" Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 154[-0047 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2006 calendar year, or tax year beginning , 2006, and ending D Employer Identification Number Check if applicable Please us IRS label Pacific Northwest Trail Association 91-1023116 Address change or print or type See specific 24854 Charles Jones Memorial Circle #4 E Telephone number Name change Sedro-Woolley, WA 98284 (360) 854-9415 Initial return nstruc Accounting method: Cash | X | Accrual Final return Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to section 527 organizations Application pending H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates Web site: ► http://www.pnt.org H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Organization type ► |X| 501(c) 3 ◀ (insert no) 4947(a)(1) or H (d) Is this a separate return filed by an (check only one) organization covered by a group ruling? If the organization is not a 509(a)(3) supporting organization and its Check here ► gross receipts are normally not more than \$25,000 A return is not required, but if the Group Exemption Number organization chooses to file a return, be sure to file a complete return М Check ► If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **►** 569,618. Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1 a a Contributions to donor advised funds blic support (not included on line 1a) 54,536. **1Ы** Indiget public support (not included on line 1a) 1 c 59,398 Gq hent contributions (grants) (not included on line 1a) 1 d VO (A) lines 1d) (cash \$ 113,934. noncash \$ 113,934. 1 e service revenue including government fees and contracts (from Part VII, line 93) 2 437,877. 3 32 Me hip ship dues and assessments Continued and descent and temporary cash investments of Dividents and interest from securities

6a Gross relits. 4 5 6a IRS-1096 rental expenses 6b 6c c Net rental income or (loss) Subtract line 6b from line 6a 330. See Statement 1) 7 7 Other investment income (describe REVERUE (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory **b** Less cost or other basis and sales expenses 8ь 8c C Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) 8 d 9 Special events and activities (attach schedule) If any amount is from gaming, check here **a** Gross revenue (not including \$ of contributions ī reported on line 1b) 9a 9Ь b Less direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 9c □ Oa Gross sales of inventory, less returns and allowances 17,477 10 a 589 10 b b Less cost of goods sold Statement 2 16,888. c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10 c Other revenue (from Part VII, line 103) 11 569,029. **∓**2 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 525,5<u>6</u>7. Program services (from line 44, column (B)) 13 13 40,408. Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 16 Payments to affiliates (attach schedule) 17 565,975. 17 Total expenses. Add lines 16 and 44, column (A) 18 3,054. 18 Excess or (deficit) for the year Subtract line 17 from line 12 156,460. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 20

21

¹ Page 2 ⁴

e aren	required for section 501(c)(3) and	(4) or	ganizations and section		charitable trusts but opti	onal for others
Do r	not include,amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	rants paid from donor advised inds (attach sch)				*	-
	ash \$					
no	on-cash \$)		j			
lf fo	this amount includes ireign grants, check here	22 a	İ			
	ther grants and allocations (att sch)	ZZa				,
	ash \$:		ı
no	on-cash \$)					,
	this amount includes reign grants, check here	22 b				
	pecific assistance to individuals attach schedule)	23				
	enefits paid to or for members ittach schedule)	24				· · · · · · · · · · · · · · · · · · ·
	ompensation of current officers,					
Pa	rectors, key employees, etc listed in art V-A (attach sch)	25 a	52,000.	52,000.	0.	0.
dı	ompensation of former officers, rectors, key employees, etc listed in		1			
	art V-B (attach sch) Impensation and other distributions, not	25 b	0.	0.	0.	0.
inc	cluded above, to disqualified persons (as					
de de	fined under section 4958(f)(1)) and persons iscribed in section 4958(c)(3)(B)					
	ttach schedule)	25 c	0.	0.	0.	<u> </u>
	alaries and wages of employees not cluded on lines 25a, b, and c	26	278,544.	258,842.	19,702.	
	ension plan contributions not cluded on lines 25a, b, and c	27				
28 Ei	mployee benefits not included on nes 25a - 27	28				
29 Pa	ayroll taxes	29	35,131.	33,037.	2,094.	
	rofessional fundraising fees	30				
	ccounting fees	31				
	egal fees upplies	32 33	17,435.	16 021	1 404	
	elephone	34	8,086.	16,031. 4,680.	1,404. 3,406.	<u> </u>
	ostage and shipping	35	1,587.	947.	640.	
	ccupancy	36	12,329.	6,349.	5,980.	
37 E	quipment rental and maintenance	37				
38 Pi	rinting and publications	38	199.		199.	
39 Tr	ravel	39	9,902.	6,999.	2,903.	
40 Co	inferences, conventions, and meetings	40	66.	33.	33.	
	terest	41	151.		151.	
42 De 43 Ot	epreciation, depletion, etc (attach schedule) ther expenses not covered above (itemize)	42	22,676.	20,006.	2,670.	
	ee Statement 3	43a	127,869.	126,643.	1,226.	
b		43b	127,005.	120,043.	1,220.	
c c		43 c	-			
ď		43 d				
e –		43 e				
f -		43 f				
g_		43 g				
44 Tr	otal functional expenses. Add lines 22a					<u> </u>
thi (B	otal functional expenses Add lines 22a rough 43g (Organizations completing columns () (D), carry these totals to lines 13 - 15)	44	565,975.	525,567.	40,408.	0.
	osts. Check If you are following	SOP 9	98-2			
	point costs from a combined education					► Yes X No
	enter (i) the aggregate amount of these				mount allocated to Progr	
\$		located	d to Management and ge	eneral \$; and (iv) the	amount allocated
to Fund	raising \$.				<u> </u>	

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

please make sure me return is	complete and accurate and fully describes, in hart in, the organization's programs and ac-	Compusiments
What is the organization's prim		Program Service Expenses
All organizations must describe clients served, publications issue izations and 4947(a)(1) nonexe	e their exempt purpose achievements in a clear and concise manner. State the number of d, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organization charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
sign-in sheets	intaining trails for public use. Projections based on at trailheads indicate that 5,000 to 10,000 hikers, cyclists used the trail.	
(Grants and allocations	\$ 356,065.) If this amount includes foreign grants, check here	456,585.
<pre>b Operating a nat for public proje enhancement. A</pre>	ive plant nursery primarily to provide native plants ects which require native plants, such as salmon lso provide a facility for training of public school rk programs for certain at-risk students.	
	\$ 81,811.) If this amount includes foreign grants, check here	68,982.
	\$) If this amount includes foreign grants, check here	
d	\$) If this amount includes foreign grants, check here	
e Other program services		
(Grants and allocations	\$	
	Expenses (should equal line 44, column (B), Program services)	525,567.

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Form 990 (2006)

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		Database (See the management)		,	(4)	\Box	
Not	e: <i>V</i>	Vhere required, attached schedules and amounts within olumn should be for end-of-year amounts only.	n the c	escription	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing			300.	45	300.
	46	Savings and temporary cash investments			64,976.	46	108,568.
ļ	47 a	Accounts receivable.	47 a	53,269.			
	b	Less allowance for doubtful accounts	47 b		15,019.	47 c	53,269.
	48 a	Pledges receivable	48 a		,		
	ь	Less allowance for doubtful accounts	48 b			48 c	
	49	Grants receivable		-	48,390.	49	
	50 a	Receivables from current and former officers, director employees (attach schedule)		50 a			
	b	Receivables from other disqualified persons (as definiand persons described in section 4958(c)(3)(B) (attack		50 b			
A S E T S	51 a	Other notes and loans receivable (attach schedule)	51 a				
s	b	Less allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use		ļ	589.	52	
	53	Prepaid expenses and deferred charges			2,723.	53	81.
	54 a	Investments – publicly-traded securities	ı	Cost FMV		54 a	
		Investments – other securities (attach sch)) 	Cost FMV		54 b	
	55 a	Investments - land, buildings, & equipment basis	55 a				
	b	Less accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments — other (attach schedule)				56	
		Land, buildings, and equipment basis	57 a	180,469.			
	b	Less accumulated depreciation (attach schedule) Statement 4	57 b	165,526.	36,051.	57 c	14,943.
		Other assets, including program-related investments					
		(describe ► See Statement 5)	3,978.	58	2,551.
	59	Total assets (must equal line 74) Add lines 45 through	172,026.	59	179,712.		
	60	Accounts payable and accrued expenses			15,565.	60	<u>20,</u> 199.
	61	Grants payable				61	
+	62	Deferred revenue				62	
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
Ī	64 a	Tax-exempt bond liabilities (attach schedule)				64 a	·
T I E S	b	Mortgages and other notes payable (attach schedule)				64 b	·
ş	65	Other liabilities (describe)	1.	65	
	66	Total liabilities. Add lines 60 through 65.			15,566.	66	20,199.
N	Org		nd cor	nplete lines 67			
E		through 69 and lines 73 and 74					
Ą	67	Unrestricted		•	156,460.	67	159,513.
くしくと	68	Temporarily restricted				68	
	69	Permanently restricted	_	and complete lines	 -	69	
R	Org	anizations that do not follow SFAS 117, check here					
_	70	70 through 74		[70	
UZCT	70 71	Capital stock, trust principal, or current funds	6		70		
	71	Paid-in or capital surplus, or land, building, and equip			71		
Ĺ	72	Retained earnings, endowment, accumulated income	ľ		12		
B41420m の	73	Total net assets or fund balances. Add lines 67 throu 72 (Column (A) must equal line 19 and column (B) r	qual line 21)	156,460.	73	159,513.	
	74	Total liabilities and net assets/fund balances. Add lin	nes 66	and 73	172,026.	74	179,712.
BA	A						Form 990 (2006)

	rm 990 (2006) Pacific Northwes						3116 Page 5
P	art IV-A Reconciliation of Revenu instructions.)	e per Audited Financial	Statement	ts with F	Revenue per Re	turi	n (See the
a b	Total revenue, gains, and other support Amounts included on line a but not on P						
	1 Net unrealized gains on investments 2 Donated services and use of facilities 3 Recoveries of prior year grants 4 Other (specify)			b2 b3			
С	Add lines b1 through b4 Subtract line b from line a			b4		b	
d	Amounts included on Part I, line 12, but 1 Investment expenses not included on Pa 2Other (specify)						
e D	Add lines d1 and d2 Total revenue (Part I, line 12) Add lines art IV-B Reconciliation of Expens		al Statemer	d2	Evnenses per	d e	IPD
			ai Statemen	its with	Expenses per		
a b	Total expenses and losses per audited f Amounts included on line a but not on F 1 Donated services and use of facilities			ь1		a	N/A
	2Prior year adjustments reported on Part 3Losses reported on Part I, line 20	I, line 20		b2 b3			
	Add lines b1 through b4			b4		ь	
c d	Subtract line b from line a Amounts included on Part I, line 17, but 1 Investment expenses not included on Pa 2 Other (specify)			d1		С	
e	Add lines d1 and d2 Total expenses (Part I, line 17) Add line	 es c and d		d2	-	d	
P	art V-A Current Officers, Director	s, Trustees, and Key E					icer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compe (if not p enter	nsation aid,	(D) Contributions employee benef plans and deferre compensation pla	to it ed	(E) Expense account and other allowances
_Se	ee Attached	0		0.		0.	0.

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The second Desific Newthern Trees	: 1 Noocaistian		01 100011		٠, ٦					
Form 990 (2006) Pacific Northwest Tra: Part V-A Current Officers, Directors, Tru			91-102311	1.6	Yes	age 6				
75a Enter the total number of bifficers, directors, and trustees p					165	INO				
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu	iployees listed in Form	n 990, Part V-A, or highe nd other independent cor	est compensated employeentractors listed in Schedule	es e						
identifies the individuals and explains the relati	tionship(s)			75 b		<u> </u>				
c Do any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	nsated professional an n any other organization	nd other independent cor ons, whether tax exempt	ntractors listed in Schedule	e I I		 x				
If 'Yes,' attach a statement that includes the information described in the instructions										
d Does the organization have a written conflict of	f interest policy?			75 d	Х					
Part V-B Former Officers, Directors, Tru- Benefits (If any former officer, direct during the year, list that person below a the instructions)	or, trustee, or kev emi	plovee received compens	sation or other benefits (de	escribed	below) e				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		ther				
None										
						,				
Part VI Other Information (See the Inst.	ructions.)				Yes	No				
76 Did the organization make a change in its acti	vities or methods of c	onducting activities?		76		,				
If 'Yes,' attach a detailed statement of each clWere any changes made in the organizing or	-	but not reported to the I	DS 2	76 77	 -	X				
If 'Yes,' attach a conformed copy of the change		but not reported to the r	NO.	//-	<u> </u>					
78a Did the organization have unrelated business		00 or more during the ve	ar covered by this return?	78 a		x				
b If 'Yes,' has it filed a tax return on Form 990- 1	=	o or more daring the ye	ar corona by time rotarii	78b	+	+				
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial cont	raction during the		79		Х				
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other of	de or nationwide organiz exempt or nonexempt oi	ation) through common ganization?	80 a		Х				
b If 'Yes,' enter the name of the organization			· 	·-						
01.5 Calcadoral and advantage of the control of the			xempt or nonexemp	_		,				
81 a Enter direct and indirect political expenditures b Did the organization file Form 1120-POL for the	·		81 a	0. 81 b		Х				

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Form **990** (2006)

Form 990 (2006) Pacific Northwest Trail Association	91-1023116	P	age 7
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no substantially less than fair rental value?	charge or at	a X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b	686,000.		,
83a Did the organization comply with the public inspection requirements for returns and exemption app		X	ĺ
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions	? 83	Х	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84	3	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	itions or gifts were	o N	/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85	a N.	/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85	N,	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the org waiver for proxy tax owed for the prior year	anization received a		
c Dues, assessments, and similar amounts from members 85c	N/A		,
d Section 162(e) lobbying and political expenditures	N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A		1
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	1	l ,
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85	N.	(<u>A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable es dues allocable to nondeductible lobbying and political expenditures for the following tax year?	timate of 85	n N,	/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on	/-		I.
line 12 86a	N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b	N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a	N/A		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 87b	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corpor or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 If 'Yes,' complete Part IX	ation or partnership, and 301.7701-3?	a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity with section 512(b)(13)? If 'Yes,' complete Part XI	in the meaning of 88	b	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. , section 4955 ►	0.		,
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess ber during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' explaining each transaction	nefit transaction attach a statement	b	x
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .	0.		,
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	0.		. '
e All organizations At any time during the tax year, was the organization a party to a prohibited tax			X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurar	nce contract?		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the organization, or a fund maintained by a sponsoring organization, have excess business holdings at the year?	ne supporting t any time during	g!	X
90 a List the states with which a copy of this return is filed ► <u>WA</u>			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90		11
91 a The books are in care of ► Joan Melcher Telephone number	(360) 424-040	7	
91a The books are in care of ► Joan Melcher Telephone number Located at ► 13595 Avon Allen Road, Mount Vernon, WA,	ZIP + 4 ► 98273		
		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over a al account)?		X
If 'Yes,' enter the name of the foreign country		-	 -
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Financial Accounts	gn Bank and		

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Part VI Other Information (contin	•				Yes No
c At any time during the calendar year,		tion maintain an offi	ce outside of the l	United States?	91 c X
If 'Yes,' enter the name of the foreign cou					
92 Section 4947(a)(1) nonexempt charita				k here. ► 92	N/A ►
and enter the amount of tax-exempt II Part VII Analysis of Income-Prod				92	N/A
Part VII Analysis of Income-Frod		business income		ection 512, 513, or 51	4
Note: Enter gross amounts unless	<u> </u>				- (Ε)
otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Native Plant Projects					81,812.
b Trail Building & Main					356,065.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities		2/8/1/3			
97 Net rental income or (loss) from real estate:			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	K 1888 5 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a debt-financed property					
b not debt-financed property 98 Net rental income or (loss) from pers prop				1	
99 Other investment income		· · ·	14	330	
			1.	330	•
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	777		- 	· · · · · · · · · · · · · · · · · · ·	16,888.
103 Other revenue: a	.,18111	VX 45 100		*	
b					
c					
d					
104 Subtotal (add columns (B), (D), and (E))				330	. 454,765.
105 Total (add line 104, columns (B), (D)) and (E))			<u> </u>	455,095.
Note: Line 105 plus line 1e, Part I, should e		t on line 12. Part I.		_	100,000.
Part VIII Relationship of Activities			xempt Purpos	es (See the instru	ıctıons.)
Line No. Explain how each activity for wi					
▼ of the organization's exempt pu	rposes (other th	an by providing fund	s for such purpos	es)	
93 See statement attach	ied				
				,	
Deat IV Later and Beneating T		diamina and Diam	and all English	(C tht	-4
Part IX Information Regarding To			_=	T	
(A)	(B)		(C)	(D)	(E)
Name, address, and EIN of corporation partnership, or disregarded entity	, Percentage ownership in		of activities	Total Income	End-of-year assets
N/A		8	·		
		%			T
		%		· · · · · · · · · · · · · · · · · · ·	
		%			
Part X Information Regarding T	ransfers Ass	ociated with Per	sonal Benefit	Contracts (See th	ne instructions.)
a Did the organization, during the year, receive any	funds, directly or in	directly, to pay premiums	on a personal benefit	contract?	Yes X No
${f b}$ Did the organization, during the year,			on a personal be	nefit contract?	Yes X No
Note: If 'Yes' to (b), file Form 8870 and	Form 4720 (see	ınstructions).	 		
BAA				TEEA0108L 04/0	4/07 Form 990 (2006)

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Form 990 (2006) Pacific Northwest Trail Association

	990 (2006) Pacific Northwest Trail Ass	nd From Controlled Ent	91-102 ities. Complete only if th		Р	age S
106	Organization is a controlling organization Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controller	a controlled entity as defined	<u> </u>	ode? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(I Amount o	D) of trans	
а						•
b						
С						
	Totals		*			
107	Did the reporting organization receive any transfers fr 'Yes,' complete the schedule below for each controlled	r om a controlled entity as defi	ned in section 512(b)(13) of t	he Code? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o	O) of trans	
а					-	
b					-	
С						
	Totals		,			
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006, c	overing the interest, rents, ro	yalties, and	Yes	No X
Plea Sign	Under penalties of perjury, I declare that I have examined this returne, correct and complete Declaration of preparer (other than off		and statements, and to the best of my to ch preparer has any knowledge			

Here Joan Melcher,
Type or print name and title Preparer's SSN or PTIN (See General Instruction W) Date Paid Pre-Check if self- employed ► Preparer's signature ► Self-Prepared parer's Use Firm's name (or yours if self employed), address, and ZIP + 4 **建**类。 ΕiΝ Only Phone no BAA Form **990** (2006)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2006

OMB No 1545-0047

Employer identification number Name of the organization 91-1023116 Pacific Northwest Trail Association Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (d) Contributions (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position to employee benefit account and other allowances compensation None Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Sche	dule A	(Form 990 or	990-EZ)	2006	Pacifi	<u>c</u>	Northwest	Trail	Assoc	iation		91-10	23116		F	age 2
Par	t III] Stạteme	nts Abo	ut Activ	/ities (Se	е	instructions	.)							Yes	No
1	to infli	uence public ourred in conne	opinion ör ection wit	n a legisla n the lobb	ative matte bying activit	r oi ties	influence nation r referendum? s ►\$ of Part VI-B)	onal, state, If 'Yes,' er	or local I nter the to N/A	egislation, in otal expenses	s paid	any atter	npt	1		Х
	organi	izations that i zations check ng activities.	made an king 'Yes'	election i must cor	inder section plete Part	n! VI	501(h) by filing I-B AND attach	Form 576 a stateme	68 must ce ent giving	omplete Part a detailed de	t VI-A Of escription	ther n of the				
2	substa	antial contribu e organizațioi	itors, trusi n with wh	tees, dire ich anv si	ctors, office ich person	ers Is	y or indirectly, i, creators, key affiliated as a ' attach a deta	employee n officer. d	s, or men irector. tr	nbers of theii ustee, maiori	r families itv owner	s, or with r. or prin	any cipal			de alle relación
а	Sale,	exchange, or	leasing o	f property	,7								-	2a		х
b	Lendır	ng of money o	or other e	xtension	of credit?								-	2b		х
С	Furnis	hing of goods	s, services	s, or facıl	ties?								-	2c		Х
d	Payme	ent of compe	nsation (d	r paymer	nt or reimbi	urs	ement of expe	nses if mo	re than \$	1,000)?			-	2d		Х
е	Transf	fer of any par	t of its ind	come or a	ssets?								-	2e		X
3a	Did th explar	e organization nation of how	n make gi the orgar	rants for s nization d	scholarship etermines	s, t	fellowships, st at recipients qu	udent loan alify to rec	s, etc? (It ceive payr	f 'Yes,' attach ments.)	h an		-	За		X
b	Did th	e organizatioi	n have a	section 4	03(b) annui	ty	plan for its em	iployees?					-	3b		X
С	to pre	e organization serve open sj attach a deta	pace, the	environm	n easemen lent, histori	t fo	or conservation and areas or h	n purposes listoric stru	, includin ictures? l	g easements f	5			3c		<u>x</u>
d	Did th	e organizatio	n provide	credit co	unseling, d	ebt	t management	, credit rep	oair, or de	ebt negotiatio	n service	es?		_3d		X
4 a	Did th 4f and	e organization 1 4g	n maintaii	n any dor	or advised	fu	inds? If 'Yes,'	complete li	nes 4b th	rough 4g If	'No,' com	nplete lin	nes	4a		x_
b	Did th	e organizatio	n make a	ny taxabl	e distributio	ns	s under section	4966?					-	4b	N.	/A
С	Did th	e organizatio	n make a	dıstrıbutı	on to a dor	or,	, donor adviso	r, or relate	d person?	7				4c	N	/A
d	l Enter	the total num	ber of do	nor advis	ed funds o	wn	ed at the end	of the tax y	year			•	·			N/A
е	Enter	the aggregate	e value of	assets h	eld in all d	one	or advised fun	ds owned a	at the end	l of the tax y	ear	•				N/A
f	funds	the total num included on l nts in such fu	ıne 4d) w	here don	nds or acco ors have th	oun e r	nts owned at th right to provide	ne end of the advice on	he tax yea the distri	ar (excluding ibution or inv	donor avestment	dvised of	·			0
g	Enter	the aggregate	e value of	assets h	eld ın all fu	ınd	ds or accounts	ıncluded o	n line 4f	at the end of	f the tax y	year Þ				0.

Sche	dule A (Form 990 or 990	-EZ) 2006 Pa	cific Northwest	Trail Association	n	91-1023	3116 Page 3					
Parl	Reason for N	Non-Private F	Foundation Status (S	See instructions.)								
I cert	fy that the organization	is not a private	foundation because it is	(Please check only ONE ap	plicable box	x)						
5	A church, convention	n of churches, o	r association of churches	Section 170(b)(1)(A)(i)								
6	A school Section 17	70(b)(1)(A)(ıı) (/	Also complete Part V.)									
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)											
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)											
9	A medical research and state ►	organization ope	erated in conjunction with	a hospital Section 170(b)	(1)(A)(III) E	nter the hosp	ital's name, city,					
10	An organization ope (Also complete the \$	rated for the be Support Schedu	nefit of a college or unive ile in Part IV-A)	rsity owned or operated by	a governm	ental unit Se	ction 170(b)(1)(A)(iv)					
11 a	An organization that Section 170(b)(1)(A)	normally receiv (vi) (Also comp	res a substantial part of it plete the Support Schedu	s support from a governme lle in Part IV-A)	ental unit or	from the gen	eral public					
11 b	11b A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)											
12	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 charitable, etc, 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) (Also complete the Support Schedule in Part IV-A)											
13	П			sons (other than foundation bes the type of supporting o			e meets the					
	Type I	Type II		onally Integrated	Type III							
	Provide the (a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	out the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizati the sup organiz gove	d) upported on listed in opporting zation's erning nents?	(e) Amount of support					
		 			Yes	No						
	-											
						}						
												
Total					<u> </u>		0.					
			-1-11-1-15									
14 BAA	An organization orga	anized and oper	ated to test for public safe	ety Section 509(a)(4) (Sec			990 or 990-EZ) 2006					

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 518,282 601,427 456,305. 385,245 1,961,259. Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 93,583. 32,782. charitable, etc, purpose 118,737. 70,671. 315,773. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-1,030. ization after June 30, 1975 1,553 4,755 3,859 11,197. Net income from unrelated business activities not included in line 18 0. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 612,895. 635,762. 579,797. 459,775. 2,288,229. Total of lines 15 through 22 519,312. 602,980 1,972,456. 24 Line 23 minus line 17 461,060 389,104 5,798. 4,598 Enter 1% of line 23 6,129. 6,358. 26 a 39,449. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26 b 113,953. c Total support for section 509(a)(1) test Enter line 24, column (e) 972,456. 26 c d Add Amounts from column (e) for lines 125,150. 26 d e Public support (line 26c minus line 26d total) 26 e 847,306. 93.66 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person'. Do not file this list with your return. Enter the sum of such amounts for each year. (2005) _ _ _ _ (2004) _ _ _ _ (2003) _ _ _ _ (2002) _ _ _ _ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _ _ _ _ (2004) _ _ _ _ c Add Amounts from column (e) for lines 15 16 27 c d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Page 5

rai	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	31	-	
				,
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c 32 d	_	
		320	_	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			,
				•
33	Does the organization discriminate by race in any way with respect to			
,	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
,	c Employment of faculty or administrative staff?	33 c		
1	d Scholarships or other financial assistance?	33 d		
,	e Educational policies?	33 e		
1	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
1	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			!
				;
			-	-
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
1	b Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation			
	nondiscrimination? If 'No,' attach an explanation	35		

Par	t VI-A Lobbying Ex (To be complet	kpenditures by Ele c ed ONLY by an eligible	cting Public Chari [,] organization that filed	ties (See ınstr Form 5768)	uctions)				N/A			
Chec	ck - a I if the organi	zation belongs to an aff	iliated group Check	b If yo	u check	ed ' a' and '	lımıted	cont	rol' provisions apply			
		imits on Lobbying	•			Affiliate	a) ed grou tals	р	(b) To be completed for all electing			
		'expenditures' means a							organizations			
36	· ·	ures to influence public			36							
37		ures to influence a legis		oying).	37			_				
38		ures (add lines 36 and 3	3/)		38							
39	Other exempt purpose	•	30 and 30)		39							
40		expenditures (add lines			40							
41	Lobbying nontaxable an		•						ı			
	Not over \$500,000		lobbying nontaxable a of the amount on line									
	Over \$500,000 but not over \$1.		000 plus 15% of the excess of	I								
	Over \$1,000,000 but not over \$		000 plus 10% of the excess o	· ' '	41							
	Over \$1,500,000 but not over \$	· ·	000 plus 5% of the excess o	1								
	Over \$17,000,000		00,000	701 \$1,500,000								
42		• • • •	'		42							
43	Subtract line 42 from lin		- ,		43							
44	Subtract line 41 from lin			·	44			_				
	Caution: If there is an a	amount on either line 43	3 or line 44, you must i	file Form 4720								
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h)											
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)											
	Lobbying Expenditures During 4 -Year Averaging Period											
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004					(e) Total			
45	Lobbying nontaxable amount		····									
46	Lobbying ceiling amount (150% of line 45(e))	» **	<u> </u>	*								
47	Total lobbying expenditures											
48	Grassroots non- taxable amount					· · · · · · · · · · · · · · · · · · ·						
49	Grassroots ceiling amount (150% of line 48(e))		<u> </u>				······································					
	Grassroots lobbying expenditures											
Pan	Lobbying Ac (For reporting of	only by organizations that	ng Public Charitie at did not complete Pa	rt VI-A) (See ın	struction	ns)			N/A			
Durir atten	ng the year, did the orgain npt to influence public op	nization attempt to influ pinion on a legislative m	ence national, state or latter or referendum, th	local legislation prough the use	n, includ of	ing any	Yes	No	Amount			
_	Volunteers								,			
b	Paid staff or manageme	ent (Include compensati	on in expenses reporte	ed on lines c th	rough h.)			00.3 W1.00F 4 0000 1			
_	: Media advertisements.						$\sqcup \sqcup$					
	Mailings to members, le	- , ,					\vdash					
	Publications, or published						$\vdash \vdash$.,				
	Grants to other organiza	, , ,					\vdash					
_	Direct contact with legis			-			}—					
	Rallies, demonstrations			or any other me	ans		\vdash		<u> </u>			
ı	Total lobbying expenditu	ures (add iines c throug _' e, also attach a statemen	•	untion of the lab	ovina act	vities	L					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Di	d the reporting organization the Code (other than section	directly or ii	ndirectly engage in any of the following	ng with any other organization descrit ting to political organizations?	oed in secti	on 50	1(c)		
			to a noncharitable exempt organizati		[Yes	No		
	(i)Cash	9			51 a (i)		X		
	i)Other assets				a (ii)		X		
	her transactions								
	i)Sales or exchanges of ass	sets with a n	oncharitable exempt organization		b (i)		Х		
	i)Purchases of assets from		· -		b (ii)		X		
	i)Rental of facilities, equipm				b (iii)		X		
)Reimbursement arrangem				b (iv)		X		
()Loans or loan guarantees				b (v)		X		
(\	i)Performance of services of	r membersh	ip or fundraising solicitations		b (vi)		X		
c Sł	naring of facilities, equipmer	it, mailing lis	sts, other assets, or paid employees.		С		X		
d If th ar	the answer to any of the abo goods, other assets, or se y transaction or sharing arra	ove is 'Yes,' rvices given angement, s	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the g	lumn (b) should always show the fair organization received less than fair moods, other assets, or services receive	market value arket value ed	ue of in			
(a)	(b)		(c)	(d)					
Line n	o Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	d sharing arrar	igemen	ts		
N	/A								
-									
_									
									
			· · · · · · · · · · · · · · · · · · ·						
						•			
						-			
	the organization directly or scribed in section 501(c) of 'Yes,' complete the following		iliated with, or related to, one or moi ther than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	► ☐ Yes	s X	No		
(a) Name of organization			(b) Type of organization	(c) Description of relation	(c) n of relationship				
N/A	,								
_						_			
	· · · · · · · · · · · · · · · · · · ·								
		·							
									
					 				

2006	Fed	eral State	ments		Page 1
Client 1	Pacific No	orthwest Trail	91-1023116		
11/15/07					01 05PM
Statement 1 Form 990, Part I, Line 7 Other Investment Income					
Interest Income				Total \$	330. 330.
Statement 2 Form 990, Part I, Line 10 Gross Profit (Loss) From Sales Of	Inventory				
Merchanedise Sales				\$	17,477.
Gross Sales Less Returns & Allowances Net Sales				\$ \$	17,477.
Less Cost Of Goods Sold Gross Profit From Sales Of	Inventory	7		<u>s</u>	589. 16,888.
Statement 3 Form 990, Part II, Line 43 Other Expenses					
		(A)	(B) Program	(C) Management	(D)
		Total	Services	& General	Fundraising
Automobile Expenses Dues and Subscriptions Insurance Office Expenses Other Miscellaneous Expense	es	-1,402. 800. 23,284. 402. -2,845.	-701. 400. 18,430. 201. 964.	-701. 400. 4,854. 201. -3,809.	
Other Taxes and Licenses Project Costs Promotion Staff Training		379. 104,815. 111. 960.	98. 104,815. 111. 960.	281.	

Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category	 Basis	Accum. Deprec.	 Book Value
Automobiles / Transportation Equipment Furniture and Fixtures Machinery and Equipment	\$ 34,391. 67,242. 78,836.	\$ 28,589. 65,673. 71,264.	\$ 5,802. 1,569. 7,57 <u>2</u> .
Total	\$ 180,469.	\$ 165,526.	\$ 14,943.

	Page
Pacific Northwest Trail Association	91-10231
	01 05F
	$2,550.$ Total $\frac{1}{\$}$ $2,551.$

PACIFIC NORTHWEST TRAIL ASSOCIATION #91-1023116

2006 Form 990 Return of Organization Exempt from Income Tax

Part V - List of Officers, Directors, Trustees, and Key Employees

(A) <u>Name and Address</u>	Months Served	(B) Title and Weekly <u>Hours</u>	(C) Compen- <u>sation</u>	(D) Benefit <u>Plans</u>	(E) Expense <u>Account</u>
Joan Melcher 13595 Avon Allen Road Mount Vernon, WA 98273	12	Chair Director 10 Hours	None	None	None
Duane Melcher 13595 Avon Allen Road Mount Vernon, WA 98273	10	Vice Chair Director 10 Hours	None	None	None
Doug Shepard 12876 Summit Trail Anacortes, WA 98221	12	Vice Chair Director 5 hours	None	None	None
Jon Knechtel 12253 Naple Crest Drive Burlinhgton, WA 98233	12	Executive Director 60 Hours	\$52,000	None	17,477
Lynn Postler 1507 Meadowlark Lane Mount Vernon, WA 98273	12	Sec/Treas Director 5 Hours	None	None	None
Rocky DeVon 722 Central Avenue Oroville, WA 98844	12	Director 1 Hour	None	None	None
Dave Hess 1043 Chuckanut Ridge Drive Bow, WA 98232	12	Director 5 Hours	None	None	None
Carl May 30 Gun Club Road Sagle, ID 83860	10	Director 1 Hour	None	None	None
Doug Walker 14182 Young Road Mount Vernon, WA 98273	2	Director 1 Hour	None	None	None
Erik Rohrer 607 East 4th Port Angeles, WA 98362	12	Director 1 Hour	None	None	None
Tom Solin 1034 Sudden Valley Bellingham, WA 98229	12	Director 1 Hour	None	None	None

PACIFIC NORTHWEST TRAIL ASSOCIATION #91-1023116

2006 Form 990 Return of Organization Exempt from Income Tax

Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. 93a

The Association has developed and maintains a native plant nursery using students from its SKY educational program for at-risk youth. It contracts with organizations or governmental units to provide or provide and plant native plants on various projects using its students. This furthers the exempt purposes of reintroducing native plants where such reintroduction is deemed environmentally desirable and uses the growing and planting as a necessary complement to class room environmental study and job skill training for its students.

Line No. 93b

The Association enters into contracts with the U.S. Forest Service and National Park Services to build, repair, and maintain trail systems on Federal lands using students from its SKY educational program for at-risk youth. This furthers the exempt purposes of providing recreational trails for the benefit of the general public and using trail building and maintenance as a necessary complement to class room environmental study and job skill training for its students.