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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning $NOV~1$, 2014 and e	ending ()	CT 31, 2015		
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Address change	KINGDOM TRAIL ASSOCIATION, INC.				
	Name change	Doing business as	03-0353477			
	Instial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe			
L	Final return/	P O BOX 204	802-	<u>626-0737</u>		
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,037,119.	
Ļ	Amende	EAST BURKE, VI US632		H(a) is this a group re		
L	Applica tion pending	for subordinates				
		PO BOX 204, EAST BURKE, VT 05832		H(b) Are all subordinates in		
	•	mpt status: X 501(c)(3)	or 527	1 '	list. (see instructions)	
		e: WWW . KINGDOMTRAILS . ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► M State of legal domicile: VT	
		Summary		UI IOIIIIalion. 1994 N	M State of legal domicile. V T	
_	1 4 5	Briefly describe the organization's mission or most significant activities: TO Bt	JILD A	ND MATNTAIN	TRAILS FOR	
Governance	1	RECREATIONAL USE BY THE PUBLIC				
ra	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.	
ove	1 E	Number of voting members of the governing body (Part VI, line 1a)		з	10	
		Number of independent voting members of the governing body (Part VI, line 1b)		4	10	
9	5 7	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0	
Activities &	6 7	Total number of volunteers (estimate if necessary)		6	0	
Act	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	<u>l d</u>	Net unrelated business taxable income from Form 990 Ring FIVED		7b	0.	
	1	Contributions and greats (Part VIII Inc. 1b)	\ <u> </u>	Prior Year	Current Year	
en	8 (Sonthbuttons and grants (Part VIII, line III) IN JAN 1 5 2016 O		<u>211,492.</u>	482,877.	
Revenue	9	rogram service revenue (rate viii, iiio 2g)	┨ ・	327,900.	390,341.	
B	10	nvestment income (Part VIII, column (A), lines 3, 4 and 7d)	I -	791.	1,025.	
		Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	i ··⊢	62,343. 602,526.	92,805.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		002,520.	967,048.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	•	0.	0.	
ď	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		276,951.	271,751.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ē	b	Fotal fundraising expenses (Part IX, column (D), line 25)	0.			
ú	i 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,860.	274,811.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		511,811.	546,562.	
	19 1	Revenue less expenses Subtract line 18 from line 12		90,715.	420,486.	
t Assets or	SE		Ве	ginning of Current Year	End of Year	
Set	ਭੂ .20 ੋ	Total assets (Part X, line 16)	.	424,656.	875,676.	
		Total liabilities (Part X, line 26)	<u> </u>	12,363.	36,701.	
, <u>2</u>		Net assets or fund balances. Subtract line 21 from line 20		412,293.	838,975.	
· <u></u>	art II	Signature Block	d - d- d			
-	•	lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ly knowledge and belief, it is	
		c, and complete. Decidiation of preparer (order trial officer) is based on all information of wi	ilicii preparei	A	ran 11, 2016	
	an .	Signature of officer		Date #	ray 11, 2016	
H	re	TIM TIERNEY, EXECUTIVE DIRECTOR		•	•	
		Type or print name and title		***		
4	τ.	Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pa	ið	RALPH L. CHASE RALPH L. CHASE	lo lo	1 / 0 4 / 1 6 self-emplo	P01388799	
Pr	gn Pre id eparer	Firm's name RALPH L. CHASE C.P.A., P.C.		Firm's EIN	03-0327025	
Us	e Only	Firm's address P.O. BOX 1367				
		LYNDONVILLE, VT 05851		Phone no. (8	02)626-5005	
M	ay the IF	S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No	
43	2001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2014)	

orm	1990 (2014) KINGDOM TRAIL ASSOCIATION, INC. U3-U353477	Page 2
Par	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
•	BUILD AND MAINTAIN TRAIL NETWORK IN THE NORTHEAST PORTION OF VERMON	T
	DOTED THIS INTERIOR THE HOLD THE HOLD TO THE OF THE OWNER	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? Yes	X No
	If "Yes," describe these new services on Schedule O.	
3		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	170
4a	·	<u>170.</u>)
	BUILD AND MAINTAIN AN EXTENSIVE TRAIL SYSTEM, BUILD AND INSTALL	
	INFORMATIONAL AND TRAIL MARKINGS AND SIGNAGE.	
4b	(Code) (Expenses \$ 15,000. including grants of \$) (Revenue \$	<u> </u>
	DEVELOP NATURE EDUCATION SERIES. PROGRAM TOPICS INCLUDE: WINTER	
	LANDSCAPE, SUMMER LANDSCAPE, BIRDS, BUTTERFLIES, TREES, FLOWERS AND)
	OTHER PLANTS.	
	5 000	
4c)
	VOLUNTEER PROGRAMS, EDUCATIONAL HANDS ON PROGRAMS DESIGNED TO BUILD	<u> </u>
	RESPECT FOR LANDSCAPE AND THEIR LAND.	
4d	Other program services (Describe in Schedule O.)	
→u	(Expenses \$ Including grants of \$) (Revenue \$)	
مه	Total program service expenses 471,123.	
		990 (2014)
		· · · · · ·

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			140
	If "Yes," complete Schedule A	1	_X_	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	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		X
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		_X
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			327
_	Schedule D, Part III	8		<u> </u>
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
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			7.7
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yee " complete School to E. Barta Land IV.	441.		v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
ij	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		x
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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	000	(2014)

-			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		İ	
	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		X
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), 501(c)(4), and 501(c)(29) 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 "Yes,"			
	complete Schedule L, Part II	26		Х
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)			7,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	·			.
	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	00		.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	ĺ	Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-A
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V line 1	34		X
35a	5 1 540(1)(40)0	35a		X
b		-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		X
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	L

-	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
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			i				
	(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							
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)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
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			İ				
	were not tax deductible?	6b		L.				
7	Organizations that may receive deductible contributions under section 170(c).			ĺ				
а	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?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	:						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>				
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		<u> </u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1				
	sponsoring organization have excess business holdings at any time during the year?	8		L				
9	Sponsoring organizations maintaining donor advised funds.	ļ		l				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>				
b		9b		<u> </u>				
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	· · · · · · · · · · · · · · · · · · ·	-		1				
11	Section 501(c)(12) organizations. Enter:			İ				
a		{		İ				
b								
	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						
	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		13a	 	-				
	Note. See the instructions for additional information the organization must report on Schedule O			1				
b				1				
	organization is licensed to issue qualified health plans	1		1				
14-		4.		v				
14a	3 3 3 3	14a		X				
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2011				

Form 990 (2014) KINGDOM TRAIL ASSOCIATION. 03-0353477 INC. 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. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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. 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website 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, and financial statements available to the public during the tax year.

TIM TIERNEY - (802) 626-9819 P.O. BOX 204, EAST BURKE, VT.

orm 990 (2014)	KINGDOM	TRAIL	ASSOCIATION,	INC.	03-0353477

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

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

Check this box if neither the organization (A)	(B)			(C	;)			(D)	(E)	(F)	
Name and Title	Average	(do	not d	Posi heck r	tion	than i	one	Reportable	Reportable	Estimated	
	hours per	box.	unle	ss per	son	s boti	h an	compensation	compensation	amount of	
	week	—	er au	uau	recic	1/445	100)	from	from related	other	
	(list any hours for	iect						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	000	stee			sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mpe		(,		and related	
	below	idual	tution	-a5	Key employee	esto	<u>ş</u>			organizations	
	line)	ğ	Inst	Officer	Key	Highest compensated employee	Former				
(1) CHRIS DUSSAULT	5.00									_	
PRESIDENT								0.	0.	0.	
(2) TIM MCGUIRE	5.00	ļ					l			_	
VICE PRESIDENT		<u> </u>	_					0.	0.	0.	
(3) JODI FLANAGAN	5.00	4					1				
SECRETARY		_	_		ļ	ļ	<u> </u>	0.	0.	0.	
(4) PETER MINICH	5.00	ļ									
TREASURER		<u> </u>		-		<u> </u>	\vdash	0.	0.	0.	
(5) CHRIS MANGES	0.00	-									
DIRECTOR		_						0.	0.	0.	
(6) MATT LANGLAIS	0.00	-									
DIRECTOR	0 00	 	-					0.	0.	0.	
(7) MIKE MICHAUD	0.00	1					1	0.	. o.	0.	
DIRECTOR	0.00	1		 		-	╁─	0.	<u> </u>	0.	
(8) ROB ELMES	0.00	┨	1				1	0.	. o.	0.	
DIRECTOR	0.00	$\dagger -$						0.	•	•	
(9) DAN DAVIS	0.00	┪						0.	. 0.	0.	
DIRECTOR			┢	<u> </u>	 	 	1		· · · · · · · · · · · · · · · · · · ·		
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Page 7

Section A. Officers, Directors, Tr		ploy	ees,			ghe	st C	ompensated Employe	es (continuea)	—г			
· (A)	(B)	l)) 				(D)	(E)	-		(F)	
Name and title	Average	I (do not check more than one						Reportable	Reportable			timate	
	hours per					ıs boti or/trus		compensation	compensation from related	- [ount o	ΣŤ
	(list any	ē				Γ		the	organizations	- 1		oensat	non
	hours for	gie				2	ļ	organization	(W-2/1099-MISC)	a		om the	
	related	99	ıstee			ınsatı	ĺ	(W-2/1099-MISC)	•			anızatı	
	organizations	Firs	nal trı		e e	Ē.					and	i relate	∌d
	below	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former				orga	nizatıc	วทร
	line)	皇	重	Officer	Ke	₹ 5	휸			_			
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1b Sub-total			1	J	1			0.		0.			0.
c Total from continuation sheets to Part	 VII Section A	•			•			0.		0.	•		0.
d Total (add lines 1b and 1c)	vii, ocodon A	•		• •				0.		0.	•		0.
Total number of individuals (including but	t not limited to t	hose	listi	ed a	bov	e) w	ho r						
compensation from the organization						-,			.,				0
compensation from the organization												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e. ke	ev ei	lam	ovee	. or	highest compensated e	mplovee on	ſ			
line 1a? If "Yes," complete Schedule J fo			•,	-,		-,	,		,		3		X
4 For any individual listed on line 1a, is the			omn	ens	 atio	 n an	 diot	her compensation from	the organization	•	Ť		
and related organizations greater than \$									and organization	-	4		X
5 Did any person listed on line 1a receive									idual for services				
rendered to the organization? If "Yes," c							. 0	ou organization or inter-			5		X
Section B. Independent Contractors	ompiete correda			uon	ρυ.	00	•		·-··				
Complete this table for your five highest	compensated in	nden	end	ent d	ont	ract	ors i	that received more than	\$100,000 of comp	ens	ation f	rom	-
the organization. Report compensation										0	a		
(A)	or the ediched	j ou.	0.10	<u>g</u>	*****	<u> </u>		(B)	Jou		(0	<u>., </u>	
Name and busine	ess address	N	ON	E				Description of	services	С	ompe		n
			<u> </u>					· ·					
							-						
C. Tatal number of independent and an arrivation	ro (moludina bii	nc* !		od 4-	, +l-	0001	ioto	d above) who received	more than				
2 Total number of independent contracto		HUT I	111111	eu K) LNC	ose i O	15(6)	u abovej wno received i	note traff				
\$100,000 of compensation from the org	ariization 🚩					U					Form	000	0011
											rorm	2727L1 (/U14

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 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Federated campaigns 1a 201,362. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 281,515. similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 482,877 Business Code 385,163. 385,163. 900099 2 a TICKET PASSES Program Service Revenue 900099 4,090. 4,090. **b** ADVERTISING 900099 1,088. 1,088. c PROGRAM SERVICE FEES f All other program service revenue 390,341. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,025. 1,025. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Secunties (ii) Other 7 a Gross amount from sales of 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 ____ of including \$ contributions reported on line 1c). See 71,260 Part IV, line 18 20,259 **b** Less direct expenses 51,001. 51,001. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 90,249 and allowances 49,812. **b** Less: cost of goods sold 40,437. 40,437. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 1,367 900099 1,367 11 a OTHER REVENUE d All other revenue 1,367. e Total. Add lines 11a-11d 967,048. 433,170. 51,001. Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (**D)** Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 29,700. 29,700. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 219,839. 219,839. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,194. 3,194. Other employee benefits 2,502. 19,018. 16,516. 10 Payroll taxes Fees for services (non-employees). 11 a Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 22,065. 22,065 12 Advertising and promotion Office expenses 13 2,555. 2,555. Information technology 14 Royalties 15 10,000. 20,655. 10,655. Occupancy 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,921. 5,921. Conferences, conventions, and meetings 19 169. 169. Interest 20 Payments to affiliates 21 14,025. 11,993. 2,032. 22 Depreciation, depletion, and amortization 16,958. 16,958. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 66,065. 66,065. a MARKETING TRAIL EXPENSE 50,849. 50,849. 26,701. 26,701. c KTA INFO EXPENSE 16,251. 16,251. d CREDIT CARD FEES 1,949. 32,597. 30,648. e All other expenses 471,123. 546,562. 75,439. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here rf following SOP 98-2 (ASC 958-720)

	Xπ	Charlest Cahadrala Constants a vacanas as a state to a substant the Date V			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	12,221.	1	3,274.
	2	Savings and temporary cash investments	289,391.	2	403,097.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,696.	4	53,479.
	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	
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	579.	7	
Ä	8	Inventones for sale or use	13,966.	8	10,772.
	9	Prepaid expenses and deferred charges		9	
	10a				
		basis. Complete Part VI of Schedule D 10a 483, 077.		1	
	ь	Less. accumulated depreciation 10b 88,764.	84,801.	10c	394,313.
	11	Investments - publicly traded securities	13,002.	11	9,541.
	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	0.	15	1,200.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	424,656.	16	875,676.
	17	Accounts payable and accrued expenses	6,316.	17	32,739.
	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	
Ş	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
≔	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	582.	24	3,481.
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	5,465.	25	481.
	26	Total liabilities. Add lines 17 through 25	12,363.	26	36,701.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3als	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ψ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	1	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et /	32	Retained earnings, endowment, accumulated income, or other funds	412,293.	32	838,975.
ž	33	Total net assets or fund balances	412,293.	33	838,975.
	34	Total liabilities and net assets/fund balances	424,656.	34	875,676.

orm	990 (2014) KINGDOM TRAIL ASSOCIATION, INC.	<u> </u>	477	Page 12
Par	t XI Reconciliation of Net Assets			
-	Check if Schedule O contains a response or note to any line in this Part XI			X
		1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,048.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	420	,486.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	412	,293.
5	Net unrealized gains (losses) on investments	5		<u>936.</u>
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		,260.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	838	3,975.
Pa	t XII 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: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		,
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	d on a		
	separate basis, consolidated basis, or both:		1 1	
	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:		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		2
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	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	ired audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization

Employer identification number 03-0353477

		KINGI	OOM TRAIL A	ASSOCIATION,	INC.				3-0353477			
Pa	rt I	Reason for Public C	harity Status (A	Il organizations must co	mplete thi	s part.) Se	e instructions					
he (organi	zation is not a private founda	ation because it is. (F	or lines 1 through 11, cl	heck only	one box.)						
1		A church, convention of chu	rches, or association	n of churches described	ın sectio	n 170(b)(1)(A)(i).					
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E.)								
3		A hospital or a cooperative h	nospital service orga	nization described in se	ction 170	(b)(1)(A)(iii	i).					
4		A medical research organiza	tion operated in con	junction with a hospital	described	ın section	170(b)(1)(A	(iii). Enter t	he hospital's name,			
		city, and state										
5		An organization operated for	r the benefit of a coll	lege or university owned	or operat	ed by a go	vernmental u	ınıt describ	ed 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	一	A rederal, state, or local government or governmental unit described in section 170(b) 1/(A)(v). 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). (Co			·				•			
8	\Box	A community trust describe		1)(A)(vi). (Complete Part	11.)							
-	$\overline{\mathbf{x}}$	An organization that normal				contributio	ns, members	ship fees, ai	nd aross receipts from			
_		activities related to its exem	•	·	•			-	= :			
		income and unrelated busin	•	· ·					=			
		See section 509(a)(2). (Con		,		•	•					
10		An organization organized a	•	vely to test for public sa	fety. See s	section 50	9(a)(4).					
11		An organization organized a	nd operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or			
		more publicly supported org	•	=	-			=				
		lines 11a through 11d that of										
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving			
		the supported organizatio	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the s	upporting			
		organization. You must c										
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with it	s supporte	ed organization	on(s), by ha	ving			
		control or management of	the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	age the sup	ported			
		organization(s). You must										
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organi	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a disti	ribution red	quirement an	d an attenti	veness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	, [Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	Type III non-function	nally integrated support	ing organiz	zation.						
f	Ente	er the number of supported o	organizations									
	Pro	vide the following information	about the supporte	d organization(s).								
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o listed i	rganization in your			(vi) Amount of			
		organization		above or IRC section		document?	suppor Instruc	-	other support (see Instructions)			
				(see instructions))	Yes	No	n ist do		matractions)			
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Schedule	A IFORM	990 or	990-EZ1	2014

Page 2

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
-	(Complete only if you checked			_	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part	III)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received. (Do not						
	include any "unusual grants.")				<u></u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4	<u> </u>		1			
	ction B. Total Support	43,0010	0.0044	() 0010	4 13 0040	1 ,,,,,,,,,	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 4			-			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
٥	Net income from unrelated business				 	+	<u></u>
9	activities, whether or not the					+	
	business is regularly carried on						
10						-	
10	or loss from the sale of capital]					
	assets (Explain in Part VI.)		1				
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ions)	<u> </u>	1	12	<u> </u>
	First five years. If the Form 990 is fo	•	,	rd, fourth, or fifth t	ax vear as a secti		 -
	organization, check this box and sto	J					ightharpoons
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	3 Schedule A, Part	: II, line 14			15	%
16	a 33 1/3% support test - 2014. If the	organization did ne	ot check the box o	on line 13, and line	: 14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
ı	b 33 1/3% support test - 2013. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check the	nis box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation .		•	▶□
17a	a 10% -facts-and-circumstances tes	_					· · · · · · · · · · · · · · · · · · ·
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in P	art VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
1	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	stop here. Expla	in in Part VI how the)

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990 EZ) 2014 KINGDOM TRAIL ASSOCIATION, INC. 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

<u> </u>	qualify under the tests listed be	elow, please comp	lete Part II.)			 .	
		·····					
	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	104 001	150 506	156 066	011 400	400 000	
	include any "unusual grants.")	124,021.	159,726.	156,266.	211,492.	482,877.	1,134,382.
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	317,885.	348,291.	421,001.	390,243.	481,766.	1,959,186.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- 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 .						
6	Total. Add lines 1 through 5	441,906.	508,017.	577,267.	601,735.	964,643.	3,093,568.
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						0.
_	amount on line 13 for the year						0.
	• ••• •						
	Public support (Subtract line 7c from line 6) ction B. Total Support					L	3.093.568.
		(~) 2010	/b) 0011	(=) 2012	(4) 2012	(2) 2014	(O Total
	ndar year (or fiscal year beginning in)	(a) 2010 441,906.	(b) 2011 508, 017.	(c) 2012 577, 267.	(d) 2013 601,735.	(e) 2014 964,643.	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties	240.	1,720.	489.	791.	1,025.	3,093,568.
	and income from similar sources	240.	1,720.	409.	/91.	1,025.	4,265.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	240.	1,720.	489.	791.	1,025.	4,265.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	442,146.	509,737.	577,756.	602,526.	965,668.	3,097,833.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organıza	tion,
	check this box and stop here						<u> </u>
<u>Se</u>	ction C. Computation of Pub	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) d	ivided by line 13, o	column (f))		15	99.86 %
<u>16</u>	Public support percentage from 2013				<u> </u>	16	99.82 %
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 26	014 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	.14 %
		2013 Schedule A	Part III, line 17			18	.18 %
18	Investment income percentage from	ZO 10 Concadio 71,	•				
18	Investment income percentage from a 33 1/3% support tests - 2014. If the		-	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	
18	•	e organization did r	not check the box				' is not ►X
18 19	a 33 1/3% support tests - 2014. If the	e organization did rand stop here. The	not check the box e organization qual	lifies as a publicly	supported organiz	ation	$\triangleright x$
18 19	a 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box a	e organization did r and stop here. The e organization did r	not check the box e organization qual not check a box or	lifies as a publicly in line 14 or line 19	supported organiz a, and line 16 is mo	ation ore than 33 1/3%, a	$\triangleright x$

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	_2		
	3a		
	3b		
	3c		
	4a		
	_4b		
	4c		
			-
	_		
	5a		
	5b 5c		
	- 30		
i	6		
	_		
	7		
	8	_	
	9a		
	9b		
	9c		
	10a		_
n 99	<u>10b</u> 90 or 99	0-EZ)	2014

		JJ4 /	, Fa	ige 5
Par	t IV Supporting Organizations (continued)		· ·	
	I look to account an account of a representation from any of the fallowing reserved.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ı
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		ı
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	non b. Type i Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	110
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
				ĺ
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		ĺ
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			İ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		.	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		l
S	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2]	L
Sec	tion C. Type it Supporting Organizations		Yes	No
_	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s) tion D. Type III Supporting Organizations			L
<u> </u>	tion b. Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	<u>~</u>	 	
3	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
' a				
b				
C		ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	District the state of the second state of the		1	1
.	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
•	Parent of Supported Organizations. Answer (a) and (b) below.			†
3	The state of the s			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	State of the state			t -
i.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or the depression of definition of the desired at the desired of the degeneration in the regards			

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting			73-0333477 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
ecti	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	· · · · · ·	
7	Recoveries of prior-year distributions	7		T
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	"
4	Enter greater of line 2 or line 3	4		******
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ord	ganization (see
	instructions).	. •	j. ,, 3 -2	•

Sched Par	tule A (Form 990 or 990-EZ) 2014 KINGDOM TRAIL Type III Non-Functionally Integrated 509			3-0353477 Page 7
Secti	on D - Distributions	· // / · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets	•		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	V		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		• .	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b				
<u>c</u>				
d	Excess from 2013			
_	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	(Form 990 or 990-EZ) 2014 KINGD Supplemental Information. P	rovide the explan	ations required by P	art II, line 10; Part II.	line 17a or 17b; and Pa	53477 Page 8 rt III, line 12.
·	Also complete this part for any addition	onal information. (See instructions).	. ,, ,	,	,
						<u> </u>
		-,	* * * * * * * * * * * * * * * * * * * *			
			w			
						
	100-7					
				- 		
					-	*****
						
				··		
						···
				 		

SCHEDULE D

(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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KINGDOM TRAIL ASSOCIATION, INC.

Employer identification number 03-0353477

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		• • • • • • • • • • • • • • • • • • • •
6	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or definer advisor, or for any exiter purpose of	Yes No
Par		nanization answered "Yes" to Form 990. Pa	
	Purpose(s) of conservation easements held by the organizat		
1	Preservation of land for public use (e.g., recreation or e		rically important land area
		Preservation of a certification	
	Protection of natural habitat	Freservation of a certification	ied fistoric structure
_	Preservation of open space	find concentation contribution in the form o	f a consequation easement on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of	i a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	T. I. I I		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	20
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structul	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements		• —
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	ne organization's accounting for
[Da	rt III Organizations Maintaining Collections of	of Art Historical Treasures or Of	her Similar Assets
Pa			niei Onimai Assets.
	Complete if the organization answered "Yes" to Form		vent and halance sheet works of ort
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ice of public service, provide, in Fart Am,
	the text of the footnote to its financial statements that desc		and halance about works of art. historical
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	blic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical tr		gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	.
а			\$
	Accets included in Form 990 Part X		▶ %

Parl		TRAIL ASSU				O4b		035347	
-									
	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t are a si	gnificant use o	f its collectio	n items
	(check all that apply):								
а	Public exhibition	d	·	Loan or exc	hange progra	ıms			
b	Scholarly research	е	L (Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ilections and explair	n how th	ey further t	he organization	on's exe	mpt purpose in	Part XIII.	
	During the year, did the organization solicit or					er simılaı	assets		
	to be sold to raise funds rather than to be ma							Yes_	No
Par			te if the	organizatio	n answered "	'Yes" to	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par							·	
	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	ns or other as	sets not	ıncluded		
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:			-		
								Amoun	<u>t </u>
	Beginning balance						. 1c		
	Additions during the year						1d		
е	Distributions during the year						. <u>1e</u>		
f	Ending balance						. 1f		
	Did the organization include an amount on Fo						lity?	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	····			1	T		. 1	
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three years	oack (e) Fou	r years back
1a	Beginning of year balance .								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities				ļ				
	and programs				1				
f	Administrative expenses								
g	End of year balance .								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organizatior	1	
	by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•						3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere							1	
	Description of property	(a) Cost or o			t or other		ccumulated	(d) Boo	k value
		basis (investi	nent)		(other)	de	preciation	 	0 105
1a	Land				08,106.				<u>8,106.</u>
b	Buildings	.			26,187.		156	<u> 2</u>	6,031.
c	Leasehold improvements				10 804		00.00	_	
	Equipment			14	18,784.		88,608	6	0,176.
	Other .							ļ	4 0 1 5
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line	10c.)			<u> </u>	<u>4,313.</u>

KINGDOM TRAIL ASSOCIATION, INC.

03-0353477 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12	Helitz Mitti Heneline		
		per neturn.	
	<u> </u>	- 	
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:			
a Net unrealized gains (losses) 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		
e 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:	1.4-1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c 5	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State	ments With Evnense		
		s per neturn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12	<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:	ا مم ا		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	. 2c		
d Other (Describe in Part XIII.)	2d	 	
e 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:	1.4-1		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	 	
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c 5	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	· · · · · ·		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		v, iiio 4, 1 dit X, iiio 2, 1 dit X	,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection Name of the organization **Employer identification number** KINGDOM TRAIL ASSOCIATION, INC. 03-0353477 FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR REVIEWS AND SIGNS RETURN FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AT MAIN OFFICE IN EAST BURKE, VT 05832 FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN NET ASSETS 5,260.