

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)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARIZONA TRAIL ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 36736 City, town, or country State ZIP + 4 PHOENIX AZ 85067
	D Employer identification number 86-0762149
	E Telephone number (602) 252-4794
	F Group Exemption Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.AZTRAIL.ORG

J Tax-exempt status (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 142,628

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	131,077
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	134
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	11,417	
b Less: cost of goods sold	7b	5,037	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,380	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	137,591	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	39,738
	13 Professional fees and other payments to independent contractors	13	7,741
	14 Occupancy, rent, utilities, and maintenance	14	4,925
	15 Printing, publications, postage, and shipping	15	1,582
	16 Other expenses (describe ▶ See Attached Statement)	16	98,421
17 Total expenses. Add lines 10 through 16 ▶	17	152,407	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,816
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	180,097
	20 Other changes in net assets or fund balances (attach explanation)	20	3,214
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	168,495

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	134,540	22	295,032
23 Land and buildings	2,889	23	2,043
24 Other assets (describe ▶ See Attached Statement)	43,445	24	21,721
25 Total assets	180,874	25	318,796
26 Total liabilities (describe ▶ See Attached Statement)	777	26	150,301
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	180,097	27	168,495

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>TRAIL MANAGEMENT AND PROTECTION</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	THROUGH THE EFFORTS OF ATA MEMBERS AND PARTNERS, IT IS ESTIMATED THAT IN 2009 THE ARIZONA TRAIL IS 819 MILES IN LENGTH AND ONLY 35 MILES ARE REMAINING TO BE BUILT. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,656
29	ATA MEMBERS AND VOLUNTEERS SERVE AS STEWARDS TO THE ARIZONA TRAIL BY MAINTAINING AND IMPROVING THE EXISTING TRAIL IN CONJUNCTION WITH LAND MANAGERS. IN 2009, ATA RECORDED OVER 24000 VOLUNTEER HOURS. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	91,253
30	 (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	97,909

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EMILT NOTTINGHAM P O BOX 36736 PHOENIX AZ 85067	Title PRES Hr/WK 2.00	0	0	0
TERENCE WOOLSTON P O BOX 36736 PHOENIX AZ 85067	Title VP Hr/WK 2.00	0	0	0
KENT TAYLOR P O BOX 36736 PHOENIX AZ 85067	Title TREAS Hr/WK 2.00	0	0	0
LYN WHITE P O BOX 36736 PHOENIX AZ 85067	Title SECY Hr/WK 2.00	0	0	0
GARY HOHNER P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
JOHN RENDALL P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
BERNIE STALMANN P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
LADDIE COX P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
STEVE ANDERSON P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
LISA ATKINS P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
BOB BOHANNAN P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
FRED GAUDET P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
JAN HANCOCK P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
ANNA PFENDER P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
MARTIN SCHULTZ P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
DALE SHEWALTER P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
RUSSELL SMOLDON P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
ERIC SMITH P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ AZ		
42 a	The organization's books are in care of ▶ FELESHA GIVENS Telephone no. ▶ (602) 252-4794 Located at ▶ 2501 S 117TH AVE City AVONDALE ST AZ ZIP + 4 ▶ 85323		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: DAVE HICKS Date: _____
Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: _____ Date: 9/8/2010 Check if self-employed: Preparer's identifying number (See instructions): _____
Firm's name (or yours if self-employed), address, and ZIP + 4: SECHLER CPA PC EIN: _____
921 E ORANGE DRIVE, PHOENIX, AZ 85014 Phone no.: (602) 230-2700

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
RANDALL WARNER P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
WENDY ERICA WERDEN P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
DOUG WHITNEYBELL P O BOX 36736 PHOENIX AZ 85067	Title DIR Hr/WK 2.00	0	0	0
DAVE HICKS P O BOX 36736 PHOENIX AZ 85067	Title EXEC DIR Hr/WK 40.00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization ARIZONA TRAIL ASSOCIATION	Employer identification number 86-0762149
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	11g(i)
(ii) A family member of a person described in (i) above?	11g(ii)	11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	11g(iii)

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	123,333	113,475	198,372	233,689	131,077	799,946
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	123,333	113,475	198,372	233,689	131,077	799,946
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						226,470
6 Public support. Subtract line 5 from line 4.						573,476

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	123,333	113,475	198,372	233,689	131,077	799,946
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,405	2,672	1,715	963	134	6,889
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0
11 Total support. Add lines 7 through 10						806,835
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	71.08%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.56%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests--2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests--2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ARIZONA TRAIL ASSOCIATION

86-0762149

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARIZONA TRAIL ASSOCIATION	Employer identification number 86-0762149
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 Foreign State or Province: Foreign Country:	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4 Foreign State or Province: Foreign Country:	\$ 163,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Part I, Line 16 (990-EZ) - Other Expenses

	98,421
1 Travel	1 2,877
2 Meals and entertainment	2 _____
3 Fundraising	3 _____
4 Amortization	4 0
5 Conferences, conventions, and meetings	5 _____
6 Depreciation	6 0
7 Depletion	7 _____
8 Equipment rental and maintenance	8 _____
9 Interest	9 _____
10 Supplies	10 1,679
11 Telephone	11 2,205
12 Unrelated business income taxes	12 0
13 TRAIL BUILDING AND MAINTENANCE	13 72,319
14 INSURANCE	14 4,284
15 MEMBERSHIP DEVELOPMENT	15 7,441
16 MEETINGS AND MEMBER EVENTS	16 4,871
17 OTHER EXPENSES	17 2,745
18 _____	18 _____
19 _____	19 _____
20 _____	20 _____
21 _____	21 _____
22 _____	22 _____
23 _____	23 _____
24 _____	24 _____
25 _____	25 _____
26 _____	26 _____
27 _____	27 _____
28 _____	28 _____
29 _____	29 _____
30 _____	30 _____
31 _____	31 _____
32 _____	32 _____
33 _____	33 _____
34 _____	34 _____
35 _____	35 _____

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Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

3,214

Description		Amount	
1	UNREALIZED GAIN ON INVESTMENT ASSETS	1	3,214
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

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Part II, Line 24 (990-EZ) - Other Assets

43,445

21,721

	Description	Beginning	End
1	PLEDGES RECEIVABLE	25,000	0
2	PREPAID EXPENSES	3,669	3,730
3	INVESTMENT HELD AT AZ COMMUNITY FOUNDATION	14,776	17,991
4			
5			
6			
7			
8			
9			
10			

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Part II, Line 26 (990-EZ) - Liabilities

777 150,301

	Description	Beginning	End
1	PAYROLL LIABILITIES	777	301
2	DEFERRED REVENUE	0	150,000
3			
4			
5			
6			
7			
8			
9			
10			

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