Return of Organization Exempt From Incôme Tax

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

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service(17)

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

Open to Public

A	For the 2007 calendar year, or tax year beginning	, 2007, and	ending			
В	Check if applicable C			Employer Identifi	cation Number	
	Address change Please use Pacific Northwest Trail Assoc	ciation		91-10231	.16	
	Name change or print 24854 Charles Jones Memorial	Circle	#4 E	Telephone numb	er	-
	Initial return See Specific Sedro-Woolley, WA 98284			(360) 85	4-9415	
	Termination Instruc-		F	Accounting method:	Cash X	Accrual
	Amended return			Other (specif	.jy) ►	_
	Application pending • Section 501(c)(3) organizations and 4947(a)(1) none	xempt	H and I are not applicab			
	charitable trusts must attach a completed Schedule (Form 990 or 990-EZ).	A	H (a) Is this a group r	eturn for affiliates?	Yes	X No
_			H (b) If 'Yes,' enter no	ımber of affiliates 🏲		
G	Web site: ► http://www.pnt.org		H (C) Are all affiliates	included? . Ilst See instruction	Yes	∐ No
J	Organization type (check only one) ► X 501(c) 3 ◄ (insert no) 4947(a)(1) o	Π	1 ' '		•	
<u></u>	(check only one) ► X 501(c) 3 ◄ (insert no) 4947(a)(1) o Check here ► if the organization is not a 509(a)(3) supporting organization		H (d) is this a separate	te return filed by an vered by a group ruli		X No
K	gross receipts are normally not more than \$25,000. A return is not required		· · · · · · · · · · · · · · · · · · ·	nption Number	► 1162	IV) M
	organization chooses to file a return, be sure to file a complete return	, but it the		if the organization	n is not require	ed
L	Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 > 373, 329.			ule B (Form 990, 9		
Pa	art I. Revenue, Expenses, and Changes in Net Assets or F	und Bala				
, = 38 =	1 Contributions, gifts, grants, and similar amounts received	<u> </u>	(000 1110 11			
	a Contributions to donor advised funds	1	a			
	b Direct public support (not included on line 1a)	1		21		
	c Indirect public support (not included on line 1a)	1				
	d Government contributions (grants) (not included on line 1a)	1		06.		
	e Total (add lines \$ 90,627. noncash \$) <u></u>		1e	90.	, 627 .
	2 Program service revenue including government fees and contracts (fro	om Part VII	l. line 93)	2		,607.
	3 Membership dues and assessments .			3		
	4 Interest on savings and temporary cash investments			4		832.
	5 Dividends and interest from securities			5		
	6a Gross rents.	6	a	9.33		
	b Less. rental expenses	. 6	b			
	c Net rental income or (loss) Subtract line 6b from line 6a .			6c		
R	7 Other investment income (describe) 7		
REVERU	8a Gross amount from sales of assets other (A) Securiti	es	(B) Other	. A. A.		
E	than inventory	8	a	14. ×		
Ě	b Less cost or other basis and sales expenses	8	b			
-	c Gain or (loss) (attach schedule)	8	С			
i	d Net gain or (loss) Combine line 8c, columns (A) and (B)			8d		
	9 Special events and activities (attach schedule). If any amount is from	gaming, cl	neck here	51.3		
	a Gross revenue (not including \$ of contribu					
	reported on line 1b)	9		02.		
	b Less direct expenses other than fundraising expenses .	9			^	100
	c Net income or (loss) from special events. Subtract line 9b from line 9a	ı	Statement 1			102.
	10a Gross sales of inventory, less returns and allowances	. 10				
	b Less: cost of goods sold	10		80.	24	201
	c Gross profit or (loss) from sales of Aventury (attach schodule). Subtract line 10b from line 11 Other revenue (from Part V , line 105 ECEIVED	ne rua	Statement 2		34,	281.
		• • •	•	. 11	270	440
_	12 Total revenue. Add lines 1e 2, 3, 4, 5, 6c, 7, 8d, 9c, 10g, and 11.	 	·· ·· · ·	. 12		449.
E	13 Program services (from line stock to the column (B) 2 2008		• •	13		165.
EXP	14 Management and general (from line 44, column (C))	•	• • •	. 14	40,	206.
N	1 15 Fundraising (from line 44, golunii 1101).		♦••	15		250.
EXSES	16 Payments to affiliates (attach schedie)DEN, UT	•	•	16		
<u> </u>	17 Total expenses. Add lines 16 and 44, column (A)	 	·	17		621.
Ą	18 Excess or (deficit) for the year Subtract line 17 from line 12		•	18		828.
NS EET	19 Net assets or fund balances at beginning of year (from line 73, column	n (A))	•	19	159,	514.
Ţ			•	20		242
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and			21		342.
BA	A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstructions	TEE	A0109L 12/27/07	Form 990	3 (2007

Form,990 (2007) Pacific Northwest Trail Association 91-1023116 Page Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct)

D	o 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
22 a	Grants paid from donor advised funds (attach sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 a				
22 t	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					(M. M. ×'
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
	•	-				
	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed	l (:		
	in Part V-A	25 a	52,000.	52,000.	0.	0.
b	Compensation of former officers,	l I				
	directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not	 		<u> </u>	<u> </u>	
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	1 1				
	described in section			•		
	4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c.	26	183,066.	167,090.	15,976.	
27	Pension plan contributions not included on lines 25a, b, and c.	27				
28	Employee benefits not included on	00				
20	lines 25a - 27	28	24 676	22 000	1 677	
29	Payroll taxes	29 30	24,676.	22,999.	1,677.	
30 31	Professional fundraising fees Accounting fees	31				
32	Legal fees	32		_		
33	Supplies	33	1,106.	1,106.		
34	Telephone	34	8,018.	4,551.	3,467.	
35	Postage and shipping	35	972.	486.	486.	
36	Occupancy	36	12,019.	6,010.	6,009.	
37	Equipment rental and maintenance.	37	298.	298.		
38	Printing and publications	38	456.		456.	
39	Travel	39	4,021.	2,393.	1,628.	
40	Conferences, conventions, and meetings	40	1,286.	643.	643.	
41	Interest	41	43.	31.	12.	
	Depreciation, depletion, etc (attach schedule)	42	7,932.	5,369.	2,563.	
	Other expenses not covered above (Itemize) See Statement 3	42.	71,728.	64 190	7 200	250
a b		43 a	11,120.	64,189.	7,289.	250.
c		43 c				
d		43 d				
e		43e				
f		43 f				
g g		43g				
_					-	
	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) (D), carry these totals to lines 13 - 15)	44	367,621.	327,165.	40,206.	250.
	Costs. Check ► if you are following					. — —
	iny joint costs from a combined education					► Yes X No
	s,' enter (i) the aggregate amount of these		costs \$ to Management and ge	; (ii) the a	mount allocated to Prog , and (iv) th	gram services
\$ _	ndraising \$	ocated	to management and ge		, and (iv) th	c amount anocated

Form 990 (200	7) Pacific	Northwest	Trail	Association
roim 990 (200	/) Factite	MOTCHMG2C	ттатт	ASSOCIACION

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

91-1023116

Page 3

		rogram Service Accomplishments (See the instructions.)	
Form 990 is organization olease make	available for public How the public pe sure the return is	inspection and, for some people, serves as the primary or sole source of information aboreceives an organization in such cases may be determined by the information presented o complete and accurate and fully describes, in Part III, the organization's programs and accurate	out a particular n its return. Therefore, complishments.
		ary exempt purpose? their exempt purpose achievements in a clear and concise manner. State the number of their exempt purpose achievements in a clear and concise manner. State the number of their exempts achievements that are not measurable. (Section 501(c)(3) and (4) organmpt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
sign	-in sheets a	ntaining trails for public use. Projections based on it trailheads indicate that 5,000 to 10,000 hikers, cyclists used the trail.	
(Grant	s and allocations	\$) If this amount includes foreign grants, check here ve plant nursery primarily to provide native plants	253,166.
for enha	public proje ncement. Al lents and wor	tve plant nursery primarily to provide native plants ects which require native plants, such as salmon so provide a facility for training of public school k programs for certain at-risk students. \$) If this amount includes foreign grants, check here	73,999.
c		\$) If this amount includes foreign grants, check here	
d		\$) If this amount includes foreign grants, check here	
	orogram services	T / It will difficult includes following grants, check flord	
•	•	\$) If this amount includes foreign grants, check here	

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Form 990 (2007)

Not	e: V	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			300.	45	300.
	46	Savings and temporary cash investments			108,568.	46	67,740.
	47 a	Accounts receivable.	47a				
	b	Less allowance for doubtful accounts	47b		53,269.	47 c	
			,				
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48 c	
	49	Grants receivable				49	88,304.
	50 a	Receivables from current and former officers, director employees (attach schedule)		50 a	_		
	ь	Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack)	ed und	er section 4958(f)(1)) dule)		50 b	
ASSETS	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 .				52	
	53	Prepaid expenses and deferred charges		. [81.	53	11,360.
	54 a	Investments - publicly-traded securities	>	Cost FMV		54 a	
	b	Investments – other securities (attach sch)		Cost FMV		54 b	
İ	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	
	57 a	Land, buildings, and equipment basis	57 a	_181,498.		. · · .)	
	b	Less accumulated depreciation (attach schedule) Statement 4	14,943.	57 c	9,168.		
	58	Other assets, including program-related investments					
		(describe ► See Statement 5)	2,552.	58	1,422.
\Box	59	Total assets (must equal line 74). Add lines 45 through	179,713.	59	178,294.		
	60	Accounts payable and accrued expenses		<u> </u>	20,199.	60	13,952.
	61	Grants payable		[61	
+	62	Deferred revenue				62	
A	63	Loans from officers, directors, trustees, and key				ستشم	
L		employees (attach schedule)		-		63	
+		Tax-exempt bond liabilities (attach schedule)		<u> </u>	 	64 a	
+ E S		Mortgages and other notes payable (attach schedule)		, }		64 b	
٠,	65 66	Other liabilities (describe		'	20,199.	65 66	13,952.
\dashv	66	Total liabilities. Add lines 60 through 65 inizations that follow SFAS 117, check here ► X a		plete lines 67	20,199.	00	13,932.
P E	Orga	through 69 and lines 73 and 74	na con	iplete lines 67		- ,,,,,,,,	
	67	Unrestricted			159,514.	67	164,342.
ş	68	Temporarily restricted		ļ	137,314.	68	104,342.
ANOMET O	69	Permanently restricted		·		69	
		inizations that do not follow SFAS 117, check here	\Box	and complete lines		,	
R	96	70 through 74.	Ц,			\$ 15.	
Ę	70	Capital stock, trust principal, or current funds		1		70	
В	71	Paid-in or capital surplus, or land, building, and equip		71			
B	72	Retained earnings, endowment, accumulated income,				72	
FUZD BALAZCEN		Total net assets or fund balances. Add lines 67 throu		Г			
Ę	/3	72 (Column (A) must equal line 19 and column (B) n	nust ed	jual line 21)	159,514.	73	164,342.
	74	Total liabilities and net assets/fund balances. Add lin			179,713.	74	178,294.

Fo	orm 990 (2007) Pacific Northwes	st Trail Associatio	n		91-	102	23116	، Page
	art IV-A Reconciliation of Revenues Instructions.)			ts with I				
a b	Total revenue, gains, and other suppor Amounts included on line a but not on 1Net unrealized gains on investments 2Donated services and use of facilities 3Recoveries of prior year grants		ents	b1 b2 b3		a		N/1
c d	Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 12, bu I Investment expenses not included on F	ut not on line a :		b4		် <i>နှင့်</i> နှင့် ဂြင်း		
e P	Add lines d1 and d2 Total revenue (Part I, line 12) Add line art IV-B* Reconciliation of Expense	es c and d	al Stateme	d2 nts with	Expenses per	d e Ret	urn	
a b	Total expenses and losses per audited Amounts included on line a but not on 1 Donated services and use of facilities 2 Prior year adjustments reported on Part 3 Losses reported on Part 1, line 20 4 Other (specify)	Part I, line 17.		b1 b2 b3		The state of the s		N/2
c d	Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, bu 1 Investment expenses not included on F 2 Other (specify) Add lines d1 and d2			d1 d2		b c		
e P	Total expenses (Part I, line 17) Add III art V-A 2 Current Officers, Directo		mployoos	/List sook	paraen who were	· e	inar dunatar	Annatas
	or key employee at any time d	uring the year even if they we	re not compe	nsated.) (See the instructions	s)		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compe (if not p enter	oaid.	(D) Contributions employee benef plans and deferr compensation pla	fit ed	(E) Expe account and allowan	d other
<u>s</u>	ee Attached	0		0.		0.		0.

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Form 990 (2007) Pacific Northwest Tra			91-1023	116	F	age 6		
Part V-A Current Officers, Directors, Tru				- 1 1 40	Yes	No		
75 a Enter the total number of officers, directors, and trustees p	· · · · · · · · · · · · · · · · · · ·	-		公選		ا ان سري چه		
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compet	iployees listed in Form nsated professional an	ı 990, Part V-A, or highe d other independent cor	est compensated emplo atractors listed in Sched	yees	آ کی اوران	34: }		
A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes.' attach a statement that								
identifies the individuals and explains the relationship(s) 75b X								
listed in Schedule A, Part I, or highest compe	C Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or nignest compensated employees listed in Schedule A. Part L or highest compensated professional and other independent contractors listed in Schedule							
A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related								
to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions								
·		n the instructions		75.4	v	المندا		
d Does the organization have a written conflict of		anlassa That Dage		. 75 d	_			
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 emn	lovee received compen-	sation or other benefits.	(described)	below	r) 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 allow		her		
None		 	compensation plans					
10110		1						
				İ				
								
]						
		}						
		 						
			Ì					
				ı				
		 						
				ı				
					_			
Part VI Other Information (See the Insti	ructions.)	· · · · · · · · · · · · · · · · · · ·			Yes	No		
		undusting activities?		- T		4.00		
76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each ch	vides of intellious of co	muucing activities?		76		X		
77 Were any changes made in the organizing or o	•	out not reported to the IF	RS? .	77		X		
If 'Yes,' attach a conformed copy of the chang	es	·		45.34	ar y	. V.		
78a Did the organization have unrelated business	gross income of \$1,000	or more during the year	ar covered by this return	1? 78a		X		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78 b	N	Ά		
79 Was there a liquidation, dissolution, termination	n or substantial contr	action during the		Ĭ.				
year? If 'Yes,' attach a statement	an, or substantial conflic	action during the		79		X		
80 a Is the organization related (other than by asso	ciation with a statewish	e or nationwide organiza	ation) through common	¥				
membership, governing bodies, trustees, office	ers, etc, to any other e	xempt or nonexempt or	ganization?	80 a		X		
b If 'Yes,' enter the name of the organization					` `			
	and ch	neck whether it is ex	cempt or nonexer	npt.		,, ,, i		
81 a Enter direct and indirect political expenditures	(See line 81 instruction	ons)	81 a	0.				
b Did the organization file Form 1120-POL for th	ıs vear?	•		81 h		x		

Form 990 (2007)

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Form 990 (2007) Pacific Northwest Trail Association	91-102311	6	F	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 substantially less than fair rental value?	es at no charge or at	82 a	X	1
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	رُندو رُنده . ماريد	7	, <u>, , , , , , , , , , , , , , , , , , </u>
83a Did the organization comply with the public inspection requirements for returns and exempt	• •	83a	<u>X</u>	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contri	butions?	83b	<u> </u>	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	•	84 a	,	X
b If 'Yes,' did the organization include with every solicitation an express statement that such onot tax deductible?	contributions or gifts were	84 b	N,	/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85 a		<u>A</u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? .	•	85 b	N.	A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless waiver for proxy tax owed for the prior year	1			
c Dues, assessments, and similar amounts from members	85 c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A	*		
Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Tayoble amount of lebburg and neutrol expenditures (line 95d less 95e)	85e N/A 85f N/A		ķ 4	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	[031] N/A	85 g	N.	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reas	onable estimate of	20 g	Ŋ.	1 3
dues allocable to nondeductible lobbying and political expenditures for the following tax year?	•	85 h	N,	/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on	100 1 27/3			
line 12	86a N/A 86b N/A			
b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) organizations Enter a Gross income from members or shareholders	86b N/A 87a N/A	1994 *		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87ь N/A	maai ii Sii		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301 if 'Yes,' complete Part IX	corporation or partnership,	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled enti- section 512(b)(13)? If 'Yes,' complete Part XI	ity within the meaning of	88ь		x
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year	under:	6	(a)	
section 4911 ► 0. ; section 4912 ► 0. , section 4	4955 ►0.			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction	ess benefit transaction f 'Yes,' attach a statement	89 b		X
	the	. 30		\$.
c Enter Amount of tax imposed on the organization managers or disqualified persons during year under sections 4912, 4955, and 4958				
d Enter Amount of tax on line 89c, above, reimbursed by the organization	► <u>0.</u>	00	<u> </u>	Ŝ.
 e All organizations At any time during the tax year, was the organization a party to a prohibit f All organizations Did the organization acquire a direct or indirect interest in any applicable 		89e 89f		X
All digalizations and the digalization acquire a direct of indirect interest in any applicable	msurance contract:	3	ă.	**************************************
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	s. Did the supporting dings at any time during	89 g		X
90 a List the states with which a copy of this return is filed ► _ WA				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90 b		5_
91a The books are in care of ► Joan Melcher Telephone no Located at ► 13595 Avon Allen Road, Mount Vernon, WA				
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other	or other authority over a financial account)?	91 b	Yes	No X
If 'Yes,' enter the name of the foreign country		. \$, <u>"</u>	AND THE
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and	è	nik K	F)
BAA		Form	990 (2007)

	t VI Other Information (continue		<u>30C.</u>	Tacion	 -	91-1023		Page 8
	At any time during the calendar year, did		tion	mountain an afficia		Ladad Chatani		es No
	If 'Yes,' enter the name of the foreign count		illoii i	maintain an office	outside of the t	United States? .	<u>91 c</u>	<u> X</u>
	Section 4947(a)(1) nonexempt charitable		 Form	000			. N/A	
	and enter the amount of tax-exempt inte					c nere	. M/A	N/A
	VII Analysis of Income-Produc							N/A
	THE PARTY SIS OF MEDITIC TOUCH			iness income		ection 512, 513, or 514		
Note:	Enter gross amounts unless		1 003				(E) Related or e	
otherw	vise indicated	(A) Business code		(B) Amount	(C) Exclusion code	(D) Amount	Related or e	
93	Program service revenue			, and an	Exclusion code	71110411	Tanbuon in	
	a Trail Building & Main				i		244	,607.
	L		_				 	, 00 / .
	· 						 	
	cd						 	
	e						 	
	Medicare/Medicaid payments				-		 	
	g Fees & contracts from government agencies						 	
94	·						 	
95	Interest on savings & temporary cash invents				14	832.	 	
96	Dividends & interest from securities			-		032.	 	
97	Net rental income or (loss) from real estate	*	- *;			,***.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	a debt-financed property					<u> </u>	****** *** *** ***	- Table 1 - Tabl
	not debt-financed property						 	
98	Net rental income or (loss) from pers prop						 	
99	Other investment income	···					 	
							 	
100	Gain or (loss) from sales of assets other than inventory							
101	Net income or (loss) from special events				5	2,102.		
102	Gross profit or (loss) from sales of inventory						34	,281.
103	Other revenue: a	· * *	# N	* * * * * *	~** 1 'x2 , C, * %	1 , 1 , 1 , 1 , 2		
b	o			·				
C								
d	! <u> </u>							
е)							
	Subtotal (add columns (B), (D), and (E))				* <u>* 1 (1 (2) </u>	2,934.		<u>,888.</u>
	Total (add line 104, columns (B), (D), a					_	281	<u>,822.</u>
	Line 105 plus line 1e, Part I, should equ							
	VIII Relationship of Activities to	the Accor	npli	shment of Exe	mpt Purpose	es (See the instruc	tions.)	
Line l	No. Explain how each activity for which of the organization's exempt purpo	n income is re ses (other th	porte an by	ed in column (E) o providing funds f	f Part VII contri or such purpose	buted importantly to th	e accomplishm	ent
93	See statement attached							
			_					
Part	IX Information Regarding Tax	able Subsid	diari	es and Disreg	arded Entitie	s (See the instruct	tions.)	
	(A)	(B)		(C)		(D)	(E)	
Na	me, address, and EIN of corporation,	Percentage	of			Total	ł	201
110	partnership, or disregarded entity	ownership int		Nature of a	activities	income	End-of-ye assets	
N/A			%					
		Ţ	%					
			%					
			%			· · · · · · · · · · · · · · · · · · ·		
Part	X Information Regarding Tran	sfers Asse	ocia	ted with Perso	nal Benefit C	ontracts (See the	instructions	;,)
a D	nd the organization, during the year, receive any fur							X No
b D	old the organization, during the year, pay	premiums, o	irectl	ly or indirectly, on	a personal ben	efit contract? .		No
_ Not	te: If 'Yes' to (b), file Form 8870 and Fo	rm 4720 (see	instri	uctions)				_

Par	t XI	Information Regarding Transfers To ar organization is a controlling organizatio	nd From Controlled En In as defined in section	ntities. Complete only if th n 512(b)(13).	е		
						Yes	No
106	Dıd 'Ye	the reporting organization make any transfers to a s,' complete the schedule below for each controller	a controlled entity as defined	ed in section 512(b)(13) of the Co	ode? If		x
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of tran	sfer
a							
b							
c	 						
		Totals					
						Yes	No
107	Dıd 'Ye	the reporting organization receive any transfers fr s,' complete the schedule below for each controlled	om a controlled entity as d	lefined in section 512(b)(13) of th	e Code? If		х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of transfer	
а							
b	 						
С							
		Totals					
108	Dıd ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006	, covering the interest, rents, roy	alties, and	Yes	No X
Plea: Sign Here		Under penalties of perjury, I declare that I have examined this returne, correct, and complete Declaration of preparer (other than off Signature of officer Joan Melcher, Chairman Type or print name and title	rn, including accompanying schedul icer) is based on all information of v	les and statements, and to the best of my kr which preparer has any knowledge 15 A C Date	owledge and b	elief, it is	s
Paid Pre-		Preparer's signature ► Self-Prepared	Date	Check if self-employed	reparer's SSN e eneral Instruction	or PTIN (on X)	See
pare Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone no			
BAA					Form	990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

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.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number 91-1023116 Pacific Northwest Trail Association Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions o employee benefit (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position plans and deferred 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

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

Schedule A (Form 990 or 990-EZ) 2007

Sche	nedule A (Form 990 or 990-EZ) 2007 Pacific Northwest Trail Association	91-1023116	5	Р	age 2
Par	Statements About Activities (See Instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total experior incurred in connection with the lobbying activities N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).	, including any attempt nses paid	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete forganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detaile lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the follow substantial contributors, trustees, directors, officers, creators, key employees, or members of taxable organization with which any such person is affiliated as an officer, director, trustee, match beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the	heir families, or with any			
а	a Sale, exchange, or leasing of property?		2a		X
b	b Lending of money or other extension of credit?		2b		X
c	c Furnishing of goods, services, or facilities?		_2c	-	x
d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		X
е	e Transfer of any part of its income or assets?		2e	_	Х
3 a	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' at explanation of how the organization determines that recipients qualify to receive payments.)	tach an	3a		X
b	b Did the organization have a section 403(b) annuity plan for its employees?		_3ь		<u>x</u>
c	c Did the organization receive or hold an easement for conservation purposes, including easement to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement .	nts	3c		X
d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotic	ation services?	3d	_	Х
4 a	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g 4f and 4g	if 'No,' complete lines	4a		X
b	b Did the organization make any taxable distributions under section 4966?	·	4b	N	<u>'A</u>
C	c Did the organization make a distribution to a donor, donor advisor, or related person?	. [4c	N	<u>'A</u>
d	d Enter the total number of donor advised funds owned at the end of the tax year	-			N/A
е	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the ta	x year . ►		_	N/A
f	f Enter the total number of separate funds or accounts owned at the end of the tax year (exclud funds included on line 4d) where donors have the right to provide advice on the distribution or amounts in such funds or accounts	ing donor advised investment of			0
g	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end	of the tax year			0.

Sche	edule A (Form 990 or 990-EZ) 2007	Pacific Northwest	Trail Associatio	n 91-10	23116 Page 3
Par	rt IV Reason for Non-Private	e Foundation Status (S	See instructions.)		
I cert	tify that the organization is not a prival	te foundation because it is:	(Please check only ONE ap	oplicable box)	
5	A church, convention of churches	, or association of churches	. Section 170(b)(1)(A)(i).		
6	A school Section 170(b)(1)(A)(II)	(Also complete Part V)			
7	A hospital or a cooperative hospit	tal service organization. Sec	ction 170(b)(1)(A)(iii).		
8	A federal, state, or local government	ent or governmental unit S	ection 170(b)(1)(A)(v)		
9	A medical research organization of and state ►	operated in conjunction with	a hospital. Section 170(b)	(1)(A)(III) Enter the ho	espital's name, city,
10	An organization operated for the (Also complete the Support Sche	benefit of a college or unive dule in Part IV-A)	ersity owned or operated by	a governmental unit.	Section 170(b)(1)(A)(iv).
11 a	An organization that normally rec Section 170(b)(1)(A)(vi) (Also co	eives a substantial part of it mplete the Support Schedu	s support from a governme Ile in Part IV-A)	ental unit or from the g	eneral public.
11 b	A community trust Section 170(b)(1)(A)(vı) (Also complete t	the Support Schedule in Pa	art IV-A.)	
12	An organization that normally rec from activities related to its charit from gross investment income an organization after June 30, 1975	able, etc. functions – subie	ct to certain exceptions, an	nd (2) no more than 33	-1/3% of its support
13	An organization that is not contro requirements of section 509(a)(3)	lled by any disqualified pers Check the box that descrit	sons (other than foundation oes the type of supporting o	managers) and othervorganization	vise meets the
	Type I Type II	Type III-Function about the following information about	onally Integrated	Type III-Other	
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of
				Yes No	
		j		}	
		- 			
		_			
Total	<u> </u>		`	<u>·</u>	0.
14	An organization organized and op	erated to test for public safe	ety Section 509(a)(4). (See	e instructions)	

BAA

Schedule A (Form 990 or 990-EZ) 2007

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 **(a)** 2006 beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 601,427 1,689,948. 113,934 518,282. 456,305 Membership fees received 0. 16 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 454,765 93,583. 32,782. 118,737. 699,867. charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired 330 1,030 1,553. 4,755 7,668. by the organization after June 30, 1975 19 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 O. capital assets 579,797. Total of lines 15 through 22 569,029 612,895 635,762 2,397,483. 24 Line 23 minus line 17 114,264 519,312 602,980. 461,060 1,697,616 5,690 5,798. 6,129. 6,358. 25 Enter 1% of line 23 a Enter 2% of amount in column (e), line 24 26 a 26 Organizations described on lines 10 or 11: 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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your 16,335. return Enter the total of all these excess amounts • 26 b c Total support for section 509(a)(1) test Enter line 24, column (e) • 697,616 26 c d Add Amounts from column (e) for lines: 26 d 24,003. 673,613. e Public support (line 26c minus line 26d total) 26 e 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. (2006) _ _ _ _ (2005) _ _ _ _ (2004) _ _ _ _ (2004) _ _ _ _ (2003) _ _ _ _ _ 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 (2006) _ _ _ _ (2005) _ _ _ _ c Add Amounts from column (e) for lines 15 20 27 c 27 d and line 27b total d Add Line 27a total e Public support (line 27c total minus line 27d total) 27e 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 응 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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. Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? 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 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? 31 If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) 黻 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? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d 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 d Scholarships or other financial assistance? 33 d e Educational policies? 33 e f Use of facilities? 33 f g Athletic programs? 33 g 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.) * 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement 35 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

Part V

Schedule A (Form 990 or 990-EZ) 2007

Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

		,				N/A	
Che	ck - a lif the organization beloi	ngs to an affiliated group. Check ► b If yo	ou chec	ked 'a' and	limited cont	rol' provisi	ons apply.
	Limits on	Lobbying Expenditures		Affiliate	a) ed group		(b) completed
	(The term 'expenditu	res' means amounts paid or incurred.)		to	tals		electing
36	Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)	36				
37	Total lobbying expenditures to influ	uence a legislative body (direct lobbying)	37				
38	Total lobbying expenditures (add li	nes 36 and 37)	38				
39	Other exempt purpose expenditure	·s .	39				
40	Total exempt purpose expenditures	s (add lines 38 and 39)	40				
41	Lobbying nontaxable amount Ente	r the amount from the following table -		, , , , , , , , , , , , , , , , , , ,		144 (1 1421)	*****
	If the amount on line 40 is —	The lobbying nontaxable amount is -) >	*	- "" x " " " " " " " " " " " " " " " " "	By 2	\$ 16. Y
	Not over \$500,000	20% of the amount on line 40					· 是一种病抗
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	. "				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	¥ * · ·	. 4. 1	* *.	¥	
	Over \$17,000,000	\$1,000,000		*	. 🦠 🚉		38 SE - 16 SE
42	Grassroots nontaxable amount (en	ter 25% of line 41)	42				
43	Subtract line 42 from line 36. Enter	r -0- if line 42 is more than line 36	43				
44	Subtract line 41 from line 38. Enter	r -0- if line 41 is more than line 38	44				
	Caution: If there is an amount on	either line 43 or line 44, you must file Form 4720	. <3		the section	th Wall	* * * * * * * * * * * * * * * * * * *
		4 -Year Averaging Period Under Section to made a section 501(h) election do not have to c	on 501	(h) e all of the f			

See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
50	Grassroots lobbying expenditures									

Part VI-B* Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements.
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.
- i Total lobbying expenditures (add lines c through h.)

11	'Yes'	to any	of the	above, a	iso attac	<u>n a sta</u>	<u>tement</u>	giving	a deta	alled	descrip	ition of	the	lobbying	activities.

Yes	No	Amount
		<u> </u>

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

51 Did the	e reporting organization	directly or in	ndirectly engage in any of the follow	ing with any other organization describiting to political organizations?	ed in secti	on 50	1(c)
			to a noncharitable exempt organizat			Yes	No
(i)Ca	_	. 9	a namenamasia akampi angamizat		51 a (i)		X
(ii)Ot	her assets				a (ii)		Х
b Other	transactions						
(i) Sa	les or exchanges of ass	sets with a n	oncharitable exempt organization		b (i)		<u> </u>
(ii) Pu	rchases of assets from	a noncharita	able exempt organization		b (ii)		X
(iii) Re	ntal of facilities, equipm	nent, or othe	er assets		b (iii)		X
` '	imbursement arrangem	ents			b (iv)		X
	ans or loan guarantees			b (v)		X	
	rformance of services o		•	b (vi)		X	
c Sharin	g of facilities, equipmen	it, mailing lis	sts, other assets, or paid employees		c		X
the god any tra	answer to any of the abo ods, other assets, or sei ansaction or sharing arra	rvices given angement, s	by the reporting organization. If the how in column (d) the value of the g	olumn (b) should always show the fair r organization received less than fair ma goods, other assets, or services receive	narket val arket value d:	ue or	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	Description of transfers, transactions, and			ts
N/A		-					
N/A		 	· · · · · · · · · · · · · · · · · · ·	 			
		 		 			
			·····	 			
			·				
							
						-	
				\			
		L					
describ	ed in section 501(c) of	the Code (o	iliated with, or related to, one or mother than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► ☐ Ye	s X	No
b If 'Yes,	complete the following	schedule.	(h)				
	(a) Name of organization		(b) Type of organization	(c) Description of relation	iship		
N/A				, , , , , , , , , , , , , , , , , , , ,		-	
N/A				 			
	· 						
BAA	<u> </u>		L	Schedule A (Form	990 or 99	0-EZ)	2007

2007 ' '	F	ederal Stat	ements		Page
Client 1	Pacif	ic Northwest Tra	il Association		91-10231
3/09/08 Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from S	Special Events				11 45/
Special Event	~	Fross Con	ess tri- Gro ions Reve		t Income
Annual Plant Sale	Total 🖺	2,102. 2,102. \$	0. 0. \$ 2	,102. ,102. \$	0. 2,102 0. \$ 2,102
Statement 2 Form 990, Part I, Line 10 Gross Profit (Loss) From	Sales Of Invent	ory			
Native Plant Sales					\$ 35,161.
Gross Sales Less Returns & Allow Net Sales Less Cost Of Goods S Gross Profit From Sa	old	tory			\$ 35,161. \$ 35,161. 880. \$ 34,281.
Statement 3		_			
Form 990, Part II, Line 43 Other Expenses		(3)	(D)	(6)	(D)
Form 990, Part II, Line 43		(A) Total	(B) Program Services	(C) Management & General	
Automobile Expenses Dues and Subscription Fuel Insurance Office Expenses Other Miscellaneous Other Taxes and Lice	Expenses	Total 6,247. 595. 5,995. 5,794. 2,901. 2,071. 908.	Program Services 3,800 297 4,428 5,311 1,599 1,068 719	Management & General 2,447 298 1,567 483 1,302 1,003 189	Fundraising
Automobile Expenses Dues and Subscription Fuel Insurance Office Expenses Other Miscellaneous	Expenses	Total 6,247. 595. 5,995. 5,794. 2,901. 2,071. 908. 45,574. 379. 1,264.	Program Services 3,800 297 4,428 5,311 1,599 1,068 719 45,574 129 1,264	Management & General 2,447 298 1,567 483 1,302 1,003 189	Fundraising
Automobile Expenses Dues and Subscription Fuel Insurance Office Expenses Other Miscellaneous Other Taxes and Licen Project Costs Promotion	Expenses	Total 6,247. 595. 5,995. 5,794. 2,901. 2,071. 908. 45,574. 379. 1,264.	Program Services 3,800 297 4,428 5,311 1,599 1,068 719 45,574 129 1,264	Management & General 2,447 298 1,567 483 1,302 1,003 189	Fundraising
Automobile Expenses Dues and Subscription Fuel Insurance Office Expenses Other Miscellaneous Other Taxes and Licen Project Costs Promotion	Expenses nses Total	Total 6,247. 595. 5,995. 5,794. 2,901. 2,071. 908. 45,574. 379. 1,264.	Program Services 3,800 297 4,428 5,311 1,599 1,068 719 45,574 129 1,264	Management & General 2,447 298 1,567 483 1,302 1,003 189 3, 7,289	Fundraising
Automobile Expenses Dues and Subscription Fuel Insurance Office Expenses Other Miscellaneous Other Taxes and Lice Project Costs Promotion Utilities Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equi	Expenses nses Total	Total 6,247. 595. 5,995. 5,794. 2,901. 2,071. 908. 45,574. 379. 1,264.	Program Services 3,800 297 4,428 5,311 1,599 1,068 719 45,574 129 1,264	Management & General 2,447 298 1,567 483 1,302 1,003 189	Fundraising

2007 **Federal Statements** Page 2 Client 1 91-1023116 **Pacific Northwest Trail Association** 8/09/08 11:45AM Statement 5 Form 990, Part IV, Line 58 Other Assets Net Intangible Assets Total \$

PACIFIC NORTHWEST TRAIL ASSOCIATION #91-1023116

2007 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
Doug Sheperd 524 North Fort Eby Road Coupville, WA 98239	12	Vice Chair Director 10 Hour	None	None	None
Jon Knechtel 12253 Maple Crest Drive Burnlington, WA 98233	12	Executive Director 60 Hours	52,000	None	19,329
Lynn Postler 1507 Meadowlark Lane Mount Vernon, WA 98273	12	Sec/Treas Director 5 Hours	None	None	None
Erik Rohrer 607 East 4th Port Angeles, WA 98362	12	Director 1 Hour	None	None	None
Dave Hess 1043 Chuckanut Ridge Drıve Bow, WA 98232	12	Director 5 Hours	None	None	None
Doug Walker 14182 Young Road Mount Vernon, WA 98273	12	Director 1 Hour	None	None	None
Rocky DeVon 722 Central Avenue Oroville, WA 98844	6	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

2007 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 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.