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Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Internal Revenue Service Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning DEC 1, 2013 and ending NOV 30, 2014 C Name of organization D Employer identification number Address change TRAILS PRESERVATION ALLIANCE Name Ichange Doing Business As 26-1532509 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 725 PALOMAR LANE 719-338-4106 Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 214,363. Applica-COLORADO SPRINGS, CO 80906 H(a) Is this a group return F Name and address of principal officer DON RIGGLE Yes X No for subordinates? PO BOX 38093, COLORADO SPRINGS CO 80937 H(b) Are all subordinates included? 501(c) ( Tax-exempt status X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or [ If "No," attach a list (see instructions) J Website: ► WWW.COLORADOTPA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Year of formation: 2007 M State of legal domicile: CO Part I | Summary Briefly describe the organization's mission or most significant activities. THE ORGANIZATION IS ORGANIZED 2045 & Governance EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, Check this box > \_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 0 5 75 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b ക **Prior Year Current Year** Expenses ANNED Revenue 8 Contributions and grants (Part VIII, line 1h) 178.038. 133,234. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 757. 824. 100,283 24,600. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 279,078. 158,658. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,984, 29,036. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundralsing fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D) Fine 25)

17 Other expenses (Part IX, column (A), lines 11a 114, 11f-24e) 162,700. 86,421. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 193,684. <u>115,457.</u> Revenue less expenses Subtract line 18 from line 12 85,394. 43,201. ig o End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 489,767. 533,927**.** 21 Total liabilities (Part X, line 26) 1,173. <u> 214</u> Net assets or fund balances Subtract line 21 from line 20 489,553. 532.754. Part II Signature Block 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 XI 2015 Sign DON RIGGLE, DIRECTOR Here Type or print name and title Date PTIN Preparet's Check Print/Type preparer's name signature MARC A. BOYCE, CPA Paid self-employed P00595598 Preparer Firm's name WIECHMANN BOYCE & ASSOCIATES, Firm's EIN 05-0523988 Use Only Firm's address ► 5390 N. ACADEMY BLVD., STE 300 COLORADO SPRINGS, CO 80918 Phone no. 719 - 596 - 6110

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

Form 990 (2013)

	990 (2013) TRAILS PRESERVATION ALLIANCE	26-15325	50 <u>9</u> _	Page 2
Pai	t III Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response or note to any line in this Part III	<del></del>		
1	Briefly describe the organization's mission. NONE			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	_	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
_	If "Yes," describe these changes on Schedule O.			
	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	-	
	revenue, if any, for each program service reported			
1a				
	PRESERVATION OF MULTI USE TRAILS, MANAGED BY FEDERAL AND AGENCIES. PERFORMING TRAIL MAINTENANCE ACTIVITIES THROU		יא אייני	R
	WORK. WORKING WITH FOREST SERVICE AND BLM TRAIL MAINTEN			
	WORKING WITH THE USFS/BLM IN PROVIDING PUBLIC COMMENT TO			TER
	PLANS AND TRAVEL MANAGEMENT PLANS.			
lb.	(Code) (Expenses \$	ue \$		
		<u> </u>		
			_	
		<del></del>		
ŀc	(Code) (Expenses \$ including grants of \$) (Revenue	ıe\$		
		<del>_</del>		
ld	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 104.224.	)	<u> </u>	
0	Total program service expenses 104.224.			

Form **990** (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114	21	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	İ	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>

Form 990 (2013) TRAILS PRESERVATION ALLIANCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		İ	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	, , , , , , , , , , , , , , , , , , , ,	28a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l		7.7
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩.
^4	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N. Part I			v
30	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	20		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<b></b> -
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_==
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2013)

Form 990 (2013) TRAILS PRESERVATION ALLIANCE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	3 · · · · · · · · · · · · · · · · · · ·	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		- T
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X_
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		-21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b			
	Did the organization receive any payments for indoor tanning services during the tax year?	14-		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
_ ,,	1. 100, That it mad a 1 of the 120 to report these payments. If 140, provide an explanation in Schedule O		000	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
sec	tion A. Governing Body and Management	- 1									
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 4										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	į									
b	Enter the number of voting members included in line 1a, above, who are independent  1b 4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		77							
_	officer, director, trustee, or key employee?	2		<u>X</u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37							
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a											
	more members of the governing body?										
D	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body?  Did the executation contemporare could be decreased the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>							
8											
a	The governing body?  Find committee with authority to get an head! of the governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Λ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		v							
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	1	X							
000	tion D. 1 Oncies (This Section & requests information about policies not required by the internal nevertie code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102									
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a		11a	х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
c											
Ī	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1								
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			İ							
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CO										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply										
Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial								
	statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	_								
	DON RIGGLE - 719-338-4106										
	725 PALOMAR LANE, COLORADO SPRINGS, CO 80906										

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#### TRAILS PRESERVATION ALLIANCE

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Name and Title  Average hours per week (list any hours for related organizations organizations)  Average hours per week (list any hours for related organizations organizations)	(F)		(E)	1	(D)				C)	(0			(B)	(A)				
hours per week (list any hours for related organizations below line)  (1) DON RIGGLE  PRESIDENT  (2) DOUG DRUSSEL  VICE PRESIDENT  (3) JASON ELLIOTT  TREASURER  (4) STEVE MATTHIESEN  DOON, Unless person is both an officer and a director/trustee)  (Inst any hours for related organizations below line)  (Inst any hours for related organization (W-2/1099-MISC)  (Inst any hours for	Estimated					Rep	_		ition	Posi		۔ در		Name and Title				
(1) DON RIGGLE  PRESIDENT  (2) DOUG DRUSSEL  VICE PRESIDENT  (3) JASON ELLIOTT  TREASURER  (4) STEVE MATTHIESEN  (Ilst any hours for related organizations hours for related organizations below line)  (1) DON RIGGLE  10.00  X X X  Day Doug DRUSSEL  X X X  D. O. O.  (W-2/1099-MISC)  Organizations (W-2/1099-MISC)	amount of		compensation		compensation			s both	rson	ss pe	, unle	ьох	hours per					
(1) DON RIGGLE	other					from		r/trus	recto	1 1 1.			1					
(1) DON RIGGLE	mpensation	c					į					recto						
(1) DON RIGGLE	from the		N-2/1099-MISC)				l	sated			8	ō						
(1) DON RIGGLE	rganization ind related				099-MISC)	(00-2/1		uadu	8		trust	ustee						
(1) DON RIGGLE  PRESIDENT  (2) DOUG DRUSSEL  VICE PRESIDENT  (3) JASON ELLIOTT  TREASURER  (4) STEVE MATTHIESEN  200  X X X  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	ganizations						_	st cor	gld	_	tiona	dualt						
10.00   N   N   N   N   N   N   N   N   N	g			İ			Forme	Highe	Keye	Office	Instit	Į į						
(2) DOUG DRUSSEL         2.00           VICE PRESIDENT         X         X         0.         0.           (3) JASON ELLIOTT         2.00         X         X         0.         0.           TREASURER         X         X         X         0.         0.           (4) STEVE MATTHIESEN         2.00         0.         0.         0.         0.													10.00	(1) DON RIGGLE				
VICE PRESIDENT         X         X         X         0.         0.           (3) JASON ELLIOTT         2.00         X         X         0.         0.           TREASURER         X         X         X         0.         0.           (4) STEVE MATTHIESEN         2.00         0.         0.         0.         0.	0	•	0.	<u>. </u>	0.				L.,	X		X		PRESIDENT				
(3) JASON ELLIOTT  TREASURER  (4) STEVE MATTHIESEN  2.00  X X X  0.  0.											İ	1	2.00	(2) DOUG DRUSSEL				
TREASURER X X 0. 0. (4) STEVE MATTHIESEN 2.00	0	•	0.	•	0.					X		X		VICE PRESIDENT				
(4) STEVE MATTHIESEN 2.00	_		_		_				ļ			ļ	2.00					
	0	•	0.	•	0.					X		X	0.00					
SECRETARY X X U. U. U.	•				^								2.00					
	0	•	<u> </u>	•						X		X		SECRETARY				
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		+-		$\dagger$			$\neg$			_	<del>                                     </del>	$\vdash$	<del></del>					
		ĺ	l									j						

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	` (A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	Ì	Es	tımate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	n	an	nount o	of
		week	$\vdash$	ceran	lo a o	recto	or/trus	itee)	from	from related	- 1		other	
		(list any hours for	] SE						the	organizations			pensa	
		related	p oc	<u>s</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)		om the	
		organizations	ruste	ltrus		<u>ස</u>	臣	ŀ	(44.2/1099-14130)		i	-	anızatı d relate	
		below	Individual trustee or director	Institutional trustee	_	를 (	25.50	 					ınızatı	
		line)	li di	Instit	Officer	Key employee	Highest compensated employee	Form				J		
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		<u> </u>	l	L	<u></u>	<u>L</u>	Ь.	<u> </u>						
1b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.	<u> </u>		0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportabl	e			^
	compensation from the organization								<u> </u>				V	0
_													Yes	No
3	Did the organization list any former officer			e, ke	ey eı	mple	oyee	, or	highest compensated e	mployee on				77
_	line 1a? If "Yes," complete Schedule J for s										ļ	3		<u> </u>
4	For any individual listed on line 1a, is the si	-		-					· · · · · · · · · · · · · · · · · · ·	the organization				37
_	and related organizations greater than \$15			-								4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	dual for services		_		v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	пріете Ѕспеаиі	e J	or s	ucn	per	son		<del></del>	<del></del>		5		<u> </u>
	Complete this table for your five highest co	mnoneated in	den	and.	ant c	```	ract	ore f	that received more than	\$100 000 of com	nerc	ation t	rom	
1	the organization Report compensation for										ibelis	auon	.0111	
	(A)	the calcindar y	cai	cria	iiig i		01 11	7.11.11	(B)	your		((	3)	
	Name and business	address	N	ON	F.				Description of s	ervices	C		nsatio	n
	· · · · · · · · · · · · · · · · · · ·		-,1	<u> </u>	=									
								_						
									-				-	
					_		_				_			_
				-										
_			_			_			<u> </u>					
2	Total number of independent contractors (	including but r	ot l	mite	d to	the	ose li	ste	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0							

TRAILS PRESERVATION ALLIANCE Form 990 (2013) 26-1532509 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 133,234 similar amounts not included above 1f 650 Noncash contributions included in lines 1a-1f \$ 133,234 h Total. Add lines 1a-1f **B**usiness Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 824. 824. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 80,305. 55,705. b Less direct expenses 24,600. 24,600. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а

b

а

b

Business Code

158,658.

11 a

b Less. direct expenses

and allowances

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

b Less cost of goods sold

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

c Net income or (loss) from sales of inventory Miscellaneous Revenue

> 25,424 Form 990 (2013)

# Form 990 (2013) TRAILS PRESERVATION ALLIANCE Part IX Statement of Functional Expenses

	501(c)(3) and 501(c)(4) organizations must come		er omanizations must an	molete column (A)	<del></del>
Section	501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mpiete column (A)	
	include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Gr	ants and other assistance to governments and				<u> </u>
or	ganizations in the United States. See Part IV, line 21	29,036.	29,036.		
2 G	rants and other assistance to individuals in				
th	e United States See Part IV, line 22				
<b>3</b> G	rants and other assistance to governments,				
	ganizations, and individuals outside the				
	nited States. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees				
	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and	İ			
	ersons described in section 4958(c)(3)(B)			•	
	ther salaries and wages ension plan accruals and contributions (include				
	ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)				
	ther employee benefits				
	ayroll taxes	-			-
	ees for services (non-employees)				
	anagement				
	egal				·····
	ccounting	2,430.		2,430.	··
	obbying			_,	
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
g O	ther. (If line 11g amount exceeds 10% of line 25,				
CC	olumn (A) amount, list line 11g expenses on Sch 0.)				
12 A	dvertising and promotion	1,138.		1,138.	
<b>13</b> O	ffice expenses	2,967.	35.	2,932.	
<b>14</b> In	formation technology				
<b>15</b> R	oyalties				
	ccupancy				
	ravel				
	ayments of travel or entertainment expenses				
_	or any federal, state, or local public officials				
- <del>-</del>	onferences, conventions, and meetings				<del></del>
	nterest				
_	ayments to affiliates	3,276.	3,276.		
	epreciation, depletion, and amortization surance	909.	3,410.	909.	
	ther expenses. Itemize expenses not covered	303.		303.	<del>-</del>
at 24	pove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	OUTSIDE EXPERTS	23,372.	23,372.		
	RANT EXPENSES - COLORA	19,857.	19,857.		
_	EGAL FEES	18,831.	18,831.		
_	OLORADO ADVENTURE RIDE	4,243.	4,243.		
_	Il other expenses	9,398.	5,574.	3,824.	·
	otal functional expenses Add lines 1 through 24e	115,457.	104,224.	11,233.	0
	pint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
CI	heck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X | Balance Sheet

	t X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	480,074.	1	524,866.
	2	Savings and temporary cash investments		2	<u> </u>
İ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	<u>-</u> .
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	1		
ဋ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D  Less accumulated depreciation  10a 42,264.  10b 33,203.	_	ŀ	
	b	Less accumulated depreciation 10b 33, 203.	9,693.	10c	9,061.
	11	Investments - publicly traded securities	=	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	489,767.	16	533,927.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons		<b> </b>	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
į	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17:24) Complete Part X of	214		1 172
	00	Schedule D	214. 214.		1,173. 1,173.
	26	Total liabilities. Add lines 17 through 25	214.	26	1,1/3.
<b>,</b>		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Š	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	448,602.	27	515,409.
ᄪ	27 28	Temporarily restricted net assets	40,951.	28	17,345.
8	29	Permanently restricted net assets	40,731.	29	17,343.
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Œ E		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
3Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	489,553.	33	532,754.
	۳ ا	Total liabilities and net assets/fund balances	489,767.	34	533,927.

Form **990** (2013)

	990 (2013) TRAILS PRESERVATION ALLIANCE	20-153 <sub>4</sub>	<u> 4004</u>	Pag	<u>je 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	<u>B,6</u>	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	5,4	<u>57.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4	3,2	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48	9,5	<u>53.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	53	2,7	<u>54.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audıt			
	or guides, explain why in Schedule O and describe any steps taken to undergo such guides		3h		l

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public Employer identification number

OMB No 1545-0047

		TRAILS	PRESERVATION	ALLI.	ANCE				2	6-1532	<u>509</u>	
Part I	Reason		ity Status (All organiz			e this part	.) See inst	ructions				
he orga	nization is not a	private foundation I	because it is (For lines 1	through 1	1, check o	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)								
з 🗀	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	oital descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	the hospital'	s name	е,
	city, and state	е.										
5	] An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental und	describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	te, or local governme	ent or governmental unit	t described	ın sectio	n 170(b)(1	)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	rıbed ır	1
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8	•		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	] An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembershij	o fees, a	nd gross red	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestr	ment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10 🗀	An organizati	on organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	<b>l</b> ).				
11 🗀	An organizati	on organized and or	perated exclusively for th	ne benefit o	of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes o	f one c	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	) or section	n 509(a)(2	) See sec	tion <b>509</b> (a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	ie through	1 <b>1</b> h						
	_ <b>a</b>	ı <b>b</b> ∟ ⊤չ	/pell c T	ype III - Fu	nctionally i	ntegrated	C	<b>і</b> 📖 Тур	e III - No	n-functionall	y ınteg	rated
e 🖳	By checking	this box, I certify tha	it the organization is not	controlled	directly of	r ındırectly	by one or	r more disc	qualified	persons oth	er thar	า
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	-		organization accepted ar									
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (ıı) and (	ııı) below	', <sub>[</sub>	Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	€?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
		1		т						ſ		
(i) Nam	ne of supported	(ii) EIN	(iii) Type of organization				u notify the	(vi) Is organization	the on in col.	(vii) Amount	of mon	etary
or	ganization		(described on lines 1-9 above or IRC section	in col. (i) lis	document?		ion in col.	(i) organız U.S	ed in the	sup	port	
			(see instructions))		ı — · · · · · · · · · · · · · · · · · ·	` `	1					
			, ,,,,	Yes	No	Yes	No	Yes	No			
				<del> </del>								
					ļ	ļ						
-			<u>-</u>				1					

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 TRAILS PRESERVATION ALLIANCE 26-1532!

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants ")	97,292.	313,163.	353,919.	278,321.	213,539.	1,256,234,
2	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	97,292.	313,163.	353,919.	278,321.	213,539.	1,256,234.
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)						200,639.
6	Public support. Subtract line 5 from line 4						1 055 595
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	97,292.	313,163.	353,919.	278,321.	213,539.	1,256,234.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	684.	703.	580.	757.	824.	3,548.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u></u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					<u> </u>	1,259,782.
	Gross receipts from related activities,	•	•			12	<del></del>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publ						00.70
	Public support percentage for 2013 (I			column (f))		14	83.79 %
	Public support percentage from 2012					15	87.47 %
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	, , , ,	-				<b>►</b> [X]
b	33 1/3% support test - 2012. If the c				l line 15 is 33 1/3%	or more, check th	ils DOX
	and stop here. The organization qual				. 40. 40 40-		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt iv now the organ	ization
	meets the "facts-and-circumstances"	_	•		=	170 and has 15	109/ 05
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						` <b>~</b> [
	organization meets the "facts-and-circ						
<u> 18</u>	Private foundation. If the organization	m ala not check a	DOX OIT HITE 13, 16	a, 100, 17a, 01 17	o, check this box a	and see manuctions	

# Schedule A (Form 990 or 990-EZ) 2013 TRAILS PRESERVATION ALLIANCE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	elow, please comp	piete Part II j		- <del></del>		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and				1	(4)	
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			1			
4 Tax revenues levied for the organ-						
<del>-</del>						
ization's benefit and either paid to						
or expended on its behalf		-				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<u> </u>		
6 Total. Add lines 1 through 5	ļ					
7a Amounts included on lines 1, 2, and			İ			
3 received from disqualified persons		ļ				
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>	_	
Section B. Total Support					-,-	
Calendar year (or fiscal year beginning in)▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,				1		
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses		·				
acquired after June 30, 1975				1		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,				1		
whether or not the business is regularly carried on						
12 Other income Do not include gain				1		
or loss from the sale of capital						
assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)				<del>†</del>		
14 First five years. If the Form 990 is fo	r the organization'	e first second the	rd fourth or fifth t	tay year as a sooti	n 501(a)(3) argania	L
check this box and stop here	the organization	s mst, second, tin	id, ioditii, or illiir t	iax year as a secur	on so r(c)(s) organiz	ation,
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2013 (			column (fl)		15	0/
16 Public support percentage from 2012	. ,,	•	column (ij)			<u>%</u>
Section D. Computation of Investigation					16	70
<del></del>					147	0/
17 Investment income percentage for 20	·		ne ro, column (I))		17	%
18 Investment income percentage from			on line 14 and lin	o 15 io mara th	18	%
19a 33 1/3% support tests - 2013. If the	-				•	i / is not
more than 33 1/3%, check this box a				=		. ▶□
b 33 1/3% support tests - 2012. If the	•				•	and
line 18 is not more than 33 1/3%, che			•		•	▶;
20 Private foundation. If the organization	<u>in did not check a</u>	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<b>_</b>

Schedule A	(Form 990 or 990-EZ) 2013 TRAILS PRESERVATION ALLIANCE	26-1532509 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, and Part III, line 12.
	Also complete this part for any additional information (See instructions)	
·		
		<del></del>
_		
		·
		-
-		

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TRAILS PRESERVATION ALLIANCE

Employer identification number 26-1532509

Par	irt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		F
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advise	ed funds
_	are the organization's property, subject to the organization's exc	=	Yes No
6	Did the organization inform all grantees, donors, and donor advi	•	
_	for charitable purposes and not for the benefit of the donor or d	• •	•
	impermissible private benefit?		Yes No
Pai	Irt II Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or edu		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С		ture included in (a)	2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tax
	year >	·	
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements du	iring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enf	forcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(	h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes t	he organization's accounting for
	conservation easements		
Pai	art III Organizations Maintaining Collections of A		her Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	s these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	
а	• • •		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		PRESERVATI					<u> </u>			Page 2
	,									
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	it are a s	ignifican	t use of its	collection	items
	(check all that apply).		_							
а	Public exhibition	C	╸╚	_oan or exc	change progra	ams				
b	Scholarly research	•	, [(	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	the organizati	on's exe	mpt pur	pose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's c	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to	Form 99	0, Part IV,	line 9, or	· -
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	include	d	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatic	n has beer	provided in	Part XIII				
Par	t V Endowment Funds. Complete	f the organization at	nswered	"Yes" to Fo	orm 990, Part	IV, line	10.			
	İ	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	-								
g	End of year balance				1					
2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column (	a)) held as				L	
	Board designated or quasi-endowment	Torre your one balance	%	g, oolamii (	a), ficia as.					
	Permanent endowment	%	_~							
	Temporarily restricted endowment	% 								
·	The percentages in lines 2a, 2b, and 2c shou									
22	Are there endowment funds not in the posse	•	ration the	rt ara bald a	and administr	arad for t	bo organ	nantino.		
Ja	by	sssion of the organiz	tation the	ii are rieiu a	and administe	ered for i	ine organ	nzation	Γ,	
	(i) unrelated organizations									Yes No
	•								3a(i)	
_	(ii) related organizations		0	. I. DO		•			3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations	•							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	unas						
	Complete if the organization answere		) Dart IV	lino 11a S	Soo Form 000	Dort V	lino 10			
	Description of property							tod	(al) D = =!	volue
	Description of property	(a) Cost or of basis (invest			t or other (other)		ccumula preciatio	1	(d) Book	value
<del></del>	Lond	Dadia (iiivest	memy	Dasis	(Outer)	ue	Piccialic	""		
	Land				<del></del>	_			<del></del>	
	Buildings									
	Leasehold improvements									
	Equipment				10 064		2.2	202		0.64
	Other				12,264.		33,			,061.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pari	t X, colun	nn (B), line	10(c) )				. 9	,061.

	The state of the s	3,1 4.111, 113 51 111 555 1	art 71, 11110 20
1.	(a) Description of liability	(b) Book value	
(1) Feder	al income taxes		
(2) VIS	A CREDIT CARD	1,173.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 1,173.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	dule D (Form 990) 2013 TRAILS PRESERVATION ALLIAN		26-1532509 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	• .	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities .	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	penses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ı <u>.                                    </u>	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai		
nes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad	ditional information	

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

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

Open To Public

OMB No 1545-0047

Name of the organization	,					Employer ide	ntification number
	PRESERVATION ALLIA			·-··		26-1532	
Part I Fundraising Activities required to complete this par	Complete if the organization answert	red "Y	es" to	Form 990, Part IV, li	ne 11	7 Form 990-EZ	filers are not
Indicate whether the organization raise     A Mail solicitations     b Internet and email solicitations     c Phone solicitations     d In-person solicitations     2 a Did the organization have a written of key employees listed in Form 990, F     b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat  f Solicitat  g Special  or oral agreement with any individual  Part VII) or entity in connection with p  lividuals or entities (fundraisers) purs	tion of tion of fundra (includ	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?		C Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			·				
						· ·	
Tabl		<u> </u>				· <u>-</u> ·	
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d nt is	exempt from re	legistration
					_		

	edu I <b>rt</b> İ	le G (Form 990 or 990-EZ) 2013 TRAILS  II Fundraising Events. Complete if the			26-	1532509 Page 2
		of fundraising event contributions and gr				
		-	(a) Event #1 RIDER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			SYMPOSIUM (event type)	(event type)	(total number)	col. (c))
Ę.			(event type)	(event type)	(total number)	<u>-</u>
Revenue	1	Gross receipts	80,305.			80,305.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	80,305.			80,305.
	4	Cash prizes			<u> </u>	
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	55,705.			55,705.
	10	Direct expense summary. Add lines 4 throug	h 9 ın column (d)		<b>•</b>	55,705.
_	11				<u> </u>	24,600.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
— en		\$15,000 on Form 990·EZ, line 6a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				chigo/progressive bings		(c) (a) anough con (c)
_	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)			
	ı İs 1	ter the state(s) in which the organization opera the organization licensed to operate gaming a No," explain	ctivities in each of these			Yes No
10a	— — • We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax	vear?	Yes No
		Yes," explain:		~ .		
	_					

Scn	edule G (Form 990 or 990-EZ) 2013 TRAILS PRESERVATION ALLIANCE 26-	<u> 1532509</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	<u>%</u>
b	An outside facility .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		<u>.</u>
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	December of course and d		
	Description of services provided		
			<del></del>
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ŭ	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I		0h 15h
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)	mes 9, 90, n	DD, 15D,
	130, 10, and 170, as applicable Also complete this part to provide any additional information (see histractions)		<del></del>

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

% |X **Employer identification number** 26-1532509 \_\_\_\_\_ 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection TRAILS PRESERVATION ALLIANCE General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	• United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part I	V, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additi	ional space is need	led			
1 (a)	1(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIDE WI' CORPORA' MOAB, U'	RIDE WITH RESPECT NON PROFIT CORPORATION - 1310 MURPHY LANE - MOAB, UT 84532	87-0686561	501 (C)(3)	10,000.	0			
2 Ente	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	tions	listed in the line 1 table				<b>A A</b>

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

Schedule I (Form 990) (2013)

26-1532509 TRAILS PRESERVATION ALLIANCE Schedule I (Form 990) (2013)

Part III Grants and Other

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		-			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
332102 10-29-13					Schedule I (Form 990) (2013)

#### **SCHEDULE Q** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Employer identification number

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

Open to Public Inspection

TRAILS PRESERVATION ALLIANCE	<u> 26-1532509</u>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
MORE SPECIFICALLY TO THE PROMOTION, PRESERVATION AND EXPAN	NSION OF
MULTIPLE USE SINGLE TRAILS ON PUBLIC LANDS IN COLORADO AND	D SURROUNDING
AREA AND TO PURSUE ANY OTHER LAWFUL PURPOSE AND BUSINESS.	
<del></del>	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE ORGANIZATION GOVERNING BODY WILL REVIEW '	THE 990 BEFORE IT
IS SUBMITTED TO THE IRS.	·
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: AT EACH BOARD MEETING THE CONFLICT OF INTERE	ST POLICY IS
DISCUSSED.	
FORM 990, PART VI, SECTION C, LINE 18:	
EXPLANATION: UPON REQUEST THE ORGANIZATION WILL MAKE FORM	1023, AND 990
AVAIABLE FOR INSPECTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: UPON REQUEST THE ORGANIZATION WILL MAKE FORM	1023, AND 990
AVAIABLE FOR INSPECTION.	