ck here				
BAA		TEEA0110L 11/	nans	<u> </u>	Form 990 (2015

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year End of year 1 Cash - non-interest-bearing.... 218,582 141,749. 2 Savings and temporary cash investments..... 2 3 Pledges and grants receivable, net 323,697. 70,609 4 Accounts receivable, net 34,638. 34,793. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(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 7 Notes and loans receivable, net. Assets 8 Inventories for sale or use..... 8 2,559. 3.471 9 Prepaid expenses and deferred charges..... 23.131 9 32,665. 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D..... 10a 181,939 10 c 154.922. 31,364 27.017. Investments - publicly traded securities..... 1,911,933 11 1,935,558. Investments - other securities. See Part IV, line 11..... 12 Investments - program-related, See Part IV, line 11..... 13 14 Other assets. See Part IV, line 11..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 2,293,728 16 2.498.038. 16 17 Accounts payable and accrued expenses 142,347 141,302. 17 Grants payable 18 18 19 8,628. 19 11,579 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 153,926 26 149,930. Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 628,938. 398,173 Temporarily restricted net assets..... 28 700,416. 668,028. Permanently restricted net assets..... 1,041,213. 29 1,051,142. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund..... Retained earnings, endowment, accumulated income, or other funds...... 32 Total net assets or fund balances 2,139,802. 33 2,348,108. Total liabilities and net assets/fund balances..... 34 34 2,293,728 2,498,038. BAA Form 990 (2015)

Pal	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,7	66,2	268.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5	25,€	511.			
3	Revenue less expenses. Subtract line 2 from line 1	3	- 2	240,657				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	2,139,802				
5	5 Net unrealized gains (losses) on investments							
6	30.0030							
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))							
Pa	HXIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				. П			
				Yes				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a						
	b Were the organization's financial statements audited by an independent accountant?		2b	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis	ite	82/3					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	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 Single Audit Act and OMB Circular A-133?							
2000	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
BAA			Forr	n 990 i	(2015)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► 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) 2015

Open to Public

Employer identification number Name of the organization Pacific Crest Trail Association 33-0051202 Partil 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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. 11 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 it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization listed in your governing document? (v) Amount of monetary (vI) Amount of other (ili) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) **Total**

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

Schedule A (Form 990 or 990-EZ) 2015 Pacific Crest Trail Association

Partill 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	1475444							
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,897,396.	1,839,846.	2,101,607.	2,685,031.	2,694,386.	12,218,266.		
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				3	2	0.		
4	Total. Add lines 1 through 3	2,897,396.	1,839,846.	2,101,607.	2,685,031.	2,694,386.	12,218,266.		
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)						620,518.		
6	Public support. Subtract line 5 from line 4						11,597,748.		
Sec	tion B. Total Support	14							
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	2,897,396.	1,839,846.	2,101,607.	2,685,031.	2,694,386.	12,218,266.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,162.	19,489.	22,898.	27,672.	37,703.	126,924.		
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						12,345,190.		
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	154,176.		
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)			
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	015 (line 6, colum	n (f) divided by li	ne 11, column (f))	l	14			
15	Public support percentage from	2014 Schedule A,	Part II, line 14				93.86%_		
	33-1/3% support test — 2015. If and stop here. The organization	qualifies as a pul	blicly supported o	rganization	• • • • • • • • • • • • • • • • • • • •		X		
ь	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 16 or 16 or 16 or 16 or 16	5a, and line 15 is	33-1/3% or more,	check this box		
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est — 2015. If the meets the facts-as-and-circumstand	organization did r and-circumstance es' test. The orga	not check a box o s' test, check this anization qualifies	n line 13, 16a, or box and stop he as a publicly sup	16b, and line 14 i re. Explain in Pari ported organization	s 10% t VI how on		
	b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private toundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is pox and see in:	structions		

Partilli Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					- 111	
Calend	lar year (or fiscal year beginning in) 🟲 👚	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					2	
2	Gross receipts from admis-			- C707	22.5		
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
-	tax-exempt purpose	1950-7					
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	organization without charge	3059831					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			7-7-			
Ь	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			VIII 100 100 100 100 100 100 100 100 100			2 92
Sec	tion B. Total Support						*
	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b	 -					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		ži.	-			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pu					1 1	
15	Public support percentage for 20						8
16	Public support percentage from					16	울
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2015 (line 10c,	column (f) divide	d by line 13, colu	ımn (f))	17	ક
18	Investment income percentage f						95
19 a	33-1/3% support tests - 2015. If is not more than 33-1/3%, check	f the organization this box and sto	did not check the p here. The organ	box on line 14, a	and line 15 is mor as a publicly supp	e than 33-1/3%, ar orted organization	nd line 17 ►
Ŀ	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or I	line 19a, and line	16 is more than 33	3-1/3%, and
20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

	Sections A, D, and E. If you checked Tru of Part I, complete Sections A and D, and complete	e i a	ι ν.,	
Sec	tion 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.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
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.	3a 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	Зс		
4 a	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		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	2000	Econo.
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
E	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	7	

Pa	irt IV Supporting Organizations (continued)		V	62.
11	Has the organization accepted a gift or contribution from any of the following persons?	THE	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		HERES.
	b A family member of a person described in (a) above?	11b		18
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
_	ction B. Type I Supporting Organizations	N		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
202	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction 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):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	is).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	EVI III	

rai 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ons. All
	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	Sectio	ns A through E. (A) Prior Year	(B) Current Year
>ec	tion A – Adjusted Net Income		(A) Flior rear	(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		28
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	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):			
8	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		15
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		
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-inte (see instructions).	grated	Type III supporting or	ganization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2015

ran	tiv Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	itions (continuea)	
Sect	tion D — Distributions	Table And William		Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		A TOWN ASSESSMENT
2	Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity.			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			50-27 F3 E37-0-A
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			78.00
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
Ь				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	Indepth Legisla	for street in the season of th	
	Carryover from 2010 not applied (see instructions)			NO IS USE EXHIBITION
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	H H		
	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			Ness Transition
С	Remainder. Subtract lines 4a and 4b from 4		HAD STANDEN WEST	75
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			Market Market Barrier
	Excess from 2014			
	Evens from 2015			DISHOE CONTRACTOR

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2015

Open to Public Inspection

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 its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on 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,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.				
Name	of organization			Employer identifica	itlon number	
Pag	cific Crest Trail A	ssociation		33-005120	2	
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.	- 1
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV.		
2	Political expenditures					
3	Volunteer hours					
Pai	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$		0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.			0.
3	_	a section 4955 tax, did it file Form 4720 for				No
4:	Was a correction made?				Yes	No
	of 'Yes,' describe in Part IV.		70.800			
Pai		rganization is exempt under section				
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$		
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt ►\$		
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$		
4	Did the filing organization file	e Form 1120-POL for this year?			Yes	No
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the an sereceived that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 poli	itical organizations to w	hich the filing	e
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of po contributions receiv promptly and dir delivered to a sep political organizat none, enter -0	red and ectly parate ion, If
(1)						
(2)						
(3)			"			
(4)						
(5)						
(6)						

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

Partill-A Complete if the section 501(h		s exempt under sect	ion 501(c)(3) and f	iled Form 5768 (ele	ction under
	**	to an affiliated group (and lis	st in Part IV each affiliate	d group member's name.	
		hare of excess lobbying e			
_		ed box A and 'limited cont			
(The term 'e	Limits on Lobbying	g Expenditures amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	es to influence publi	c opinion (grass roots lobl	bying)		
b Total lobbying expenditure	-			31,572.	
c Total lobbying expenditure				31,572.	0.
d Other exempt purpose ex				2,494,039.	
e Total exempt purpose exp			The contract of the contract of	2,525,611.	0.
f Lobbying nontaxable amo	ount. Enter the amou	nt from the following table	in	276 201	
If the amount on line 1e, colum		ne lobbying nontaxable ar		276,281.	
Not over \$500,000	`````	% of the amount on line 1e.			
Over \$500,000 but not over \$1,00		00,000 plus 15% of the excess ov	/er \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$1	75,000 plus 10% of the excess ov	/er \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$2	25,000 plus 5% of the excess over	er \$1,500,000.		
Over \$17,000,000		,000,000.			
g Grassroots nontaxable an	· ·			69,070.	0.
h Subtract line 1g from line				0.	0.
Subtract line 1f from line				0.	0.
j If there is an amount other section 4911 tax for this y	than zero on either lin vear?	e 1h or line 1i, did the orga	nization file Form 4720 re	porting	Tyes No
3000011 1311 (41/10) (11/10)	<u></u>	Dig white dealer the but	THE STATES OF PROPERTY		
(Some	organizations that r	Year Averaging Period Un nade a section 501(h) elec	ider section 501(h) ction do not have to co	mplete all of the five	
(23	columns	below. See the instruction	ns for lines 2a through	2f.)	
	Lobbyi	ng Expenditures During 4	-Year Averaging Period	ı	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	248,164.	249,032.	259,510.	276,280.	1,032,986.
b Lobbying ceiling amount (150% of line					
2a, column (e))	LOUIS PARTIES AND			H DE LES MILLERS	1,549,479.
c Total lobbying					
expenditures	24,995.	21,034.	27,019.	31,572.	104,620.
d Grassroots nontaxable	C2 041	60.250	CA 970	60.070	250 247
amount	62,041.	62,258.	64,878.	69,070.	258,247.
e Grassroots ceiling					
amount (150% of line 2d, column (e))					387,371.
f Grassroots lobbying					
expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2015

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

Pour of Mark and the Sathernah Si halam annida la Cart Mar debited deposition	(a)	(p)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
1 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 Mallings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	- 1		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?	. ,		
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			William .
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		1	1010
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
		50 - 100	
Fantili-A Complete if the organization is exempt under section 501(c)(4), section 50	ノドくバン	. or	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).) I (C)(S)	, or	
section 501(c)(6).			Yes N
section 501(c)(6).			1
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			1 2 3
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	01(c)(5)		1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-8 Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b)	01(c)(5) o) Part		1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partill-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (lines answered 'Yes.'	01(c)(5) o) Part	, or s	1 2 3 ection 501(c)
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section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partill-8 Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (is answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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).	01(c)(5) b) Part	, or s	1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partill-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (lines answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year.	01(c)(5) b) Part i	, or s III-A,	1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partill-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (banswered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year.	01(c)(5) o) Part	, or s II-A, 1 2a 2b	1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (lanswered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	01(c)(5) b) Part i	, or s III-A, 1 2a 2b 2c 3	1 2 3 ection 501(c)
section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partill-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (banswered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total.	01(c)(5) b) Part	, or s III-A, 1 2a 2b 2c 3	1 2 3 ection 501(c)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2015

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Crest Trail Association	33-0051202
Part I Organizations Maintaining Donor Advised Funds or Other S Complete if the organization answered 'Yes' on Form 990, Pa	Similar Funds or Accounts. art IV, line 6.
(a) Donor advised funds	s (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the asse are the organization's property, subject to the organization's exclusive legal cont	ets held in donor advised funds rol?
6 Did the organization inform all grantees, donors, and donor advisors in writing th for charitable purposes and not for the benefit of the donor or donor advisor, or impermissible private benefit?	nat grant funds can be used only for any other purpose conferring
Part II Conservation Easements.	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV. line 7.
Purpose(s) of conservation easements held by the organization (check all that a	
	reservation of a historically important land area
	reservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribut last day of the tax year.	tion 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.	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a	
	222
d Number of conservation easements included in (c) acquired after 8/17/06, and no structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or te tax year ►	rminated by the organization during the
4 Number of states where property subject to conservation easement is located >	
5 Does the organization have a written policy regarding the periodic monitoring, in:	spection, handling of violations,
and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	d enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?	ements of section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization reports conservation easements in its reveninclude, if applicable, the text of the footnote to the organization's financial state conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treatment Complete if the organization answered 'Yes' on Form 990, Part III	asures, or Other Similar Assets. art IV, line 8.
1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo art, historical treasures, or other similar assets held for public exhibition, education, or in Part XIII, the text of the footnote to its financial statements that describes the	research in furtherance of public service, provide
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, or rese following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar as amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		109,187.	96,596.	12,591.
e Other		72,752.	58,326.	14,426.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.)		27,017.
BAA		7	Schedu	le D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
B)		
(C)		
(D)		
E)		1107
(F)		
(G)		W
H)	<u> </u>	
(I)		
otal. (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' on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		5.51-1175 m
(2)		
(3)		100 Aug
(4)		
(5)	·	
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >		
Part IX Other Assets.	N/A	Part IV line 11d See Form 990 Part Y line 1
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 cription	D, Part IV, line 11d. See Form 990, Part X, line 1
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Part IX Other Assets. 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 (E)	'Yes' on Form 990 scription	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Part IX Other Assets. 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 (E) Part X Other Liabilities.	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 990, Part X, line 1 (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 (E)	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
Part IX Other Assets. 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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
Part IX Other Assets. 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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25
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 (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription B) line 15.) orm 990, Part IV, line 1 (b) Book value	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value le or 11f. See Form 990, Part X, line 25

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements..... 3,128,286. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments..... -32.351b Donated services and use of facilities..... 388,123 c Recoveries of prior year grants d Other (Describe in Part XIII.) See Part XIII 6,246 e Add lines 2a through 2d. 362,018. 3 Subtract line 2e from line 1. 3 2,766,268. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b..... b Other (Describe in Part XIII.) 4 c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)...... 2,766,268. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,919,980. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 388,123. b Prior year adjustments..... c Other losses..... d Other (Describe in Part XIII.) See Part XIII 6,246. e Add lines 2a through 2d..... 2e 394,369. 3 Subtract line 2e from line 1..... 3 2,525,611. 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 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 2,525,611

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

Part V, Line 4 - Intended Uses Of Endowment Fund

Part XIII Supplemental Information.

To defray normal operating expenses of the PCTA incurred in the furtherance of its objectives of protecting, preserving, and promoting the PCT. This includes expenses in maintaining or improving the PCT, membership in the PCTA, generating contributions or gifts to the PCTA, and direct costs incurred in the management and administration of the endowment fund.

BAA

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

Schedule D, Part XI, Line	2d
Other Revenue Included	In F/S But Not Included On Form 990

Cost of Sales \$ 6,246.

Total \$ 6,246.

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Cost of Sales \$ 6,246.

Total \$ 6,246.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer Identification number 33-0051202 Pacific Crest Trail Association Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Solicitation of government grants X Internet and email solicitations Ь X Phone solicitations Special fundraising events X In-person solicitations 2 a 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?..... X Yes No 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. (iv) Gross receipts (v) Amount paid to (i) Name and address of individual (vi) Amount paid to (ii) Activity (iii) Did fundraiser (or retained by) (or retained by) from activity or entity (fundraiser) have custody or control of contributions? fundraiser listed in organization column (i) Yes No Majorgiving.com 1 See Part X 753,069 20,000 733,069. Seth Levy 2 See part X 18,508 134,726. 153,234 3 4 5 6 7 8 9 10 906,303. 867,795. 38,508 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 TN UT VA WI WV

)51	

		List events with gross receipts gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
RE			(event type)	(event type)	None (total number)	through column (c))
REVENUE	1	Gross receipts	<u> </u>			
Ē	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes.				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPERSES	9	Other direct expenses				
S		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				
Par		Gaming. Complete if the organiza	tion answered 'Ye			
		1\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE			(a) Bingo	bingo/progressive bingo	(c) Other garning	(add column (a) through column (c))
Ĕ	1	Gross revenue				
_	2	Cash prizes				
DIRECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes %	Yes 8	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		200
	a Is I	ter the state(s) in which the organization co the organization licensed to conduct gamino No,' explain:	g activities in each of the			
		ere any of the organization's gaming license Yes,' explain:	s revoked, suspended	_	tax year?	Yes No
BAA			TEEA3702L (15/02/15	Schedule & (Form	n 990 or 990·EZ) 2015

Sche	edule G (Form 990 or 990-EZ) 2015 Pacific Crest Trail Association 3	3-0051202	Page 3
	Does the organization conduct 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	
	The organization's facility.	13a	8
b	An outside facility	13Ь	용
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name •		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue	ie? Yes	No
	of 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and t		
	of gaming revenue retained by the third party > \$		
C	If 'Yes,' enter name and address of the third party:		
	Name •		
	Address •		
16	Garning manager information:		
	Name >		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	the	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information (see instructions).	lumns (iii) and (y additional	v);
	Part I, Line 2b - Fundraiser Additional Information Majorgiving.com advises staff on fundraising strategies. All solici administrative work, and gift acceptance is performed by PCTA staff.		
	Seth Levy consults with staff on fundraising strategies for corporat All solicitation, administrative work, and gift acceptance is perforstaff.		ps.

SCHEDULE I (Form 990)

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

2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer identific	ation number			
Pacific Crest Trail Associa	ation					33-005120	12			
Partil General Information on G	rants and Assista	ance								
Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's pre-	ne grants or assistant	ce?		eligibility for the grants of		Part IV	X Yes No			
Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) American Conservation Expnce 2900 North Fort Valley Road Flagstaff, AZ 86001	37-1473291	501 (c) (3)	18,644.	0.			Sierra Buttes Realignment			
(2) Southern Oregon Land Consuncy P.O. Box 954 Ashland, OR 97520	93-0724691	501 (c) (3)	6,000.	0.			Parsons Conservation Easement			
(3)										
(4)										
(5)										
(6)										
<u></u>										
(8)										
2 Enter total number of section 501(c)(3 Enter total number of other organizat	1.0 FOR THUMS 1917	=					2			

Page 2

Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1.				11	30
2		27 E - 1, 22			
3					
4					<u></u>
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I. Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Trail maintenance grants: Pacific Crest Trail Association (PCTA) has agreements with various organizations to promote the diversity of our workforce and to cover parts of the trail that are not covered by other volunteer programs. To monitor the use of funds, PCTA provides oversight to the grant recipient including specifications and on the ground delineation of trail projects and development of specific project plans. PCTA also provides technical advice during the project by PCTA staff. Project reports are submitted to PCTA after each project takes place that include participant names, number of hours worked, and work performed. PCTA provides funding for reimbursable expenses to the recipient after the project occurs.

Schedule I, Part IV - Supplemental Information

Page 3

Client 57175

Pacific Crest Trail Association

33-0051202

8/10/16

01:29PM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

Land acquisition grants: In some cases PCTA's mission may be best accomplished through the granting of funds to another qualified conservation organization to acquire land or interests in land along or near the PCT. PCTA shall only grant funds to organizations and land protection projects that achieve significant public benefits, can be accomplished with high ethical standards, conform to federal and state laws applicable to public charities and public trusts, and meet PCTA's mission and Strategic Plan goals.

PCTA shall evaluate each potential land protection project grant request to determine whether to commit the resources of the organization. In each evaluation, PCTA will use its Project Selection Criteria Policy to weigh the merits of the project. Each project must be reviewed and approved by Board of Directors prior to the organization's commitment of resources. Any grant of funds to another non-profit organization shall be governed by an agreement. At a minimum, this agreement shall cover the following items: a description of the purpose of the grant and goals of the project to be funded, the duration of the agreement, indemnification clause, the conditions that must be met for funds to be paid by PCTA, the fund disbursement procedure, agreement on communication between the two organizations and the public, and requirements for acknowledgment of PCTA's role in the project in public communications. For any project PCTA is providing funding for, it will receive copies of the following items: any Phase 1 CERCLA report or hazardous materials assessments, preliminary title reports, appraisals, and baseline reports (conservation easements only).

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Crest Trail Association

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

Employer identification number

33-0051202

Par	t Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	f the following to or for a person listed on Form 990, Part vant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence		38	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
	Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, ustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? dicate which, if any, of the following the filing organization used to establish the compensation of the organization's EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stablish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Part II Compensation committee Written employment contract Representation or a related organization Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Independent compensation consultant X Approval by the board or compensation committee Independent compensation or a related organization: Independent compensation or a related organization: Independent compensation committee Receive a severance payment from, a supplemental nonqualified retirement plan? Independent compensation or a related organization: Independent compensation or a related organization: Independent compensation organization Receive payment from, a supplemental nonqualified retirement plan? Independent compensation organization Receive payment from, an equity-based compensation arrangement? Independent compensation Receive payment from, an equity-based compensation arrangeme				
t	reimbursement or provision of all of the expenses described	ollow a written policy regarding payment or labove? If 'No,' complete Part III to explain	1 b		
2			2		
3	Indicate which, if any, of the following the filing organization user CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but executive Director, but executive	d to establish the compensation of the organization's any boxes for methods used by a related organization to explain in Part III.			
		Fall, 11 I			
	Independent compensation consultant	X Compensation survey or study	587	7	66
	X Form 990 of other organizations	X Approval by the board or compensation committee	100		
4	During the year, did any person listed on Form 990, Part VII organization or a related organization:	, Section A, line 1a, with respect to the filing			
			4a		Х
Ŀ	Participate in, or receive payment from, a supplemental nor	equalified retirement plan?	4 b		X
C		The second of th	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
	· ·		5 a		X
Ŀ			5Ь		X
	If 'Yes' to line 5a or 5b, describe in Part III.				
	contingent on the net earnings of:				
	The organization?	사용 그림	6 a		X
ŀ	Any related organization?		6ь		X
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe	, did the organization provide any non-fixed in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sed	ction 53.4958-4(a)(3)?			
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable p section 53.4958-6(c)?	resumption procedure described in Regulations	9		

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Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			of W-2 and/or 1099-MIS	SC compensation	(C) D-1	(D) Non-Louis Lie	(F) Tabal of	C Common diag
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Liz Bergeron	(i)	131,827.	10,000.	0.	9,595.	845.	152,267.	0.
1 Exec Dir & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(0)				L		L	
2	(ii)	. <u> </u>						
	0		ļ					
<u>3</u>	(ii)							
A	(i)							
4	(0)							
5	(1)		ł				 -	
	(i)							
6	(ii)		t				 -	
	0						1	
7	(ii)						†	
	(i)							
8	(ii)		T					
	(i)							
9	(ii)							
	(0)		ļ		ļ		L	
10	(ii)		<u> </u>					
	0		 					
11	(ii)		<u> </u>					
12	(i)						 -	{
12	0			-				
13	(0)		}				 	
***	(1)							
14	(1)		 				†	-
	0							
15	(0)				ļ		†	1
	(i)							
16	(ii)						T	1
BAA			TEEA4102L 10/26	V15			Schedule	J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation

At an executive session of a regularly scheduled board meeting, the PCTA board of directors determines the salary and bonus of the executive director and Chief Financial & Administrative Officer based in part on performance measured against objectives and other factors. In addition, the Board of Directors uses compensation data from comparable nonprofit organizations as well as a survey of Northern California nonprofit organizations from the Nonprofit Compensation Associates.

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Schedule M (Form 990) (2015)

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Crest Trail Association

Employer identification number

33-0051202

Par	tl Types of Property			1000000			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri	d) determin bution a	ing mounts
1	Art - Works of art				,0130		8
2	Art — Historical treasures		-				
3	Art — Fractional interests.				100.50		
4	Books and publications						
5	Clothing and household goods	Х		17,547.			
6	Cars and other vehicles					-	
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	11	35,645.			
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests.						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures					100 - ka	
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate — Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies					-	
21	Taxidermy					11.72	
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other • ()					- 12 100	
27	Other • ()/2212				-7	- 10	
28	Other► ()						
29	Number of Forms 8283 received by the organization do						
	organization completed Form 8283, Part IV, Dones	e Acknowled	lgement		29		
					-	Yes	No
30a	During the year, did the organization receive by contrib						3. 43
	it must hold for at least three years from the date						
	for exempt purposes for the entire holding period?	**********			30 a		X
	If 'Yes,' describe the arrangement in Part II.					Manual Control	-
	Does the organization have a gift acceptance police	-	_		ons? 31	X	
	Does the organization hire or use third parties or r noncash contributions?	_		•	32 a		X
	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,			

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

Part III 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.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

33-0051202

Pacific Crest Trail Association

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 benefiting the PCT to occur in 2015: In Southern California, the Mojave Desert Land Trust successfully completed the transfer of 224 acres to the Bureau of Land Management protecting view shed for more than one mile of the PCT through the San Gorgonio Wilderness area. In Washington, the U.S. Forest Service acquired 908 acres from the Trust for Public Land to permanently protect the PCT corridor on the Mount Baker-Snoqualmie and Okanagan-Wenatchee National Forests.

PCTA also monitored or responded to ongoing threats to the trail, including the following: Trailwide - timber harvesting, fuels reduction, reforestation, invasive plant eradication, watershed, meadow, and fire restoration, illegal use, grazing, ski resort expansion, commercial competitive events; California - wind development, solar installation, California High Speed Train, 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 - Joint Base Lewis-McCord Alpine Training Site proposal. In 2015, PCTA staff conducted 472 meetings with government agency partners to plan field work. About half of these meetings included discussion of protection activities. Our 2015 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

Employer Identification number

33-0051202

Program Service Accomplishments Continued: Promote

In 2015, promotional activities included: publishing four issues (46,000 copies) of the Pacific Crest Trail Communicator magazine, and distributing it to members, partners and elected officials; publishing an annual calendar; publishing eleven regular issues of Trail Dirt, the PCTA's electronic newsletter. The PCTA responded to 6,207 inquiries from trail users and the general public; issued 4,462 wilderness permits; and monitored 2,923,891 website visits and 108,000 Facebook likes.

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 Chief Financial and Administrative

 Officer 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.

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

At an executive session of a regularly scheduled board meeting, the PCTA board of directors determines the salary and bonus of the executive director and Chief

Employer Identification number

33-0051202

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

Financial & Administrative Officer based in part on performance measured against objectives and other factors. In addition, the Board of Directors uses compensation data from comparable nonprofit organizations as well as a survey of Northern California nonprofit organizations from the Nonprofit Compensation Associates.

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

At an executive session of a regularly scheduled board meeting, the PCTA board of directors determines the salary and bonus of the executive director and Chief Financial & Administrative Officer based in part on performance measured against objectives and other factors. In addition, the Board of Directors uses compensation data from comparable nonprofit organizations as well as a survey of Northern California nonprofit organizations from the Nonprofit Compensation Associates.

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

CA OR 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 WA

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.