Form **990**

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 2015

Open to Public Inspection

2015, and ending For the 2015 calendar year, or tax year beginning D Employer identification number Check if applicable: Address change BRAVE TRAILS 46-4530883 2717 S. ROBERTSON BLVD. #C Telephone number Name change LOS ANGELES, CA 90024 Initial return (323) 300-4401Final return/terminated **G** Gross receipts \$ 86,768. Amended return H(a) Is this a group return for subordinates Application pending **F** Name and address of principal officer: LAURA NEWMAN Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or 527 Website: ► WWW.BRAVETRAILS.COM **H(c)** Group exemption number ▶ X Corporation Trust L Year of formation: 2014 Other ► Form of organization: Association M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: BRAVE TRAILS' MISSION IS TO PROVIDE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING YOUTH AND THEIR ALLIES, Governance AGES 12-20, INNOVATIVE, IMPACTFUL SUMMER CAMP PROGRAMS THAT FOSTER MEANINGFUL RELATIONSHIPS AND DEVELOP 21ST CENTURY STILLS TO BECOME THE LEADERS OF TOMORROW Check this box • If the organization discontinued its operations or disposed of more than 25% of its net assets. 10 ∘ઇ Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2015 (Part V, line 2a) ... 5 0 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12... 7a 0. **b** Net unrelated business taxable income from Form 990-T. line 34..... 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 14,925. 71,843 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 86,768 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 54,574 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 54,574. Revenue less expenses. Subtract line 18 from line 12..... 32,194. End of Year **Beginning of Current Year** 19,041 51 Total liabilities (Part X. line 26)..... 21 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20..... 19,041 51,235. 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 Date Sign Here LAURA NEWMAN TREASURER Type or print name and title. Print/Type preparer's name Preparer's signature MICHAEL EISENBERG MICHAEL EISENBERG self-employed P00177553 **Paid** Preparer ► MILLER WARD & COMPANY Use Only Firm's address 16030 VENTURA BLVD., SUITE 300 Firm's EIN ► 20-5905815 ENCINO, CA 91436 (818) 385-4999 May the IRS discuss this return with the preparer shown above? (see instructions).....

X Yes

Part	t III	Statement of Program Service			V
	Deiafle		se or note to any line in this Part III		Х
	_	describe the organization's mission:			
	SEE_	SCHEDULE O			
2	Did th	e organization undertake any significant pro	ogram services during the year which were n	not listed on the prior	
					Yes X No
		s,' describe these new services on Sche		П	ies A No
			ke significant changes in how it conducts	any program services?	Yes X No
		s,' describe these changes on Schedule		, any program services	ics A No
		•	accomplishments for each of its three large	nest program services, as measur	ed hv exnenses
	Section	on 501(c)(3) and 501(c)(4) organizations evenue, if any, for each program service	are required to report the amount of gra	nts and allocations to others, the	total expenses,
4 a	(Code	:) (Expenses \$4	9,939. including grants of \$) (Revenue \$	71,843.
			STATUS AND SUCCESSFULLY RA		
			BINING TYPICAL CAMP ELEMEN		
			ROSS THE UNITED STATES AND		
			SCHOLARSHIPS TO YOUTH THA		
			ED YEAR ROUND PROGRAMING,		
			H_AND_ALLIES_AGES_12-20.	WE HAD A CAMPER REUN	ION_AT
	WHI	CH 30 CAMPERS FROM ACROSS	THE UNITED STATES CAME.		
4 b	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
				_	
		·			
4 d	Other	program services. (Describe in Schedul			
	(Ехре	nses \$ inclu	ding grants of \$) (Revenue \$)
4 e	Total	program service expenses	49.939.		

Form 990 (2015) BRAVE TRAILS Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
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		Х
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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		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.	11 c		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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 '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 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 (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	a 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		Х
ŀ	s 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		Х
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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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 contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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		Х

Form 990 (2015) BRAVE TRAILS 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....

	Check if Schedule O contains a response or note to any line in this Part V				П		
				Yes	No		
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0				
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0				
(Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	. 1	c			
2 8	a 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	2 a	0				
	of the calendar year ending with or within the year covered by this return		_	b			
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:						
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	. 3	2	X		
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>			b			
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f			·a	Х		
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)							
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	. 5	а	X		
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	. 5	b	X		
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5	С			
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6	а	Х		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).						
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p		_		X		
	services provided to the payor?			a b	_ ^		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is		· -	ь	<u> </u>		
	Form 8282?		. 7	С	Х		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal			е	Х		
	Did the organization receive any rands, directly or indirectly, to pay premiums on a personal ben				X		
	If the organization received a contribution of qualified intellectual property, did the organization file I		·	+			
,	as required?		. 7	g			
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		. 7	h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		0				
^	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		. 8				
	Sponsoring organizations maintaining donor advised funds.						
	a Did the sponsoring organization make any taxable distributions under section 4966?			a b	 		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per Section 501(c)(7) organizations. Enter:	5011:	. 3	ь			
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-				
	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders.	11 a					
	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11 b	10				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of the section 4947(a)(1) and the section 4947(a)(1) are the section	12b	. 12	а			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1					
	a Is the organization licensed to issue qualified health plans in more than one state?		. 13	а			
	Note. See the instructions for additional information the organization must report on Schedul						
ı	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.	1					
		13b					
	Enter the amount of reserves on hand	13c			.,		
	a Did the organization receive any payments for indoor tanning services during the tax year?		. 14		X		
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O			(2015)		
AΑ	TEEA0105L 10/12/15		FOI	rm 990	(2015)		

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. Section A. Governing Body and Management Yes No 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 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 Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

LOS ANGELES CA 90024 (323) 300-4401

LAURA NEWMAN 2717 S. ROBERTSON BLVD., #C

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours	thar	one both	box, an c	unles		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID FERRANTE	1									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(2) LAURA NEWMAN	2_									
TREASURER	0	Χ		Χ				0.	0.	0.
(3) KIMIKO MARTINEZ	_ 1									
SECRETARY	0	Χ						0.	0.	0.
(4) DARYL PARKER	1									
DIRECTOR	0	Χ						0.	0.	0.
(5) JESSICA WEISSBUCH	1									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(6) MICHAEL CARNEY	1									
DIRECTOR	0	Χ						0.	0.	0.
(7) LEIF REINSTEIN	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(8) KRISTIN VALLACHER	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(9) KAYLA RYAN	1	l								_
DIRECTOR	0	X						0.	0.	0.
(10) RICHARD COBY PFAFF	1	37						0	0	0
DIRECTOR	0	Χ						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 11	istees, i	ney	⊏m	pic	yee	es, a	anc	a nignest com	ipensated Emp	oyees (continuea)
	(B)			(C	;)						
(A)	Average	(do	not ch	heck	sition more	than o	one	(D)	(E)	(F	-)
Name and title	hours per	box,	unles	ss pe	erson i	is both or/trust	n an	Reportable compensation from	Reportable compensation from	Estin	
	week (list any			-				the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation
	hours	Individual trustee or director	Stitu	Officer	Key employee	nplo ghe	Former	(W-2/1099-WISC)	(W-2/1099-WISC)	organi and re	zation
	related organiza	dual	g	74	삞	yee Yee	약			organiz	
	- tions below	ַ אָזָ	<u>a</u>		oyee	ğ					
	dotted line)	stee	nstitutional trustee		()	Highest compensated employee					
			O			6					
(15)											
<u></u>	1										
(16)											
<u></u>											
(17)											
<u></u>	1										
(18)			_								
	1										
(19)											
	1										
(20)											
(21)											
<u></u>		•									
(22)											
		•									
(23)											
		•									
(24)											
		•									
(25)											
1 b Sub-total						1	•	0.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A					ا	▶	0.	0.		0.
d Total (add lines 1b and 1c).							•	0.	0.		0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	e) v	who r	eceiv	/ed	more than \$100,00	0 of reportable comp	ensation	
from the organization • 0											
										Υ	es No
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	em	nploy	ee, d	or h	nighest compensa	ted employee		
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								. 3	X
4 For any individual listed on line 1a, is the sum o	f reportab	le coi	преі	nsa	tion	and	oth	er compensation	from		
the organization and related organizations greate such individual										4	Х
									in dividual		Λ
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	isalio te Sc	hedi	ule :	any <i>J foi</i>	unrei r <i>suc</i> i	h p	ersonalion or		. 5	Х
Section B. Independent Contractors										l l	l.
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated inde	epend	dent	cor	ntrac	tors	tha	t received more the	nan \$100,000 of		
		tne ca	aienc	aar y	year	enair	ng w				
(A) Name and business add	ress							(B) Description (of services	(C) Compens	ation
2 Total number of independent contractors (including l	out not limi	ited to	tha	ا می	ictad	aho	ر (مر	who received more	than		
\$100,000 of compensation from the organization		itou tt	10:	JU II	เอเซิน	นมบ\	• ()	THIS ICCEIVED HIGHE	uidii		
	U									Farma 00	0015

e Total. Add lines 11a-11d.

	1 990 (2015) BRAVE TRAILS			46-4530883	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to an	ny line in this Part VI	IL		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns1 a				
ara our	b Membership dues				
s, C	c Fundraising events				
Gift lar	d Related organizations 1 d				
imis,	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 14,925.				
d d	g Noncash contributions included in lines 1a-1f: \$				
<u>ਨੂੰ ਵ</u>	h Total. Add lines 1a-1f	14,925.			
ž	Business Code	71 040	71 042		
eve	2a CAMP INCOME 900099	71,843.	71,843.		
ë	c				_
ž	d				
Š					
Jrar	f All other program service revenue				
Program Service Revenue	g Total. Add lines 2a-2f	71,843.			
	Investment income (including dividends, interest and	717013.			
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds ▶	-			
	5 Royalties	·			
	(i) Real (ii) Personal	_			
	6a Gross rents	_			
	b Less: rental expenses	-			
	c Rental income or (loss)				
	(i) Sequities (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)				
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
é	See Part IV, line 18 a				
7	b Less: direct expenses b	-			
Ě	c Net income or (loss) from fundraising events				
O	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b	-			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory▶	•			
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				1
	d All other revenue	I J	l		

86,768

71,843

0.

Page **10**

Form 990 (2015) BRAVE TRAILS 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).	
01 1 11 0			

	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	· ·	0.	0.	•
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal				
	: Accounting				
	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 Schedule 0.)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	575.		575.	
17	Travel	86.		86.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	250.		250.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	742.		742.	
23	Insurance	3,007.	2,706.	301.	
24	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.)				
a	CAMP & PROGRAM EXPENSES	39,442.	39,442.		
k	PROMOTION	3,402.	3,402.		
	SOFTWARE	2,541.	2,541.		
C	BANK CHARGES	1,453.		1,453.	
e	All other expenses	3,076.	1,848.	1,228.	
25	Total functional expenses. Add lines 1 through 24e	54,574.	49,939.	4,635.	0.
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 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 Loans and other receivables from other disqualified persons (as defined under section 4958)(11), persons described in section 4958(5)(3)(8), and contributing employers and sponsoring organizations of selection 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(11), persons described in section 4958(6)(3)(8), and contributing employers and sponsoring organizations of selection 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Preparid expenses and deferred charges. 9 Perparid expenses and deferred charges. 9 Perparid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 11 Investments — publicly traded securities. 12 Investments — other securities. See Part IV, line 11. 13 Investments — other securities. See Part IV, line 11. 14 Intangible assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 17 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Escrow or custodial account liability. Complete Part IV of Schedule D. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities of including federal income tax, payables to related hird parties, and other labilities and including federal income tax, payables to relat			Check if Schedule O contains a response or note to	any line	in this Part X					
2 245.						(A) Beginning of year		(B) End of year		
2 245.		1	Cash – non-interest-bearing			19,041.	1	48,023.		
4 Accounts receivable, net 4		2	Savings and temporary cash investments			,	2	245.		
Section Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(6), and contributing section 4958(f)(1)). Persons described in section 4958(f)(3)(6), and contributing beneficiary organizations (see instructions). Complete Part II of Schedule L. G.		3	Pledges and grants receivable, net				3			
Part II of Schedule		4	Accounts receivable, net				4			
Part II of Schedule		5	Loans and other receivables from current and former trustees, key employees, and highest compensated er							
section 4958(n/1)), persons described in section 4958(c/3)(8), and contributing employees and sponsoring organizations of section 510 (c/g) volunity employees beneficiary organizations (see instructions). Complete Part II of Schedule L			Part II of Schedule L				5			
8 Inventories for sale or use.		6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6					
10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D.	ţ	7	Notes and loans receivable, net				7			
10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D.	SSe	8	Inventories for sale or use				8			
Complete Part VI of Schedule D 10a 3,709. b Less: accumulated depreciation. 10b 742. 10c 2,967. 11 Investments – publicity traded securities. 11 12 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – other securities. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 Other assets. See Part IV, line 11. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 19,041. 16 51,235. 17 Accounts payable and accrued expenses. 17 18 Grants payable and accrued expenses. 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities. 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities, Add lines 17 through 25 0, 26 0, 0 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 19,041. 27 51,235. 27 Unrestricted net assets. 29 29 29 29 20 20 21 22 23 24 24 25 25 26 26 27 27 27 27 27 27	A	9	Prepaid expenses and deferred charges				9			
b Less: accumulated depreciation. 10b 742. 10c 2,967.	*	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3.709.					
11 Investments — publicly traded securities. 11 12 Investments — other securities. See Part IV, line 11. 12 13 Investments — other securities. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 16 16 15 15 16 16		b			742		10 c	2 967		
12 Investments — other securities. See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·					2/307.		
13 Investments — program-related. See Part IV, line 11.										
14										
15 Other assets. See Part IV, line 11.			, ,		14					
16 Total assets. Add lines 1 through 15 (must equal line 34). 19,041. 16 51,235. 17 Accounts payable and accrued expenses. 17 18 18 18 Grants payable 18 18 19 Deferred revenue. 19 20 21 20 Tax-exempt bond liabilities. 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 24 25 25 24 25 25 26 26 26 27 27 28 29 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 25 26 Total liabilities. Add lines 17 through 25. 26 0.				_		15				
17						19 041		51 235		
Process of the part of the pa			Accounts payable and accrued expenses			13,011.		01/2001		
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21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue			19				
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Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Corganizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 25 26 0. 26 0. 26 0. 27 19,041. 27 51,235. 29 00 Capital stock or trust principal, or current funds. 30 Salvania dearnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances.					<u> </u>		_~			
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and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 19,041, 34 51,235.	Ĭ									
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33 Total net assets or fund balances 19,041. 33 51,235. 34 Total liabilities and net assets/fund balances 19,041. 34 51,235.	455			<u>-</u>						
Z 34 Total liabilities and net assets/fund balances. 19.041. 34 51.235.	et					19 0/11	 	51 235		
	Ź				-		_			

BAA Form **990** (2015)

For	ո 990	(2015)	BRAVE T	RAILS	46	-4530	883	Pa	age 12
Pa	rt XI	Reco	nciliation	of Net Assets					
					note to any line in this Part XI				
1	Total	revenu	e (must equa	al Part VIII, column (A), lin	ne 12)	1		86,	768.
2	Total	expens	es (must equ	ual Part IX, column (A), Iir	ne 25)	2		54,	574.
3	Reve	nue less	s expenses. S	Subtract line 2 from line 1		3		32,	194.
4	Net a	assets o	r fund baland	ces at beginning of year (n	nust equal Part X, line 33, column (A))	4			041.
5	Net ι	ınrealize	ed gains (loss	ses) on investments		5			
6	Dona	ted serv	vices and use	e of facilities		6			
7	Inves	stment e	xpenses			7			
8	Prior	period	adjustments.			8			
9	Othe	r change	es in net ass	ets or fund balances (expl	ain in Schedule O)	9			0.
10					nes 3 through 9 (must equal Part X, line 33,				
						10		51,	235.
Pa	rt XII	Finar	ncial State	ments and Reporting					
		Check	if Schedule	O contains a response or	note to any line in this Part XII				🔲
								Yes	No
1	Acco	unting r	nethod used	to prepare the Form 990:	X Cash Accrual Other				
							_		
	in Sc	hedule	zation change O.	ed its method of accounting	ng from a prior year or checked 'Other,' explain				
2	a Were	the org	anization's fi	inancial statements compi	led or reviewed by an independent accountant?		2	а	Χ
		_		·	financial statements for the year were compiled or review				
	s <u>ep</u> a	rate bas	sis, consolida	ted basis, or both:		rcu on c	1		
		Separa	ite basis	Consolidated basis	Both consolidated and separate basis				
	b Were	the org	anization's fi	inancial statements audite	ed by an independent accountant?		2	b	Х
	If 'Ye	s,' chec	k a box belo	w to indicate whether the	financial statements for the year were audited on a separ	ate			
	basis	, conso	lidated basis,	, <u>or</u> both:					
		Separa	ite basis	Consolidated basis	Both consolidated and separate basis				
	c If 'Ye	s' to line	2a or 2b, doe	es the organization have a co	ommittee that assumes responsibility for oversight of the audi	t,			
			•		nd selection of an independent accountant?		2	С	
	If the	organiz	zation change	ed either its oversight prod	cess or selection process during the tax year, explain				
3				ard was the organization rec	quired to undergo an audit or audits as set forth in the Single				
3	Audi	Act and	d OMB Circul	lar A-133?	as set for the tribe of additions as set for the time of light		3	а	Χ
	b If 'Ye	s,' did th	e organization	n undergo the required audit	or audits? If the organization did not undergo the required au	dit			
					any steps taken to undergo such audits		3	b	

Form **990** (2015)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRAV	E TRAILS					46-4530883	3		
Part	I Reason for Public Ch	arity Status (All o	rganizations must o	comple	te this	part.) See instruct	ions.		
The or	ganization is not a private foun	dation because it is: (For lines 1 through 11,	check o	nly one	box.)			
1	A church, convention of church	hes, or association of cl	hurches described in sec	tion 170(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)).)				
3	A hospital or a cooperative		•		•	V(iii).			
4	A medical research organiza						nter the hospital's		
-	name, city, and state:	ation operated in conju	anction with a nospital	20301100	a iii 300	, aon 17 0 (0)(1)(A)(III).	inter the hospital s		
5	An organization operated for t 170(b)(1)(A)(iv). (Complete	he benefit of a college of	or university owned or op	erated by	/ a gove	rnmental unit described in	n section		
6	A federal, state, or local gov		ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p					olic described		
8	A community trust described		A)(vi). (Complete Part	l.)					
9	June 30, 1975. See section	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10	An organization organized a		,	,		` ' '			
11	An organization organized a or more publicly supported on lines 11a through 11d that defined the control of the	organizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509(a)	ut the purposes of one (3). Check the box in		
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	Type II. A supporting organi management of the supporting must complete Part IV, Sec	zation supervised or og organization vested in tions A and C.	the same persons that c	ontrol or	manage	the supported organizati	on(s). You		
С	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d	Type III non-functionally integrated. The instructions). You must con	rated. A supporting ord	ianization operated in cor	nection	with its s	supported organization(s)	that is not		
е	Check this box if the organizated, or Type III non-fi	zation received a writt	en determination from	the IRS					
f	Enter the number of supported	organizations							
	Provide the following information								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
, ,									
<u>(B)</u>									
(C)									
(D)									
(E)									
Total									
BAA	For Paperwork Reduction Act N	lotice, see the Instruc	tions for Form 990 or 9	990-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015		

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						
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and			ird, fourth, or fifth	•	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				%
15	Public support percentage from 2	2014 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization	the organization qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, chec	k this box
b	33-1/3% support test – 2014. If t and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test-check this	hox and ston he r	re. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he r	re. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►

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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					14,925.	14,925.
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.					71,843.	71,843.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					71,013.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	86,768.	86,768.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	,	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						86,768.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	0.	0.	0.	0.	86,768.	86,768.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
c	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	0.	86,768.	86,768.
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•	``				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
	Investment income percentage for						%
	33-1/3% support tests – 2015. If is not more than 33-1/3%, check	this box and stop	here. The organize	zation qualifies a	is a publicly suppo	orted organization.	▶ 📗
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3% Private foundation. If the organia	, check this box a	and stop here. The	organization qua	alifies as a publicl	y supported organ	ization ►
/!!	THE CITY OF THE PROPERTY OF TH		on a box on mile 14	τ, ισα, ∪ι Ισυ, ∪	HOUR WIID DUX AITU	JUU 11 13 11 14 CHUHA	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

			Yes	No
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.	1		
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)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	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.	3b		
(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	3с		
4	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	4a		
ı	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	4b		
•	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	4c		
5	a 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).	5a		
ı	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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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 or 990-EZ).	8		
9 :	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	9a		
ı	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
•	c Did a disqualified person (as defined in line 9a) 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	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
ı	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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
k	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion I	B. Type I Supporting Organizations		1	
1	Did th	divertors, trustees, or memberable of one or more supported organizations have the newer to regularly appoint.		Yes	No
'	or ele Part I If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benei	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the ortain organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec		D. All Type III Supporting Organizations	•		
-		517 iii 13po iii Gapporting Grganizations		Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
<u> </u>		s regard.	3		
Sec	tion i	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
á	ı 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	, 🗌 T	he organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction.	s).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
ā	suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted	•		
	subst	antially all of its activities	2a		
ŀ	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	0.1		
9		nt of Supported Organizations. Answer (a) and (b) below.	2b		
	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	of the supported organizations? Provide details in Part VI	3a		
k	Did th suppo	re organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V │Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	r 20, 1970. See instruct ons A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior 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		
Sec	tion 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):	•		
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c).	1d		
•	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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-functionally-inte	grated	Type III supporting or	ganization

(see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su			
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 organizati in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount.			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount.			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			

e Excess from 2015.... BAA

Schedule **A** (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization BRAVE TRAILS 46-4530883 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes 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, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1.

b Assets included in Form 990, Part X.....

Part III Organizations Mainta	ining Colle	ections o	f Art, Histor	rical Treasures, o	or Oth	er Similar Ass	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply):	ı, accession, a	nd other red	ords, check an	y of the following that	are a si	gnificant use of its	collection	
a Public exhibition			d Loan o	r exchange programs	S			
b Scholarly research			e Other					
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.	zation's collecti	ions and exp	olain how they	further the organizatio	n's exen	npt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	ntion solicit or han to be ma	receive do intained as	nations of art, part of the or	historical treasures, ganization's collectio	or othe	er similar assets	Yes	No
Escrow and Custodia line 9, or reported an	I Arrangen amount on	1ents. Co Form 99	mplete if th 0, Part X, I	ne organization a ine 21.	nswer	ed 'Yes' on Fo	rm 990, F	'art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other	intermediary f	or contributions or of	ther ass	ets not included	Yes	No
b If 'Yes,' explain the arrangement								□
,		·					Amount	
c Beginning balance						1 c		
d Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance						1 f		
2 a Did the organization include an a	amount on Fo	rm 990, Pa	rt X, line 21, f	or escrow or custodi	al accou	unt liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explana	ation has been provid	ded on I	Part XIII		. 🔲
Part V Endowment Funds. C	omplete if	the organ	nization ans	swered 'Yes' on F	Form 9	990, Part IV, lir	ne 10.	
	(a) Current	year	(b) Prior year	(c) Two years ba	ack	(d) Three years back	(e) Four	years back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the curre	nt year end	d balance (line	e 1g, column (a)) hel	d as:			
a Board designated or quasi-endowm			%					
b Permanent endowment ►	 							
c Temporarily restricted endowmen			5					
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.						
3a Are there endowment funds not in to organization by:	the possession	of the orga	nization that ar	e held and administer	ed for th	e	Ye	s No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	tions listed	as required or	n Schedule R?			. 3b	
4 Describe in Part XIII the intended	d uses of the	organizatio	n's endowmer	nt funds.				•
Part VI Land, Buildings, and	Equipmen	t.						
Complete if the organi			es' on Form	n 990, Part IV, Iir	ne 11a	. See Form 99	0, Part X	, line 10.
Description of property			other basis	(b) Cost or other basis (other)	(c)	Accumulated depreciation	(d) Book	value
1 a Land		` ` `		(/				
b Buildings								
c Leasehold improvements								
d Equipment				3,709		742.		2,967.
e Other				2,.03	-	, 12.		,_,,
Total. Add lines 1a through 1e. (Colum		qual Form :	990, Part X, co	olumn (B), line 10c.).		>		2,967.
BAA			<u> </u>				ule D (Form	

Schedule **D** (Form 990) 2015

			Form 990, Part X, line 1
(a) Description of security or category (including nar	**	(c) Method of valuation: Co	ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other	+		
<u>4)</u>			
B)			
<u>, </u>			
D)			
<u>=)</u>			
F <u>) </u>			
			
<u>9</u>			
otal. (Column (b) must equal Form 990, Part X, column	(R) line 12) ►		
art VIII Investments — Program R		N/A	
Complete if the organization	on answered 'Yes' on Form	n 990, Part IV, line 11c. See	Form 990, Part X, line 1
(a) Description of investment	(b) Book valu	e (c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)	(0) (1)		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column	n (B) line 13.) ▶	N/A	
(9) (10) iotal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets.		N/A 1 990, Part IV, line 11d. See	Form 990, Part X, line 1
(10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets.		N/A 1 990, Part IV, line 11d. See	Form 990, Part X, line 1
(9) (10) (otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization	on answered 'Yes' on Form	N/A 1 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organizatio (1) (2)	on answered 'Yes' on Form	N/A 1 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organizatio (1) (2) (3)	on answered 'Yes' on Form	N/A 1 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4)	on answered 'Yes' on Form	N/A 1 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5)	on answered 'Yes' on Form	N/A n 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6)	on answered 'Yes' on Form	N/A n 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7)	on answered 'Yes' on Form	N/A n 990, Part IV, line 11d. See	
(9) (10) Otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9)	on answered 'Yes' on Form	N/A n 990, Part IV, line 11d. See	
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9)	on answered 'Yes' on Form	N/A n 990, Part IV, line 11d. See	
(9) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18)	on answered 'Yes' on Form (a) Description	n 990, Part IV, line 11d. See	
(9) (10) (otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X Other Liabilities.	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	n 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Complete if the organization answ	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Complete if the organization answ (a) Description of liability	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2)	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3)	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) (10) (11) (11) (12) (13) (14) (15) (10) (10) (10) (10) (10) (10) (10) (10	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) (10) (11) (11) (12) (13) (14) (15) (10) (10) (10) (10) (10) (10) (10) (10	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) (10) (11) (11) (12) (13) (14) (15) (10) (10) (10) (10) (10) (10) (10) (10	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) (10) (11) (11) (12) (13) (14) (15) (10) (10) (10) (11) (22) (33) (44) (55) (66) (77) (88) (99) (10) (10) (10) (10) (10) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18)	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) (10) (11) (11) (12) (13) (14) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (21) (22) (33) (44) (55) (6) (77) (8) (99) (10) (10) (10) (10) (10) (10) (11) (11	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value
(9) (10) otal. (Column (b) must equal Form 990, Part X, column Part IX Other Assets. Complete if the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) fotal. (Column (b) must equal Form 990, Part X Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on answered 'Yes' on Form (a) Description art X, column (B) line 15.)	in 990, Part IV, line 11d. See	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements \	
Complete if the organization answered 'Yes' on Form 990, Part	,
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	2 a
b Donated services and use of facilities	2 b
c Recoveries of prior year grants	2 c
d Other (Describe in Part XIII.)	2 d
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b Other (Describe in Part XIII.)	4 b
c Add lines 4a and 4b .	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part	t IV, line 12a.
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2 a
b Prior year adjustments	2 b
c Other losses.	2 c
d Other (Describe in Part XIII.)	2 d
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:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b Other (Describe in Part XIII.)	4 b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2015

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
BRAVE TRAILS

Employer identification number
46-4530883

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

BRAVE TRAILS' MISSION IS TO PROVIDE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING YOUTH AND THEIR ALLIES, AGES 12-20, INNOVATIVE, IMPACTFUL SUMMER CAMP PROGRAMS THAT FOSTER MEANINGFUL RELATIONSHIPS AND DEVELOP 21ST CENTURY STILLS TO BECOME THE LEADERS OF TOMORROW.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

2015 California Exempt Organization Annual Information Return

FORM

199

		al year beginning (mm/dd/yyyy)		, and ending ((mm/dd/yyyy)			
Corporation/Or	ganization name					C	California corporation nu	umber
BRAVE T	TRAILS					3	3647962	
Additional infor	rmation. See instru	ctions.					EIN	
01 1 11							<u>46-4530883</u>	
	(suite or room)	ON BIND ##C				P	MB no.	
City	. KUDEKIS	ON BLVD. ##C			State	Z	IP code	
LOS ANO	GELES				CA	Š	90024	
Foreign country	y name				Foreign province/state/county	F	oreign postal code	
				Г				
A First Retu	ırn		Yes X No		R&TC Section 23701d, has the aged in political activities?)		
B Amended	Return	•	Yes X No		ageu iii poilticai activities:		Yes	X No
C IRC Section	on 4947(a)(1) trus	st	Yes X No					
D Final Info	ormation Return?_	_		K Is the organization	on exempt under R&TC Section	n 22701	o? Yes	X No
• Di	issolved •	Surrendered (Withdrawn) • M	erged/Reorganized	If 'Yes.' enter the	e aross receipts from		g •100	21
	e (mm/dd/yyyy)	•		nonmember soul	rces			
	counting method:	3 D 041		L If organization is	s exempt under R&TC Section : ling fee exception, check box.	23701d		
		ccrual 3	Sch H (990)		equired		• 🗍	
	ner 990 series	9901 2 G990-PF 3 G	Scii H (990)	M Is the organization	on a Limited Liability Company	j?	Yes	X No
		nstructions	Yes X No	_	tion file Form 100 or Form 109		_	
G 15 till5 til	group ming. Occ i	instructions						X No
H Is this or	ganization in a gro	oup exemption?	Yes X No	O Is the organization	on under audit by the IRS or h	as the !		
	vhat is the parent'			audited in a prio	r year?		● Yes	X No
				P Is federal Form	1023/1024 pending?		Yes	No
I Did the o	rganization have a	ny changes to its guidelines		Date filed with II	RS			
not repor		ee instructions	Yes X No				CACA1112L	12/31/15
Part I	Complete Pa	rt I unless not required to file th	is form. See Ge	eneral Instructions	s B and C.			
	1 Gross s	ales or receipts from other sourc	ces. From Side	2, Part II, line 8		1	71	,843.
	2 Gross d	ues and assessments from mem	nbers and affilia	tes		2		
Receipts and	3 Gross c	ontributions, gifts, grants, and si	imilar amounts	received		3	14	,925.
Revenues	_	oss receipts for filing requiremer		•				
		e must be completed. If the resu			eral Instruction B ●	4	86	768.
		goods sold						
		other basis, and sales expenses						
		sts. Add line 5 and line 6			⊢	7		
		oss income. Subtract line 7 from				8		768.
Expenses		penses and disbursements. From		·	L	9		,574.
		of receipts over expenses and d				10	32	,194.
	'	nyments			~ <u>.</u>	11	<u> </u>	
		. See General Instruction K				12 13		
	-	its balance. If line 11 is more that			⊢			
F <u>il</u> ing	14 Use tax	balance. If line 12 is more than	line 11, subtrac	ct line 11 from line	9 12 ●	14		
Fee	15 Filing fe	e \$10 or \$25. See General Instr	uction F			15		10.
	16 Penaltie	es and Interest. See General Inst	truction J			16		
	17 Balance of	lue. Add line 12, line 15, and line 16. The	en subtract line 11 f	rom the result		17		10.
Sign	Under penalties o	f perjury, I declare that I have examined this lete. Declaration of preparer (other than tax	s return, including a	ccompanying schedules	and statements, and to the best	of my	knowledge and belief,	it is true,
Here	Signature	iete. Declaration of preparer (other than tax	Title	an imormation of which	Date		Telephone	
	of officer		TREAS	URER			(323) 300-4	401
	Preparer's ►			Date	Check if self-	1 1	● PTIN	
Paid	signature M	IICHAEL EISENBERG			employed		200177553 ● FEIN	
Preparer's Use Only	Firm's name (or yours, if	MILLER WARD & COM					-	
,	self-employed) and address	16030 VENTURA BLV	D., SUITE	300			20-5905815 Telephone	
	anu auuless	ENCINO, CA 91436					● Telephone (818) 385-4	1000
	May the ETE	discuss this return with the pre	naror chawn ah	ovo2 Soc instruct	ions		(818) 383-4 X Yes	No
	iviay tile FTE	uiscuss tilis return with the pre	parer shown ab	ove: See IIIStiuct		<u>•</u>	V 162	INO

BRAVE	TRA	ILS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		ıcyaı	uless of afflourit of gross receipts	- complete rait	ii oi iuiiiisii	วนมว	titute illiorillatioi	l.			
		1	Gross sales or receipts from all	business activi	ties. See in	struc	tions		1		
		2	Interest						_	2	
		3	Dividends							3	
Rece		4	Gross rents							l	
from Other		5	Gross royalties							•	
Sour		-	Gross amount received from sa								
		6									0.4.2
		7	Other income. Attach schedule.							7 - 7 \	<u>843.</u>
		8	Total gross sales or receipts from other		-						843.
		9	Contributions, gifts, grants, and similar	·							
		10	Disbursements to or for member								
		11	Compensation of officers, direc						11		0.
F		12	Other salaries and wages						12	?	
Expe and	nses	13	Interest						13	3	
Disbu		14	Taxes						14	ļ	
ment	S	15	Rents						15	į	575.
		16	Depreciation and depletion (Sec	e instructions)					16		742.
		17	Other Expenses and Disbursem							_	257.
		18	Total expenses and disbursements. Add								574.
Sch	edule		Balance Sheet		inning of ta					axable year	<u> </u>
		_	Balance Sheet	(a)	Illining of to	ixabi	(b)	(c)	u oi te	(d)	
Asse				(a)			19,041.	(c)			268.
			receivable				19,041.			40,2	<u> </u>
3			eivable							•	
4										•	
•			tate government obligations							•	
6			n other bonds							•	
7			n stock							•	
_										•	
8	•	•	18							•	
9			nents. Attach schedule						7.0.0	•	
	•		ssets						709.	_	
			ated depreciation						742.		967 <u>.</u>
11	Land									•	
12	Other a	ssets.	Attach schedule							•	
13	Total a	ssets .					19,041.			51,2	235.
Liabi	lities a	nd n	et worth								
14	Account	ts paya	able							•	
15	Contrib	utions,	, gifts, or grants payable							•	
16	Bonds a	and no	tes payable							•	
17			yable							•	
18	•		es. Attach schedule								
19			or principal fund				19,041.			• 51.2	235.
			pital surplus. Attach reconciliation							•	
			ings or income fund							•	
			es and net worth				19,041.			51,2	235.
_	edule		Reconciliation of income pe	r books with in			1	s loss than \$50,00	0		
	N		Do not complete this schedule								
			oi nooka	<u>-</u> 3	32,194.	7		books this year not in		•	
			ne tax	•		8	in this return. Attac Deductions in this				
			.tai 100000 otoi oapitai gama	_		0	against book incom	•			
4			corded on books this year. Ile	•						•	
5			orded on books this year not deducted			9		nd line 8		-	
IJ	-			•		10	Net income pe				
6			e 1 through line 5		32,194.	. •	•	from line 6		32 1	194.
	i otali. A	iuu IIII	o i anough mio v		<i>,_,</i> _,		- 42. 400 11110 3			52,	<u> </u>

Side 2 Form 199 C1 2015 059 3652154 CACA1112L 12/31/15

TAXABLE YEAR CALIFORNIA FORM

2015 Corporation Depreciation and Amortization

2 22 5	

	ch to Form 100 or For	m 100W. FORI	м 199							
Corpo	ration name							Califor	nia corpor	ration number
BRA	AVE TRAILS							364	7962	
Parl	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se		•						2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from line	1					5	
6	(a)	Description of property		(b) C	ost (business i	use only)	(c) Elected	1 COST		
	Listed property (also	stad IDC Spatian 1	70 anoth			7				
7 8	Listed property (electronal elected cost of		•			• • • • • • • • • • • • • • • • • • • •	no 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim								11	
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallov	ved deduction to 20	016. Add line 9 and	d line 10	, less line 1	2	13			
Parl	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)		(d)	(e)	(f)	_ (g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Deprecia this		r Additional first year
	or property	(IIIIII/aa/yyyy)	other basis	allov	vable in	modiod	Tato		your	depreciation
				earlı	er years		_			
COM	1PUTER	8/24/2015	3,709.			200DB	5		742	2.
							1			
15	Add the amounts in								740	
Par	\$2,000. See instruct	ions for line 14, co	iumn (n)				15		742	
	Total: If the corporat	tion is electing:								1
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	column (g)	or or				
	Additional first year									
17	Depreciation (if no e Total depreciation cl	•								
									··· ''	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation an n 100W no adjustr	10unts a nent is r	re used to (necessary)	determine r	net income b	etore	18	1
Parl		11 01111 100 01 1 0111	Troott, no dajasti	11011111111	10000001 3 1).					
19	(a)	(b)	(c)		((d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti	ization allowable	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	515	in earlie		section (see instr)	percenta	age	for this year
							. /			
20	Total. Add the amou	ınts in column (a).							20	
21	Total amortization cl								21	
	Amortization adjustn	nent. If line 21 is a	reater than line 20	. enter t	he differenc	ce here and	on Form 10	0 or		
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12							22	

CACA3501L 11/20/15 059 7621154 FTB 3885 2015

2015	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 60063	BRAVE TRAILS	46-4530883

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

 PROGRAM SERVICE REVENUE
 \$ 71,843.

 TOTAL
 \$ 71,843.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOUR PER WEEK DEVO	S COMPEN- FED SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID FERRANTE 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	CHAIRMAN 1.00			\$ 0.
LAURA NEWMAN 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	TREASURER 2.00	0.	0.	0.
KIMIKO MARTINEZ 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	SECRETARY 1.00	0.	0.	0.
DARYL PARKER 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
JESSICA WEISSBUCH 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	PRESIDENT 1.00	0.	0.	0.
MICHAEL CARNEY 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
LEIF REINSTEIN 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
KRISTIN VALLACHER 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
KAYLA RYAN 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
RICHARD COBY PFAFF 2717 S. ROBERTSON BLVD. #C LOS ANGELES, CA 90024	DIRECTOR 1.00	0.	0.	0.
	TC	TAL \$ 0.	\$ 0.	\$ 0.

2015	CALIFORNIA STATEMENTS	PAGE 2
CLIENT 60063	BRAVE TRAILS	46-4530883

ADMINISTRATION	\$ 693.
BANK CHARGES	1,453.
CAMP & PROGRAM EXPENSES	39,442.
CONFERENCES, CONVENTIONS, AND MEETINGS	250.
INSURANCE	3,007.
MISCELLANEOUS	535.
OUTREACH	550.
PROMOTION	3,402.
SOFTWARE	2,541.
TRAVEL	86.
UNIFORMS	1,298.
TOTAL	\$ 53,257.

ΙN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number CT02197	736	Check if: Change of address						
		Amended report						
BRAVE TRAILS Name of Organization								
2717 S. ROBERTSON BLVD. #C Address (Number and Street)		Corporate or	Organization No. 3647962					
LOS ANGELES, CA 90024		Federal Emplo	yer I.D. No. <u>46-4530883</u>					
City or Town ANNUAL DECISTRATION D	State ZIP Code ENEWAL FEE SCHEDULE (11 Ca	l Code Beas	sections 201-207, 211 and 212)					
	k Payable to Attorney General's							
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee			
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million		150			
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	on \$75	Between \$10,000,001 and \$50 million		3225 300			
PART A – ACTIVITIES			Greater than \$50 million	<u> </u>	300			
For your most recent full accounting per	iod (beginning 1/01/15	ending	12/31/15) list:					
Gross annual revenue \$	86,768. Total assets	\$	51,235.					
PART B - STATEMENTS REGARDING	G ORGANIZATION DURING	G THE PERI	OD OF THIS REPORT					
Note: If you answer 'yes' to any of the ques			providing an explanation and details	s for e	ach			
'yes' response. Please review RRF-1	instructions for information req	uired.		Yes	No			
During this reporting period, were there as organization and any officer, director or trusto	ee thereof either directly or with an	er financial tran entity in which a	nsactions between the ny such officer,	П	X			
director or trustee had any financial intere		auga of the organ	oizationia abaritable	H				
2 During this reporting period, was there any the property or funds?	iert, embezziernent, diversion or mis	suse of the organ	nization's charitable	Ш	X			
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenue	s?		Χ			
4 During this reporting period, were any organia Form 4720 with the Internal Revenue Serv	zation funds used to pay any penalt vice, attach a copy.	ty, fine or judgme	ent? If you filed a		X			
5 During this reporting period, were the serve purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser int listing the name, address, and te	or fundraising o lephone number	counsel for charitable of the service		X			
6 During this reporting period, did the organizar the name of the agency, mailing address,			le an attachment listing		X			
7 During this reporting period, did the organizar indicating the number of raffles and the did		oses? If 'yes,' pr	ovide an attachment		Х			
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a	attachment indicates with a comm	ating whether ercial fundraiser for		X			
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	enerally accepted accounting		X			
Organization's area code and telephone number	er (323) 300-4401							
Organization's e-mail address <u>LAURABNEW</u>	MAN@GMAIL.COM							
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	examined this report, including a	ccompanying o	documents, and to the best of my kn	owled	ge			
T.AII	RA NEWMAN	TREASURER						
	d Name	Title	Date					

Form **990**

Return of Organization Exempt From Income Tax

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. A For the 2015 calendar year, or tax year beginning , 2015, and ending

В	Chec	k if applicable:		С					D Employ	er identi	fication numb	er	
		Address chang	e :	BRAVE TRAILS					46-	45308	383		
	Name change 2717 S. ROBERTSON BLVD. #C						E Telepho	ne numb	er				
		Initial return		LOS ANGELES, CA	90024				(32)	3) 3(00-4401		
		Final return/termi	ated										
		Amended retu	n						G Gross r	eceipts \$	5	86,76	58.
	П	Application pe	nding	F Name and address of princi	pal officer: LAURA NEWMA	ΔNI		H(a) Is this	a group retur				X No
				SAME AS C ABOVE	THOMA NEWNA	-71/		H(b) Are a	II subordinates	included	1?	Yes	No
ī	Ta	x-exempt stat		X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	IT 'No,	attach a list.	(see inst	ructions)		_
J		ebsite: ►		N.BRAVETRAILS.C				H(c) Group	exemption nu	umber ▶			
K		rm of organiza		X Corporation Trust	Association Other ►	L Ye	ar of formati				egal domicile:	CA	
	ırt I								· · ·			011	
	1	Briefly de	scrib	e the organization's mis	sion or most significant ac	ctivities: BRA	AVE TR	AILS'	MISSIO	N IS	TO PRO	VIDE	
a)					TRANSGENDER, QUE								
Activities & Governance					IMPACTFUL SUMMER								
Ë		RELAT	IONS		OP 21ST CENTURY S							ROW.	
o.	2				on discontinued its operat						sets.		
<u>ت</u> ~×	3				erning body (Part VI, line					3			10
SS	4			•	ers of the governing body (•	-			4 5			10
ij	5				in calendar year 2015 (Pa f necessary)					6			<u>0</u> 21
cţ	7				ı Part VIII, column (C), lin					7a			0.
Q					e from Form 990-T, line 34					7b			0.
_									Prior Year		Currer	nt Year	<u> </u>
_	8	Contribu	ions	and grants (Part VIII, lir	e 1h)							14,92	25.
Revenue	9				ne 2g)							71,84	
Ş.	10	Investme	nt ind	come (Part VIII, column	(A), lines 3, 4, and 7d)								
æ	11	Other rev	enue	(Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)							
	12	Total rev	enue	- add lines 8 through 1	1 (must equal Part VIII, co	olumn (A), line	e 12)					86,76	68.
	13	Grants a	nd sir	nilar amounts paid (Par	IX, column (A), lines 1-3)							
	14	Benefits	paid	to or for members (Part	IX, column (A), line 4)								
(0	15	Salaries,	othe	r compensation, employ	ee benefits (Part IX, colun	nn (A), lines 5	5-10)						
Se	16	a Profession	nal f	undraising fees (Part IX	column (A), line 11e)								
Expenses		b Total fun	draisi	ng expenses (Part IX, c	olumn (D), line 25) ►								
Щ	17			• .	lines 11a-11d, 11f-24e)							54,5	—— 7 <u>Д</u>
	18				t equal Part IX, column (A							54,5	
	19				18 from line 12							32,19	
ō 8								_	ing of Curren	t Year	End o	f Year	/1.
sets alanc	20	Total ass	ets (F	Part X, line 16)					19,0			51,23	35.
Net Ass Fund Ba	21	Total liab	ilities	(Part X, line 26)						0.			0.
₽₽	22	Net asse	ts or	fund balances. Subtract	line 21 from line 20				19,0	141.		51,23	35.
Pa	rt I	I Siana	ature	Block								0=,=	, , , ,
					eturn, including accompanying sche	edules and stateme	ents, and to	the best of r	ny knowledge	and belie	ef, it is true, co	orrect, and	t
com	olete.	Declaration of	prepar	er (other than officer) is based of	n all information of which preparer	has any knowledg	e.						
		_											
Siç	уn	s	gnature	e of officer				D	ate				
He	re	_		A NEWMAN				TREA	SURER				
				orint name and title.	1	T				1 1			
				eparer's name	Preparer's signature		Date		Check	⊣ "	PTIN		
Pa			HAE	L EISENBERG	MICHAEL EISENBE	ERG			self-employ	ed	P001775	553	
	epa	ا ما مد	name	MILLER WARD					_				
Use Only Firm's address ► 16030 VENTUR					300			Firm's EIN		<u>-590581</u>			
					91436				Phone no.	(818			
Ma	/ the	e IRS discu	ss thi	s return with the prepare	er shown above? (see inst	ructions)					. X Yes		No

Part	t III	Statement of Program Service			V
	Deiafle		se or note to any line in this Part III		Х
	_	describe the organization's mission:			
	SEE_	SCHEDULE O			
2	Did th	e organization undertake any significant pro	ogram services during the year which were n	not listed on the prior	
					Yes X No
		s,' describe these new services on Sche		П	ies A No
			ke significant changes in how it conducts	any program services?	Yes X No
		s,' describe these changes on Schedule		, any program services	ics A No
		•	accomplishments for each of its three large	nest program services, as measur	ed hv exnenses
	Section	on 501(c)(3) and 501(c)(4) organizations evenue, if any, for each program service	are required to report the amount of gra	nts and allocations to others, the	total expenses,
4 a	(Code	:) (Expenses \$4	9,939. including grants of \$) (Revenue \$	71,843.
			STATUS AND SUCCESSFULLY RA		
			BINING TYPICAL CAMP ELEMEN		
			ROSS THE UNITED STATES AND		
			SCHOLARSHIPS TO YOUTH THA		
			ED YEAR ROUND PROGRAMING,		
			H_AND_ALLIES_AGES_12-20.	WE HAD A CAMPER REUN	ION_AT
	WHI	CH 30 CAMPERS FROM ACROSS	THE UNITED STATES CAME.		
4 b	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
				_	
		·			
4 d	Other	program services. (Describe in Schedul			
	(Ехре	nses \$ inclu	ding grants of \$) (Revenue \$)
4 e	Total	program service expenses	49.939.		

Form 990 (2015) BRAVE TRAILS Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
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		Х
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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		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.	11 c		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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 '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 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 (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	a 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		Х
ŀ	s 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		Х
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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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 contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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		Х

Form 990 (2015) BRAVE TRAILS 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....

	Check if Schedule O contains a response or note to any line in this Part V				🔲
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
b	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			c	
2 a	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	2 a	0		
,	off at least one is reported on line 2a, did the organization file all required federal employmen		_	b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:				
3 2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			а	X
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>			b	
	a 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)?			·a	Х
	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)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5	а	X
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			b	X
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			С	
6 a	a 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?			а	Х
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			b	
7	Organizations that may receive deductible contributions under section 170(c).				
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?		7		X
,	services provided to the payor?			a b	Λ
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		· ′	-	
	Form 8282?		. 7	С	Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal			е	Х
	Figure 1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			f	X
	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		·	+	
ç	as required?			g	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		. 7	h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		. 8		
9					
	a Did the sponsoring organization make any taxable distributions under section 4966?			а	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per			b	
	Section 501(c)(7) organizations. Enter:	3011:	.		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders.	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		. 12	a	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	a Is the organization licensed to issue qualified health plans in more than one state?		. 13	а	
_	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	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		. 14	а	Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in				
AΑ				rm 990	(2015)

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. Section A. Governing Body and Management Yes Nο 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 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 Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

LOS ANGELES CA 90024 (323) 300-4401

LAURA NEWMAN 2717 S. ROBERTSON BLVD., #C

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours	director/trustee) cor		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID FERRANTE	1									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(2) LAURA NEWMAN	2_									
TREASURER	0	Χ		Χ				0.	0.	0.
(3) KIMIKO MARTINEZ	_ 1									
SECRETARY	0	Χ						0.	0.	0.
(4) DARYL PARKER	1									
DIRECTOR	0	Χ						0.	0.	0.
(5) JESSICA WEISSBUCH	1									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(6) MICHAEL CARNEY	1									
DIRECTOR	0	Χ						0.	0.	0.
(7) LEIF REINSTEIN	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(8) KRISTIN VALLACHER	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(9) KAYLA RYAN	1	l								_
DIRECTOR	0	X						0.	0.	0.
(10) RICHARD COBY PFAFF	1	37						0	0	0
DIRECTOR	0	Χ						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 11	istees, i	ney	⊏m	pic	yee	es, a	anc	a nignest com	ipensated Emp	oyees (continuea)
	(B)			(C	;)						
(A)	Average	Position (do not check more than one		(D)	(E)	(F	-)				
Name and title	hours per	box,	unles	ss pe	erson i	is both or/trust	n an	Reportable compensation from	Reportable compensation from	Estin	
	week (list any			-				the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation
	hours	Individual trustee or director	Stitu	Officer	Key employee	nplo ghe	Former	(W-2/1099-WISC)	(W-2/1099-WISC)	organi and re	zation
	related organiza	dual	g	74	삞	yee Yee	약			organiz	
	- tions below	ַ בָּי	<u>a</u>		oyee	ğ					
	dotted line)	stee	nstitutional trustee		()	Highest compensated employee					
			O			6					
(15)											
<u></u>	1										
(16)											
<u></u>											
(17)											
<u></u>	1										
(18)			_								
<u></u>	1										
(19)											
	1										
(20)											
(21)											
<u></u>		•									
(22)											
		•									
(23)											
		•									
(24)											
		•									
(25)											
1 b Sub-total						1	•	0.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A					ا	▶	0.	0.		0.
d Total (add lines 1b and 1c).							•	0.	0.		0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	e) v	who r	eceiv	/ed	more than \$100,00	0 of reportable comp	ensation	
from the organization • 0											
										Υ	es No
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	em	nploy	ee, d	or h	nighest compensa	ted employee		
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								. 3	X
4 For any individual listed on line 1a, is the sum o	f reportab	le coi	преі	nsa	tion	and	oth	er compensation	from		
the organization and related organizations greate such individual										4	Х
									in dividual		Λ
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	isalio te Sc	hedi	ule :	any <i>J foi</i>	unrei r <i>suc</i> i	h p	ersonalion or		. 5	Х
Section B. Independent Contractors										l l	l.
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated inde	epend	dent	cor	ntrac	tors	tha	t received more the	nan \$100,000 of		
		tne ca	aienc	aar y	year	enair	ng w				
(A) Name and business add	ress							(B) Description (of services	(C) Compens	ation
2 Total number of independent contractors (including l	out not limi	ited to	tha	ا می	ictad	aho	ر (مر	who received more	than		
\$100,000 of compensation from the organization		itou tt	10:	JU II	เอเซิน	นมบ\	(0)	THIS ICCEIVED HIGHE	uidii		
	U									Farma 00	0015

e Total. Add lines 11a-11d.

	n 990 (2015) BRAVE TRAILS			46-4530883	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	Business Code 2 a CAMP INCOME b c d e f All other program service revenue	14,925. 71,843.	71,843.		
<u> </u>	g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents	71,043.			
Other Revenue	b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 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 including\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events				
Ŭ	9 a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a b c				
	d All other revenue				

86,768

71,843

0.

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).	
Observit Coloradula O contains a management of the first in this Double	

Do I	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal				
	: Accounting				
	l Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	575.		575.	
17	Travel	86.		86.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	250.		250.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	742.		742.	
23	Insurance	3,007.	2,706.	301.	
24	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.)				
a	CAMP & PROGRAM EXPENSES	39,442.	39,442.		
	PROMOTION	3,402.	3,402.		
	SOFTWARE	2,541.	2,541.		
	BANK_CHARGES	1,453.	,	1,453.	
	All other expenses	3,076.	1,848.	1,228.	
	Total functional expenses. Add lines 1 through 24e	54,574.	49,939.	4,635.	0.
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)	·	·	·	

Part X Balance Sheet

2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 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 Loans and other receivables from other disqualified persons (as defined under section 4958)(11), persons described in section 4958(5)(3)(8), and contributing employers and sponsoring organizations of selection 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 11 Investments — publicly traded securities. 12 Investments — other securities. See Part IV, line I1. 13 Investments — program-related. See Part IV, line I1. 14 Intangible assets. 15 Other assets. See Part IV, line I1. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 20 Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Lassed and other payables to unrelated third parties. 23 Control liabilities and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities of including federal income tax, payables to related hird parties, and other lapages and notes payable to unrelated third parties. 24 Other liabilities and include on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 154 through 25. 26 Total liabilities. Add lines 154 through 25. 27 Land complete			Check if Schedule O contains a response or note to	any line	in this Part X			
2 245.						(A) Beginning of year		(B) End of year
2 245.		1	Cash – non-interest-bearing			19,041.	1	48,023.
4 Accounts receivable, net 4		2	Savings and temporary cash investments			,	2	245.
Section Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(6), and contributing section 4958(f)(1)). Persons described in section 4958(f)(3)(6), and contributing beneficiary organizations (see instructions). Complete Part II of Schedule L. G.		3	Pledges and grants receivable, net				3	
Part II of Schedule		4	Accounts receivable, net				4	
Part II of Schedule		5	Loans and other receivables from current and former trustees, key employees, and highest compensated er					
section 4958(n/1)), persons described in section 4958(c/3)(8), and contributing employees and sponsoring organizations of section 510 (c/g) volunity employees beneficiary organizations (see instructions). Complete Part II of Schedule L			Part II of Schedule L				5	
8 Inventories for sale or use.		6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a 3)(B), and (9) volunt Part II o	s defined under contributing ary employees' f Schedule L		6	
10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D.	ţ	7	Notes and loans receivable, net				7	
10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D.	SSe	8	Inventories for sale or use				8	
Complete Part VI of Schedule D 10a 3,709. b Less: accumulated depreciation. 10b 742. 10c 2,967. 11 Investments – publicity traded securities. 11 12 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – other securities. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 Other assets. See Part IV, line 11. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 19,041. 16 51,235. 17 Accounts payable and accrued expenses. 17 17 18 Grants payable and accrued expenses. 18 19 19 Deferred revenue 19 20 20 21 Escrow or custodial account liabilities. 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 24 24 Unsecured notes and loans payable to unrelated third parties. 24 25 26 27 27 27 27 27 27 27	A	9	Prepaid expenses and deferred charges				9	
b Less: accumulated depreciation. 10b 742. 10c 2,967.	2	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3.709.			
11 Investments — publicly traded securities. 11 12 Investments — other securities. See Part IV, line 11. 12 13 Investments — other securities. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 16 16 15 15 16 16		b			742		10 c	2 967
12 Investments — other securities. See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·					2/307.
13 Investments — program-related. See Part IV, line 11.					<u> </u>		12	
14								
15 Other assets. See Part IV, line 11.			, ,				14	
16 Total assets. Add lines 1 through 15 (must equal line 34). 19,041. 16 51,235. 17 Accounts payable and accrued expenses. 17 18 18 18 Grants payable 18 18 19 Deferred revenue. 19 20 21 20 Tax-exempt bond liabilities. 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 24 25 25 24 25 25 26 26 26 27 27 28 29 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 25 26 Total liabilities. Add lines 17 through 25. 26 0.				_		15		
17						19 041		51 235
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21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19			
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24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► And complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 24 25 26 27 28 29 29 29 29 29 29 29 29 29	Ĭ	22	•		<u> </u>			
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lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 20 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 19,041. 27 51,235. 28 29 29 30		20				0.	20	0.
Temporarily restricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 19,041. 34 51,235.	တ		lines 27 through 29, and lines 33 and 34.	re -	and complete			
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Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 19,041, 34 51,235.	0	30	-				30	
Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 19,041. 34 51,235.	ži e							
33 Total net assets or fund balances 19,041. 33 51,235. 34 Total liabilities and net assets/fund balances 19,041. 34 51,235.	455				<u>-</u>			
Z 34 Total liabilities and net assets/fund balances. 19.041. 34 51.235.	et					19 0/11	 	51 235
	Ź				-		_	

BAA Form **990** (2015)

For	m 990	(2015)	2015) BRAVE TRAILS 46-4530883				Pa	age 12	
Pa	rt XI	Reco	nciliation	of Net Assets					
					note to any line in this Part XI				
1	Total	revenu	e (must equa	al Part VIII, column (A), lin	ne 12)	1		86,	768.
2	Total	expens	es (must equ	ual Part IX, column (A), Iir	ne 25)	2		54,	574.
3	Reve	nue less	s expenses. S	Subtract line 2 from line 1		3		32,	194.
4	Net a	assets o	r fund baland	ces at beginning of year (n	nust equal Part X, line 33, column (A))	4			041.
5	Net ι	ınrealize	ed gains (loss	ses) on investments		5			
6	Dona	ted serv	vices and use	e of facilities		6			
7	Inves	stment e	xpenses			7			
8	Prior	period	adjustments.			8			
9	Othe	r change	es in net ass	ets or fund balances (expl	ain in Schedule O)	9			0.
10					nes 3 through 9 (must equal Part X, line 33,				
						10		51,	235.
Pa	rt XII	Finar	ncial State	ments and Reporting	9				
		Check	if Schedule	O contains a response or	note to any line in this Part XII				🔲
								Yes	No
1	Acco	unting r	nethod used	to prepare the Form 990:	X Cash Accrual Other				
							_		
	in Sc	hedule	zation change O.	ed its method of accounting	ng from a prior year or checked 'Other,' explain				
2	a Were	the org	anization's fi	inancial statements compi	led or reviewed by an independent accountant?		2	а	Χ
		_		·	financial statements for the year were compiled or review				
	s <u>ep</u> a	rate bas	sis, consolida	ted basis, or both:		rcu on c	1		
		Separa	ite basis	Consolidated basis	Both consolidated and separate basis				
	b Were	the org	anization's fi	inancial statements audite	ed by an independent accountant?		2	b	Х
	If 'Ye	s,' chec	k a box belo	w to indicate whether the	financial statements for the year were audited on a separ	ate			
	basis	, conso	lidated basis,	, <u>or</u> both:					
		Separa	ite basis	Consolidated basis	Both consolidated and separate basis				
	c If 'Ye	s' to line	2a or 2b, doe	es the organization have a co	ommittee that assumes responsibility for oversight of the audi	t,			
			•		nd selection of an independent accountant?		2	С	
	If the	organiz	zation change	ed either its oversight prod	cess or selection process during the tax year, explain				
3				ard was the organization rec	quired to undergo an audit or audits as set forth in the Single				
3	Audi	Act and	d OMB Circul	lar A-133?	as set for the tribe of additions as set for the time of light		3	а	Χ
	b If 'Ye	s,' did th	e organization	n undergo the required audit	or audits? If the organization did not undergo the required au	dit			
					any steps taken to undergo such audits		3	b	

Form **990** (2015)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRAV	E TRAILS					46-4530883	3			
Part	I Reason for Public Ch	arity Status (All o	rganizations must o	comple	te this	part.) See instruct	ions.			
The or	ganization is not a private foun	dation because it is: (For lines 1 through 11,	check o	nly one	box.)				
1	A church, convention of church	hes, or association of cl	hurches described in sec	tion 170(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)).)					
3	A hospital or a cooperative		•		•	V(iii).				
4	A medical research organiza						nter the hospital's			
-	name, city, and state:	ation operated in conju	anction with a nospital	20301100	a iii 300	, aon 17 0 (0)(1)(A)(m). =	inter the hospital s			
5	An organization operated for t 170(b)(1)(A)(iv). (Complete	he benefit of a college of	or university owned or op	erated by	/ a gove	rnmental unit described in	n section			
6	A federal, state, or local gov		ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	An organization that normally	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described		A)(vi). (Complete Part	l.)						
9	An organization that normally from activities related to its exinvestment income and unreduced June 30, 1975. See section	elated business taxabl 509(a)(2). (Complete	e income (less section Part III.)	511 tax)	from b	usinesses acquired by t	gross receipts ort from gross the organization after			
10	An organization organized a		,	,		` ' '				
11	An organization organized a or more publicly supported on lines 11a through 11d that defined the control of the	organizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509(a)	ut the purposes of one (3). Check the box in			
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b										
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations.	tion operated in connection	n with, ar	nd function	onally integrated with, its	supported			
d	Type III non-functionally integrated. The instructions). You must con	rated. A supporting ord	ianization operated in cor	nection	with its s	supported organization(s)	that is not			
е	Check this box if the organizated, or Type III non-fi	zation received a writt	en determination from	the IRS						
f	Enter the number of supported	organizations								
	Provide the following information									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
, ,										
<u>(B)</u>										
(C)										
(D)										
(E)										
Total										
BAA	For Paperwork Reduction Act N	lotice, see the Instruc	tions for Form 990 or 9	990-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015			

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									
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')									
2	Tax revenues levied for the organization'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									
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)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12				
13	First five years. If the Form 990 is organization, check this box and			ird, fourth, or fifth	•	on 501(c)(3)	▶ □			
Sec	tion C. Computation of Pul	blic Support P	ercentage							
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				%			
15	Public support percentage from 2	2014 Schedule A,	Part II, line 14			15	%			
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization	the organization qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, chec	k this box			
b	33-1/3% support test – 2014. If t and stop here. The organization									
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test-check this	hox and ston he i	re. Explain in Part	VI how			
b	b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►			

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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					14,925.	14,925.
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.					71,843.	71,843.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					71,013.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	86,768.	86,768.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	,	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						86,768.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	0.	0.	0.	0.	86,768.	86,768.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
c	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	0.	86,768.	86,768.
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•	``				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
	Investment income percentage f						%
	33-1/3% support tests – 2015. If is not more than 33-1/3%, check	this box and stop	here. The organize	zation qualifies a	is a publicly suppo	orted organization.	▶ 📗
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3% Private foundation. If the organia	, check this box a	and stop here. The	organization qua	alifies as a publicl	y supported organ	ization ►
/!!	THE CITY OF THE PROPERTY OF TH		on a box on mile 14	τ, ισα, ∪ι Ισυ, ∪	HOUR WIID DUX AITU	JUU 11 13 11 14 CHUHA	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

			Yes	No
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.	1		
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)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	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.	3b		
(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	3с		
4	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	4a		
ı	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	4b		
•	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	4c		
5	a 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).	5a		
ı	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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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 or 990-EZ).	8		
9 8	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	9a		
ı	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
•	c Did a disqualified person (as defined in line 9a) 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	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
ı	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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	Lloc t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion I	B. Type I Supporting Organizations		1	1
1	Did th	on directors, trustees, or membership of one or more supported organizations have the newer to regularly appoint		Yes	No
'	or ele Part If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint et at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. To organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec		C. Type II Supporting Organizations			<u>I</u>
		71 11 3 3		Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	orgar vear.	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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)				
	lile o	iganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		s regard	3		
Sec	tion I	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	_ 🔲 т	The organization satisfied the Activities Test. Complete line 2 below.			
b	т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	т 🗌 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities	2a		
b	the or	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes.' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	r 20, 1970. See instruct ons A through E.	ions. All		
Sec	tion A — Adjusted Net Income		(A) Prior 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				
Sec	tion 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):	•				
á	Average monthly value of securities	1a				
ŀ	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c).	1d				
•	e 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				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion 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-functionally-inte	grated	Type III supporting or	ganization		

(see instructions).

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Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su			
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 organizati in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			

e Excess from 2015.... BAA

Schedule **A** (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization BRAVE TRAILS 46-4530883 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes 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, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1.

b Assets included in Form 990, Part X.....

Part III Organizations Mainta	ining Colle	ections of	Art, Histori	ical Treasures, or	Other	Similar Ass	ets (con	tinued)
3 Using the organization's acquisition items (check all that apply):	ı, accession, a	nd other reco	ords, check any	of the following that are	e a signi	ficant use of its	collection	
a Public exhibition			d Loan or	exchange programs				
b Scholarly research			e Other					
c Preservation for future gener	rations							
4 Provide a description of the organize Part XIII.	zation's collect	ions and exp	lain how they fo	urther the organization's	exempt	purpose in		
5 During the year, did the organiza to be sold to raise funds rather to	han to be ma	intained as	part of the org	janization's collection?			Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. Coi Form 990	mplete if the D, Part X, lin	e organization ans ne 21.	swered	I 'Yes' on Fo	rm 990,	Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n or other in	ntermediary fo	or contributions or othe	er assets	s not included	Yes	□No
b If 'Yes,' explain the arrangement								
,		·					Amount	
c Beginning balance					10	;		
d Additions during the year					10	1		
e Distributions during the year					16)		
f Ending balance					1f			
2a Did the organization include an a	amount on Fo	rm 990, Par	t X, line 21, fo	or escrow or custodial	account	: liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explana	tion has been provided	d on Pa	rt XIII		🔲
Part V Endowment Funds. C	Complete if	the organ	ization ansv	wered 'Yes' on Fo	rm 990	D. Part IV. lii	ne 10.	
	(a) Current		(b) Prior year	(c) Two years back		Three years back		years back
1 a Beginning of year balance			,,,,,	,,,,	,,,	,	,,,	
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the curre	nt year end	balance (line	1g, column (a)) held a	as:			
a Board designated or quasi-endowm	nent ►		%					
b Permanent endowment ►	%							
c Temporarily restricted endowmen	nt ►	%						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.						
3 a Are there endowment funds not in a organization by:	the possession	of the orgar	nization that are	e held and administered	for the		Y	es No
(i) unrelated organizations							. 3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' on line 3a(ii), are the rela							3b	
4 Describe in Part XIII the intended	_		•				. 02	
Part VI Land, Buildings, and								
Complete if the organ			es' on Form	990, Part IV, line	11a. S	See Form 99	0, Part X	ر, line 10.
Description of property		(a) Cost or (invest	other basis tment)	(b) Cost or other basis (other)	(c) A de _l	ccumulated preciation	(d) Boo	ok value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				3,709.		742.		2,967.
e Other				-,		Ť		
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 9	90, Part X, co	lumn (B), line 10c.)				2,967.
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Schedule **D** (Form 990) 2015

), Part IV, line 11b. See Form 990, Part X, line 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
l) Financial derivatives		
2) Closely-held equity interests		
3) Other		
<u>4)</u>		
3)		
<u>,,</u>		
<u>)</u>		
E) 		
- 5) 		
		
<u>"</u>		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
art VIII Investments – Program Related.		N/A
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨		
	NT / 7A	
Part IX Other Assets.	N/A 'Yes' on Form 990). Part IV. line 11d. See Form 990. Part X. line 1
Part IX Other Assets.	'Yes' on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Other Assets. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Desi (1) (2)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 1
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 cription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B)	'Yes' on Form 990 cription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 cription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Other Assets. Complete if the organization answered (a) Description of liability Other Assets. Complete if the organization answered (a) Description of liability	'Yes' on Form 990 cription	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Federal income taxes	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B) (2) Complete if the organization answered Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description (b) Description (a) Description (b) Description (c) Des	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
Complete if the organization answered (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B) (2) Complete if the organization answered Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	'Yes' on Form 990 cription B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value

Part XI Reconciliation of Revenue per Audited Financi	
Complete if the organization answered 'Yes' on	
1 Total revenue, gains, and other support per audited financial state	ements
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	2:
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.)	2 d
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 12.)
Part XII Reconciliation of Expenses per Audited Finance	
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
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	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	:
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	4b
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, I	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; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2015

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
BRAVE TRAILS

Employer identification number
46-4530883

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

BRAVE TRAILS' MISSION IS TO PROVIDE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING YOUTH AND THEIR ALLIES, AGES 12-20, INNOVATIVE, IMPACTFUL SUMMER CAMP PROGRAMS THAT FOSTER MEANINGFUL RELATIONSHIPS AND DEVELOP 21ST CENTURY STILLS TO BECOME THE LEADERS OF TOMORROW.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

12/31/15 2015 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

CLIENT 60063 BRAVE TRAILS 46-45308

NOFORM 199	DESCRIPTION	DATE ACQUIRED -	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIEE _	CURRENT DEPR.
MACHINER	Y AND EQUIPMENT									
1 COMPU	TER	8/24/15		3,709				200DB HY	5	742
TOTAL	MACHINERY AND EQUIPME			3,709		0	0			742
TOTAL	DEPRECIATION			3,709		0	0		=	742
GRAND	TOTAL DEPRECIATION			3,709			0		=	742

12/31/15 2015 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

CLIENT 60063	BRAVE TRAILS	46-4530883

NO	DESCRIPTION	DATE ACQUIRED _	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE -	CURRENT DEPR.
MACHINEF	RY AND EQUIPMENT									
1 COMPI	UTER	8/24/15		3,709				200DB HY	5_	742
TOTAL	MACHINERY AND EQUIPME			3,709		0	0			742
TOTAL	_ DEPRECIATION			3,709		0	0		=	742
GRAND	TOTAL DEPRECIATION			3,709		0	0		=	742