

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2001** calendar year, or tax year period beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization APPALACHIAN TRAIL CONFERENCE		D Employer identification number 52-6046689
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number 304-535-6331
		P.O. BOX 807		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

G Web site **N/A**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

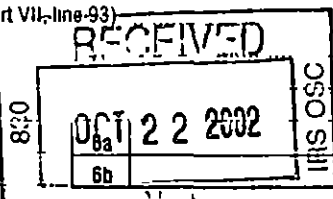
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,480,329.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	1,540,912.			
	b	Indirect public support	1b	30,806.			
	c	Government contributions (grants)	1c	922,041.			
	d	Total (add lines 1a through 1c) (cash \$ <u>2,397,244.</u> noncash \$ <u>96,515.</u>)	1d	2,493,759.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	364,801.			
	3	Membership dues and assessments	3	1,185,711.			
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5	117,027.			
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe _____)	7					
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	199,571.		
	b	Less cost or other basis and sales expenses	8b	234,898.			
	c	Gain or (loss) (attach schedule)	8c	<35,327.>			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	11,983.			
Revenue	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
Revenue	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
Expenses	11	Other revenue (from Part VII line 103)	11	72,150.			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,245,431.			
	13	Program services (from line 44, column (B))	13	3,191,700.			
	14	Management and general (from line 44, column (C))	14	184,092.			
	15	Fundraising (from line 44 column (D))	15	309,223.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	3,685,015.			
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	560,416.		
		19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	7,895,218.		
		20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<16,716.>		
		21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	8,438,918.		



SCANNED OCT 31 2002

Part II Statement of Functional Expenses		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 29,031 - noncash \$	29,031.	29,031.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors etc	75,000.	65,100.	4,200.	5,700.
26	Other salaries and wages	1,350,694.	1,171,082.	76,868.	102,744.
27	Pension plan contributions				
28	Other employee benefits	269,646.	230,937.	16,262.	22,447.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	134,304.	125,280.	6,012.	3,012.
34	Telephone				
35	Postage and shipping	347,218.	296,829.	2,413.	47,976.
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	277,815.	220,705.	196.	56,914.
39	Travel	120,007.	106,561.	7,110.	6,336.
40	Conferences, conventions, and meetings	41,751.	36,762.	3,601.	1,388.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 5	1,039,549.	909,413.	67,430.	62,706.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,685,015.	3,191,700.	184,092.	309,223.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)

a	NATURAL RESOURCE MANAGEMENT AND PROTECTION - TO COORDINATE VOLUNTEER MAINTENANCE AND OPERATION OF THE TRAIL THROUGH MEMBER CLUBS AND TO PROTECT THE TRAIL FROM OUTSIDE NEGATIVE IMPACT. THE ORGANIZATION SERVES (Grants and allocations \$ _____)	
b	A MEMBERSHIP OF ABOUT 33,000 INDIVIDUALS AND FAMILIES, APPROXIMATELY 25 COMPANIES, AND 31 CLUBS AND ORGANIZATIONS. THE ORGANIZATION MAINTAINS MORE THAN 2,169 MILES OF A TRAIL IN FOURTEEN STATES. (Grants and allocations \$ _____)	3,191,700.
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44 column (B) Program services)	3,191,700.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	130,359.	45	39,595.
	46 Savings and temporary cash investments	690,904.	46	597,974.
	47 a Accounts receivable	47a 526,290.		
	b Less allowance for doubtful accounts	47b 15,659.	739,534.	47c 510,631.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		308,983.	52 329,226.
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings and equipment basis	55a 2,917,938.		
	b Less accumulated depreciation	55b	2,770,703.	55c 2,917,938.
56 Investments - other	SEE STATEMENT 8	5,098,534.	56 4,710,930.	
57 a Land, buildings, and equipment basis	57a 1,086,673.			
b Less accumulated depreciation STMT 9	57b 723,767.	354,341.	57c 362,906.	
58 Other assets (describe ▶ OTHER ASSETS)		17,039.	58 298,760.	
59 Total assets (add lines 45 through 58) (must equal line 74)		10,110,397.	59 9,767,960.	
Liabilities	60 Accounts payable and accrued expenses	336,598.	60	223,280.
	61 Grants payable		61	
	62 Deferred revenue	479,270.	62	164,523.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 10		386,531.	64b 267,460.
	65 Other liabilities (describe ▶ SEE STATEMENT 11)		1,012,780.	65 673,779.
66 Total liabilities (add lines 60 through 65)		2,215,179.	66 1,329,042.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,152,918.	67	3,091,378.
	68 Temporarily restricted	2,444,037.	68	2,938,393.
	69 Permanently restricted	2,298,263.	69	2,409,147.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)		7,895,218.	73 8,438,918.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		10,110,397.	74 9,767,960.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
c	Dues, assessments, and similar amounts from members		85c N/A
d	Section 162(e) lobbying and political expenditures		85d N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12		86a N/A
b	Gross receipts, included on line 12, for public use of club facilities		86b N/A
87	501(c)(12) organizations		
a	Gross income from members or shareholders		87a N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		87b N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. section 4912 0. section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed SEE ATTACHED LISTING.		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	51

91 The books are in care of CONTROLLER, APPALACHIAN TRAIL CONFERENCE Telephone no 304-535-6331
 Located at HARPERS FERRY, WV ZIP + 4 25425

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SALES OF EDUCATIONAL					
b MATERIALS, TRAIL MAPS,					
c & OTHER MERCHANDISE, NET					363,543.
d PUBLICATIONS ROYALTIES					1,258.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,185,711.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	117,027.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	11,983.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUES					29,235.
b HOSTEL INCOME					42,915.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		129,010.	1,622,662.
105 Total (add line 104, columns (B), (D), and (E))					1,751,672.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

10-10-02 DWIL N. STURTZ

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

APPALACHIAN TRAIL CONFERENCE

Employer identification number
52 6046689

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRIAN B. KING ----- HARPERS FERRY, WV	DIR-PUB AFFAI 40/WEEK	56,700.	1,370.	
ROBERT PROUDMAN ----- HARPERS FERRY, WV	DIR-TRAIL MNT 40/WEEK	51,000.	2,498.	

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BERRY, DUNN, MCNEIL, & PARKER ----- PORTLAND, ME	SOFTWARE & BUSINESS CONSULTI	67,410.
EU SERVIC ----- ROCKVILLE, MD	PRINTING & MAILING SERVICE	241,939.
QUEBECOR ----- CHARLOTTE, NC	PRINTING SERVICE	107,360.
HBP ----- HAGERSTOWN, MD	PRINTING & GRAPHICS	79,525.
WILLIAMS & HEINTZ MAP ----- CAPITOL HEIGHTS, MD	MAPS & PRINTING	75,614.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ 1,910. (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 16		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments SEE STATEMENT 17		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,816,017.	2,484,642.	2,219,957.	1,463,271.	8,983,887.
16 Membership fees received	975,519.	879,502.	588,234.	605,702.	3,048,957.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	978,406.	889,223.	808,998.	728,624.	3,405,251.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	158,394.	152,234.	154,292.	165,712.	630,632.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	80,607.	70,157.	44,697.		195,461.
23 Total of lines 15 through 22	5,008,943.	4,475,758.	3,816,178.	2,963,309.	16,264,188.
24 Line 23 minus line 17	4,030,537.	3,586,535.	3,007,180.	2,234,685.	12,858,937.
25 Enter 1% of line 23	50,089.	44,758.	38,162.	29,633.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) 0. (1999) 0. (1998) 0. (1997) 0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) 391,245. (1999) 477,851. (1998) 290,626. (1997) 94,367.	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c 15,438,095. 27d 1,254,089. 27e 14,184,006.
d Add: Line 27a total _____ 0. and line 27b total _____	27f 16,264,188.
e Public support (line 27c total minus line 27d total)	27g 87.2100%
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27h 3.8774%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40	}	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		
c Media advertisements		X	
d Mailings to members, legislators or the public		X	
e Publications or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials or a legislative body	X		1,910.
h Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means		X	
i Total lobbying expenditures (Add lines c through h)			1,910.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

SEE STATEMENT 19

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

APPALACHIAN TRAIL CONFERENCE

Employer identification number

52-6046689

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990 PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

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

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization APPALACHIAN TRAIL CONFERENCE	Employer identification number 52-6046689
---	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	BUILDINGS & IMPROVEMENTS	VARIES		.000	16	529,169.			529,169.	310,608.		0.
2	FURNITURE AND EQUIPMENT	VARIES		.000	16	537,504.			537,504.	413,159.		0.
3	LAND	VARIES				20,000.			20,000.			0.
*	TOTAL 990 PAGE 2 DEPR					1086673.		0.	1086673.	723,767.	0.	0.

FOOTNOTES

STATEMENT 1

OTHER CHANGES IN NET ASSETS - CHANGE IN ACCOUNTING ESTIMATE
FORM 990, PAGE 1, LINE 20

EFFECTIVE JANUARY 1, 2001, THE ESTIMATED VALUE OF THE
ALLOCABLE PORTION OF MEMBERSHIP DUES REQUIRED TO BE DEFERRED
WAS LIMITED TO THE AMOUNT OF DUES REPRESENTING AN EXCHANGE
FOR GOODS OR SERVICES, VALUED AT \$5 PER MEMBERSHIP AS
PERMITTED BY FASB 116. THE EFFECT OF THIS
CHANGE WAS TO INCREASE NET INCOME FOR 2001 BY \$374,332.

PRIOR TO JANUARY 1, 2001, THE CONFERENCE RECOGNIZED
MEMBERSHIP DUES AS REVENUE ON A PRO-RATA BASIS OVER THE
PERIOD TO WHICH THE DUES RELATE.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
FROM MUTUAL FUND INVESTMENTS	47,310.	0.	0.	47,310.
TO FORM 990, PART I, LINE 8	47,310.	0.	0.	47,310.



FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SEE ATTACHED SCHEDULE	VARIOUS	VARIOUS	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	49,460.	49,836.	0.	0.	<376.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EDWARDS PROPERTY	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	150,111.	185,062.	0.	0.	<34,951.>
TO FM 990, PART I, LN 8	199,571.	234,898.	0.	0.	<35,327.>



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
ANNUITY ACTUARIAL ADJUSTMENT		<43,023.>	
NET UNREALIZED LOSSES ON INVESTMENTS		<374,935.>	
DONATED SERVICES		26,910.	
CHANGE IN ACCOUNTING ESTIMATE - SEE FOOTNOTE FOR FORM 990, PG 1, LINE 20		374,332.	
TOTAL TO FORM 990, PART I, LINE 20		<16,716.>	

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PERSONNEL				
DEVELOPMENT	43,990.	31,573.	6,916.	5,501.
PROFESSIONAL FEES	85,150.	50,598.	9,941.	24,611.
CONTRACTED SERVICES	309,015.	298,320.	478.	10,217.
PROMOTIONAL	4,822.	4,822.		
GRANTS	157,040.	155,970.		1,070.
ORGANIZATION				
INFRASTRUCTURE	149,959.	117,346.	25,131.	7,482.
LICENSES AND FEES	30,752.	27,199.	360.	3,193.
OTHER EXPENSES	258,821.	223,585.	24,604.	10,632.
TOTAL TO FM 990, LN 43	1,039,549.	909,413.	67,430.	62,706.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE PURPOSE OF THIS ORGANIZATION IS TO PROMOTE, CONSTRUCT AND MANAGE (AND TO ASSIGN AND DELEGATE MANAGEMENT & MAINTENANCE RESPONSIBILITIES TO MAINTAINING ORGANIZATIONS) A CONNECTED TRAIL, WITH RELATED TRAILS, CALLED THE APPALACHIAN TRAIL, AND TO PRESERVE AND RESTORE THE NATURAL ENVIRONMENT OF THE TRAIL AND ITS ADJACENT LANDS AND TO PROVIDE AN EDUCATIONAL OPPORTUNITY TO ENJOY THE APPALACHIAN TRAIL, RELATED TRAILS AND ADJACENT LANDS. THIS TRAIL RUNS OVER THE SUMMITS OF THE MOUNTAINS AND THROUGH THE WILD LANDS OF THE ATLANTIC SEABOARD AND ADJOINING THE STATES FROM MAINE TO GEORGIA, SO AS TO RENDER ACCESSIBLE FOR HIKING, BACKPACKING AND OTHER FORMS OF PRIMITIVE TRAVEL AND LIVING, AND TO PROVIDE A MEANS FOR CONSERVING AND DEVELOPING WITHIN THIS REGION, THE PRIMEVAL ENVIRONMENT AS A NATURAL RESOURCE.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS IN SECURITIES	MARKET VALUE	4,377,143.
OTHER INVESTMENTS	MARKET VALUE	333,787.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,710,930.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS & IMPROVEMENTS	529,169.	310,608.	218,561.
FURNITURE AND EQUIPMENT	537,504.	413,159.	124,345.
LAND	20,000.	0.	20,000.
TOTAL TO FORM 990, PART IV, LN 57	1,086,673.	723,767.	362,906.

FORM 990

MORTGAGES PAYABLE

STATEMENT 10

DESCRIPTION	BALANCE DUE
MARYLAND ENVIRONMENTAL TRUST	36,300.
ARTHUR W. ARMSTRONG	30,211.
MARYLAND ENVIRONMENTAL TRUST	30,000.
SHANNONDALE	0.
STROBEL PROPERTY	8,125.
SWEET WATER TRUST	0.
CLARK CHARITABLE TRUST	0.
MARYLAND ENVIRONMENTAL TRUST	15,000.
JOHN A. DISTEFANO	147,824.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	267,460.

FORM 990	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	AMOUNT	
ANNUITIES PAYABLE	573,779.	
COMMITMENTS AND CONTINGENCIES	100,000.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	673,779.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION	AMOUNT	
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, RPTD SEPARATELY ON FIN STMTS	453,808.	
TOTAL TO FORM 990, PART IV-B	453,808.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION	AMOUNT	
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, REPORTED SEPARATELY ON F/S	<453,808.>	
TOTAL TO FORM 990, PART IV-A	<453,808.>	



FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRIAN T. FITZGERALD HARPERS FERRY, WV	CHAIR MINIMAL	0.	0.	0.
CARL C. DEMROW HARPERS FERRY, WV	VICE CHAIR MINIMAL	0.	0.	0.
PHYRA C. SPERRY HARPERS FERRY, WV	VICE CHAIR MINIMAL	0.	0.	0.
MARIANNE J. SKEEN HARPERS FERRY, WV	VICE CHAIR MINIMAL	0.	0.	0.
PARTHENA M. MARTIN HARPERS FERRY, WV	SECRETARY MINIMAL	0.	0.	0.
KENNARD HONICK HARPERS FERRY, WV	TREASURER MINIMAL	0.	0.	0.
ARTHUR P. FOLEY HARPERS FERRY, WV	ASSISTANT SECRETARY MINIMAL	0.	0.	0.
DAVID N. STARTZELL HARPERS FERRY, WV	EXEC DIRECTOR 40	75,000.	3,725.	0.
PAMELA AHLEN HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
STEPHEN L. CROWE HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
THOMAS O. LEWIS HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.

APPALACHIAN TRAIL CONFERENCE

52-6046689

DENNIS C. REGAN HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
ANDREW L. PETERSON HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
ANN H. SHERWOOD HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
VALTER E. DANIELS HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
CHARLES A. GRAF HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
SANDRA L. MARRA HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
ERIC C. OLSON HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
GLENN SCHERER HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
WILLIAM STEINMETZ HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
BOB ALMAND HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
PHYLLIS HENRY HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
ROBERT P. KYLE HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
WILLIAM S. ROGERS HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.



APPALACHIAN TRAIL CONFERENCE

52-6046689

JAMES M. WHITNEY, JR. HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
STEVEN A. WILSON HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
PAUL BURKHOLDER HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
AL SOCHARD HARPERS FERRY, WV	BOARD OF MANAGERS MINIMAL	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>75,000.</u>	<u>3,725.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	SALE OF EDUCATIONAL MATERIALS TO MEMBERS AND OTHER PERSONS INTERESTED IN THE TRAIL TO FURTHER ENHANCE THE MAINTENANCE, PRESERVATION AND PROTECTION OF THE TRAIL.
94	MEMBERSHIP DUES ARE COLLECTED FROM MEMBERS AND ARE MAINLY CONTRIBUTIONS. THESE DUES SUPPORT THE CONFERENCE OPERATIONS AND PROGRAMS.
103A	MISCELLANEOUS REVENUES PROVIDE FURTHER SUPPORT FOR PROGRAM ACTIVITIES
103C	THE APPALACHIAN TRAIL CONFERENCE OPERATES THE BEARS DEN HOSTEL IN BLUEMONT, VIRGINIA THE HOSTEL OFFERS ROOMS AT BUDGET RATES TO HIKERS, BICYCLISTS, OR OTHER HOSTELERS

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 16

SEE PART V, FORM 990

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
HOSTEL GROSS RECEIPTS	37,928.	34,771.	38,238.	0.
MISC	42,679.	35,386.	6,459.	0.
TOTAL TO SCHEDULE A, LINE 22	80,607.	70,157.	44,697.	0.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 19

APPALACHIAN TRAIL CONFERENCE STAFF MEMBERS APPEAR BEFORE U.S. CONGRESSIONAL COMMITTEES TO TESTIFY AND SUPPORT THE DEPARTMENT OF INTERIOR'S AND THE DEPARTMENT OF AGRICULTURE'S ROLES REGARDING THE APPALACHIAN NATIONAL SCENIC TRAIL.

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 20

EXPLANATION

AN ADDITIONAL EXTENSION OF TIME TO FILE THE ORGANIZATION'S 2001 FORM 990
 WAS REQUESTED IN ORDER TO COMPLETE THE AUDIT OF THE FINANCIAL STATEMENTS,
 WHICH IS NECESSARY IN ORDER TO FILE AN ACCURATE RETURN. THE
 ORGANIZATION IMPLEMENTED A NEW ACCOUNTING SOFTWARE DURING 2001, WHICH
 HAS DELAYED THE COMPLETION OF THE AUDIT.



The Appalachian Trail Conference is registered in the following states

Alabama
Arizona
California
Connecticut
Florida
Georgia
Illinois
Massachusetts
Maryland
Maine
North Carolina
New Hampshire
New Jersey
New York
Ohio
Pennsylvania
Rhode Island
South Carolina
Tennessee
Virginia
Washington
Wisconsin
West Virginia

APPALACHIAN TRAIL CONFERENCE

NOT OPEN TO PUBLIC INSPECTION

52-6046689

ANONYMOUS DONOR

\$ 85 000 00

BETTERMENT FUND

330 MADISON AVENUE RM 3500
NEW YORK NEW YORK 10017 5001

\$75 000 00

THE APPALACHIAN TRAIL CONFERENCE
 FORM 990 - ATTACHMENT TO STATEMENT 2
 GAIN (LOSS) FROM SALE OF OTHER ASSETS
 12/31/01
 52-6046689

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	<u>SALE PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>NET GAIN (LOSS)</u>
General Electric	02/09/01	02/12/01	DONATED	10,135 05	10,469 80	(334 75)
3 M Company	05/24/01	05/29/01	DONATED	1,259 75	1,317 25	(57 50)
IBM	06/08/01	06/08/01	DONATED	1,557 76	1,631 70	(73 94)
Coca Cola	08/23/01	08/23/01	DONATED	1,862 91	1,825 20	37 71
Huntington Bancshares	11/27/01	11/28/01	DONATED	8,012 21	8,082 50	(70 29)
Scientific Atlanctic	12/31/01	12/31/01	DONATED	618 40	665 28	(46 88)
Chevron/Texaco	12/20/01	12/20/01	DONATED	6,095 99	6,139 00	(43 01)
General Mills	12/19/01	12/20/01	DONATED	1,011 57	1,067 95	(56 38)
Colonial Bancgroup	12/05/01	12/05/01	DONATED	1,008 35	1,037 40	(29 05)
Intel	12/04/01	12/05/01	DONATED	1,647 22	1,618 50	28 72
Intel	12/04/01	12/05/01	DONATED	1,647 22	1,618 50	28 72
Eli Lilly	12/03/01	12/03/01	DONATED	366 02	416 20	(50 18)
Proctor & Gamble	12/05/01	12/06/01	DONATED	1,118 11	1,144 35	(26 24)
Proctor & Gamble	12/05/01	12/06/01	DONATED	1,118 11	1,144 35	(26 24)
BANC ONE	12/24/01	12/27/01	DONATED	455 46	506 00	(50 54)
Walmart	12/18/01	12/27/01	DONATED	11,546 31	11,152 00	394 31
				<u>49,460 44</u>	<u>49,835 98</u>	<u>(375 54)</u>

2001 Grants to Clubs

AMC - Berkshire Chapter c/o Rudy Yondorf, Treasurer	87 Cemetery Road New Lebanon, NY 12125	Bog bridng @ Pittsfield watershed	\$2,540 00
AMC - Conn Chapter c/o David Jenkins, Treasurer	65 Wilks Pond Road Berlin, CT 06037	Trailhead signboard @ Housatonic	\$590 00
Appalachian Mountain Club c/o Andrew Norfolk	P O Box 298 Gorham, NH 03581	Tent platforms @ Guyot, Outhouse @ Carlo Col	\$1,925 00
Dartmouth Outing Club c/o Kathy Doherty	P O Box 9 Hanover, NH 03755	Replace Moose Mt Shelter, purchase gnyhoist tools Purchase brushcutter/clearing saw	\$2,335 00
Green Mountain Club c/o Dave Hardy	4711 Waterbury-Stowe Road Waterbury Ctr, VT 05677	Materials for composting privies	\$3,190 00
Maune A T Club c/o Ruth Reeve, Treasurer	P O Box 1898 Windham, ME 04062-1898	Construct 5 moldering privies	\$1,500 00
Mountain Club of Maryland c/o Donald Lears, Treasurer	1128 Powder Road Sykesville, MD 21784	Composting privy @ Darlington Shelter, Tools for trail maintenance	\$2,250 00
Mt Rogers A T Club c/o Harold Croxton, Treasurer	830 Merion Circle Abingdon, VA 24211	Tool purchase	\$400 00
Natural Bridge A T Club c/o David Helms	145 Belmont Place Lynchburg, VA 24502	New outhouse @ Cornelius Creek Shelter, Purchase chainsaw	\$1,500 00
Philadelphia Trail Club c/o J Frederick Hepler	645 Bergey Mill Road Schwenksville, PA 19473	Tool purchase	\$301 00
Piedmont A T Hikers c/o Tony Roberts, Treasurer	1305 Valleymeade Road Greensboro, NC 27410	Build partition in USFS building for club tool storage	\$900 00
Potomac A T Club Roanoke A T Club	118 Park Street SE Vienna, VA 22180-4609	Trailhead signboards	\$1,500 00
c/o Stephanie Kent, Treasurer	1015 Peck Street NW Roanoke, VA 24017	Replace bridge stringers in Dismal Creek area, Purchase trail tools	\$975 00
Georgia A T Club c/o Ernest Loden, Treasurer	675 Melame Court Canton, GA 30115	Install food hoist system	\$1,000 00
Roger Moore Dept of Parks, Rec, & Tourism	P O Box 8004 Raleigh, NC 27695-8004	Horseback users survey	\$2,500 00
TOTAL			\$23,406 00

2001 Grants for Outreach

AMC - Gorham, NH c/o Allison Nelson	P O Box 298 Gorham, NH 03581	"Leave No Trace" signs in French	\$300 00
Green Mountain Club c/o GMC Business Manager	4711 Waterbury-Stowe Road Waterbury Ctr, VT 05677	"Leave No Trace" Training, Traveling Display	\$1,925 00
Mountain Club of Maryland c/o Donald Lears, Treasurer	1128 Powder Road Sykesville, MD 21784	Inner city outreach program	\$1,500 00
NY/NJ Trail Conference Susquehanna A T Club	156 Ramapo Valley Road Mahwah, NJ 07430	Training group leaders	\$400 00
c/o Clarence Fredlund, Treasurer	7901 Chambers Hill Road Harrisburg, PA 17111-5409	Boys and Girls club trips	\$1,500 00
Total			\$5,625 00

Total Grants to Clubs, Grants for Outreach, Program Grants

\$29,031 00

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print	Name of Exempt Organization APPALACHIAN TRAIL CONFERENCE	Employer identification number 52-6046689
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 807	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions HARPERS FERRY, WV 25425	

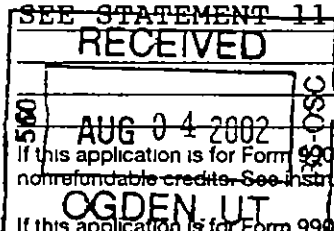
Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041 A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ if this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2002
- 5 For calendar year 2001, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____



- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Elaine M. Cain Title CPA Date 8/2/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension of time to be different than the one entered above

Type or print	Name YOUNT, HYDE & BARBOUR, P.C., ATTN: E. CAIN
	Number and street (include suite, room, or apt no.) Or a P O box number P.O. BOX 2560
	City or town, province or state, and country (including postal or ZIP code) WINCHESTER, VA 22604

