

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

# 2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**APPALACHIAN TRAIL CONSERVANCY**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 807**  
 City or town, state or country, and ZIP + 4  
**HARPERS FERRY, WV 25425**

**D Employer identification number**  
**52-6046689**

**E Telephone number**  
**304-535-6331**

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** **WWW.APPALACHIANTRAIL.ORG**

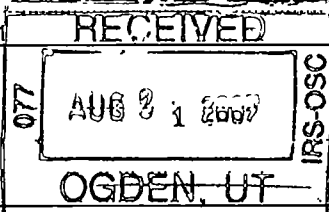
**J Organization type** (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **8,560,274.**

**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 **N/A**  
**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** Group Exemption Number **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Contributions to donor advised funds	<b>1a</b>	
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,643,749.</b>
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>8,562.</b>
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>1,652,989.</b>
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>3,257,154.</b> noncash \$ <b>48,146.</b> )	<b>1e</b>	<b>3,305,300.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>1,270,740.</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>177,920.</b>
	<b>6 a</b> Gross rents	<b>6a</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	<b>500.</b>
	<b>2,818,089.</b>	<b>8b</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	
	<b>2,683,403.</b>	<b>8c</b>	<b>500.</b>
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	<b>135,186.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>907,346.</b>	
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>496,618.</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	<b>410,728.</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>80,379.</b>	
<b>12 Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>5,380,253.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>4,417,934.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>698,309.</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>509,721.</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>5,625,964.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>&lt;245,711.&gt;</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>8,852,759.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>302,233.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>8,909,281.</b>	



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**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>183925</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	<b>183,925.</b>	<b>183,925.</b>		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 6</b>	<b>151,373.</b>	<b>102,751.</b>	<b>36,766.</b>	<b>11,856.</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>1,940,149.</b>	<b>1,583,683.</b>	<b>264,346.</b>	<b>92,120.</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>232,652.</b>	<b>164,996.</b>	<b>57,312.</b>	<b>10,344.</b>
<b>29</b> Payroll taxes	<b>156,181.</b>	<b>126,507.</b>	<b>21,865.</b>	<b>7,809.</b>
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	<b>266,860.</b>	<b>240,173.</b>	<b>2,669.</b>	<b>24,018.</b>
<b>34</b> Telephone	<b>53,528.</b>	<b>53,528.</b>		
<b>35</b> Postage and shipping	<b>557,139.</b>	<b>383,228.</b>	<b>10,468.</b>	<b>163,443.</b>
<b>36</b> Occupancy	<b>181,650.</b>	<b>179,035.</b>		<b>2,615.</b>
<b>37</b> Equipment rental and maintenance	<b>15,155.</b>	<b>15,155.</b>		
<b>38</b> Printing and publications	<b>402,132.</b>	<b>285,152.</b>	<b>1,595.</b>	<b>115,385.</b>
<b>39</b> Travel	<b>160,596.</b>	<b>126,094.</b>	<b>31,930.</b>	<b>2,572.</b>
<b>40</b> Conferences, conventions, and meetings	<b>50,278.</b>	<b>44,646.</b>	<b>5,547.</b>	<b>85.</b>
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>155,077.</b>	<b>155,077.</b>		
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <u>PERSONNEL DEVELOPMENT</u>	<b>25,300.</b>	<b>13,805.</b>	<b>7,179.</b>	<b>4,316.</b>
<b>b</b> <u>CONTRACTED SERVICES</u>	<b>822,380.</b>	<b>662,696.</b>	<b>93,189.</b>	<b>66,495.</b>
<b>c</b> <u>PROMOTIONAL</u>	<b>29,198.</b>	<b>26,128.</b>		<b>3,070.</b>
<b>d</b> <u>LICENSES AND FEES</u>	<b>83,785.</b>	<b>52,170.</b>	<b>26,022.</b>	<b>5,593.</b>
<b>e</b> <u>OTHER EXPENSES</u>	<b>146,453.</b>	<b>7,032.</b>	<b>139,421.</b>	
<b>f</b> <u>DIRECTORS &amp; OFFICERS</u>				
<b>g</b> <u>INSURANCE</u>	<b>12,153.</b>	<b>12,153.</b>		
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>5,625,964.</b>	<b>4,417,934.</b>	<b>698,309.</b>	<b>509,721.</b>

STATEMENT 7

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 8</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>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.)</p>	
<p><b>a</b> <u>SEE ATTACHMENT</u></p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p><b>4,417,934.</b></p>
<p><b>b</b></p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p><b>4,417,934.</b></p>

**Part IV Balance Sheets** (See the instructions)

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	<48,135.>	<62,550.>
	46 Savings and temporary cash investments	1,027,650.	876,126.
	47 a Accounts receivable	684,728.	
	b Less: allowance for doubtful accounts	4,807.	679,921.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable	25,000.	
	b Less: allowance for doubtful accounts		25,000.
	52 Inventories for sale or use	299,539.	273,256.
	53 Prepaid expenses and deferred charges	104,159.	66,429.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	b Investments - other securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,864,363.	5,287,174.
55 a Investments - land, buildings, and equipment basis	1,867,124.		
b Less: accumulated depreciation	1,867,124.	1,867,124.	
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,487,695.		
b Less: accumulated depreciation <b>STMT 9</b>	1,491,482.	996,213.	
58 Other assets, including program-related investments (describe <b>SECURITY DEPOSITS</b> )	4,916.	4,699.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	10,467,620.	10,013,392.	
Liabilities	60 Accounts payable and accrued expenses	457,521.	347,308.
	61 Grants payable		
	62 Deferred revenue	608,229.	227,963.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>ANNUITIES PAYABLE</b> )	549,111.	528,840.
66 <b>Total liabilities</b> . Add lines 60 through 65	1,614,861.	1,104,111.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,299,425.	1,840,437.
	68 Temporarily restricted	3,326,995.	3,687,318.
	69 Permanently restricted	3,226,339.	3,381,526.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	8,852,759.	8,909,281.
	74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	10,467,620.	10,013,392.





Part VI Other Information (continued)		Yes	No
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)		
	82b N/A		
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 on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter. 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. Enter. 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 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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
89b			
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 14</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	46
91 a	The books are in care of <u>CONTROLLER, APPALACHIAN TRAIL CONSERVANCY</u> Telephone no. <u>304-535-6331</u> Located at <u>P.O. BOX 807, HARPERS FERRY, WV</u> ZIP + 4 <u>25425</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ▶ N/A

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 the instructions)

**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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,270,740.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	177,920.	
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	135,186.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					410,728.
103 Other revenue:					
a <b>OTHER REVENUES</b>					80,379.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		313,106.	1,761,847.
105 Total (add line 104, columns (B), (D), and (E))					2,074,953.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

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 the instructions)

(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 the instructions.)

(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

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

**Please Sign Here**  
 Signature of officer: *Stephen J. Paradis*  
 Date: *14 August, 2007*  
 Type or print name and title: **STEPHEN J. PARADIS CHIEF OPERATING OFFICER**

**Paid Preparer's Use Only**  
 Preparer's signature: *Ganni M. Carl*  
 Date: *8/10/07*  
 Check if self-employed:   
 Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **YOUNT, HYDE & BARBOUR, P.C.  
 P.O. BOX 2560  
 WINCHESTER, VIRGINIA 22604-1760**  
 EIN:   
 Phone no.: **(540) 662-3417**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2006**

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 <b>APPALACHIAN TRAIL CONSERVANCY</b>	Employer identification number <b>52 6046689</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 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
<b>MARTIN BARTELS</b> P.O. BOX 807, HARPERS FERRY, WV 25425	DIR OF COMM & MKT 35.00	91,731.	12,077.	
<b>KAREN KINNEY</b> P.O. BOX 807, HARPERS FERRY, WV 25425	DIR OF MEMSHIP & DEV 35.00	89,766.	10,523.	
<b>RICHARD HAYS</b> P.O. BOX 807, HARPERS FERRY, WV 25425	CHIEF FINANCIAL OFF 35.00	86,466.	7,945.	
<b>MARI OMLAND</b> P.O. BOX 807, HARPERS FERRY, WV 25425	DIR OF CONSERVATION 35.00	83,169.	8,830.	
<b>ROBERT PROUDMAN</b> P.O. BOX 807, HARPERS FERRY, WV 25425	DIR OF CONSERV OPER 35.00	68,798.	7,964.	
Total number of other employees paid over \$50,000 ▶	7			

**Part II-A 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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	2	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>EU SERVICES</b> 649 NORTH HOMERS LANE, ROCKVILLE, MD 20850	PRINTING AND MAILING	340,789.
<b>LEWIS ADVERTISING</b> 325 EAST OLIVER STREET, BALTIMORE, MD 21202	PRINTING AND MAILING	184,384.
<b>L&amp;S PLUMBING &amp; EXCAVATING</b> ROUTE #1, BOX 2202, NEW CASTELE, VA 24127	DEMOLITION	148,000.
<b>UNITED LITHO, INC</b> 21800 BEAUMEADE CIRCLE, ASHBURN, VA 20147	PRINTING AND MAILING	105,877.
<b>BEMPORAD BARANOWSKI</b> 200 SOUTH PARK AVENUE, SUITE 1516, NEW YORK, NY 10007	LIST EXCHANGE	60,289.
Total number of other contractors receiving over \$50,000 for other services ▶	114764	

**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 <b>▶</b> \$ _____ \$ _____ (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)		
a	Sale, exchange, or leasing of property? <b>SEE STATEMENT 17</b>	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	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>SEE STATEMENT 16</b>	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement <b>HOLDS 37 EASEMENTS</b>	X	
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b>		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b>		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b>		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year <b>▶</b>		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,784,920.	3,829,210.	2,454,468.	1,721,202.	10,789,800.
16 Membership fees received	1,177,348.	1,235,467.	1,118,033.	1,167,934.	4,698,782.
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	973,344.	896,008.	908,663.	930,057.	3,708,072.
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	219,956.	115,450.	112,915.	114,307.	562,628.
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	54,377.	58,829.	61,694.	86,894.	261,794.
23 Total of lines 15 through 22	5,209,945.	6,134,964.	4,655,773.	4,020,394.	20,021,076.
24 Line 23 minus line 17	4,236,601.	5,238,956.	3,747,110.	3,090,337.	16,313,004.
25 Enter 1% of line 23	52,099.	61,350.	46,558.	40,204.	

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 2002 through 2005 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:

(2005)	0.	(2004)	0.	(2003)	0.	(2002)	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 11b, 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:	(2005)	0.	(2004)	0.	(2003)	0.	(2002)	0.
c Add: Amounts from column (e) for lines: 15 10,789,800. 16 4,698,782. 17 3,708,072. 20 _____ 21 _____	27c	19,196,654.						
d Add: Line 27a total 0. and line 27b total 0.	27d	0.						
e Public support (line 27c total minus line 27d total)	27e	19,196,654.						
f Total support for section 509(a)(2) test; Enter amount on line 23, column (e)	27f	20,021,076.						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	95.8822%						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	2.8102%						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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
	<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 13 of the instructions.)

**N/A**

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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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



2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDINGS & IMPROVEMENTS	VARIES		.000	16	1,393,427.			1,393,427.	491,248.		0.
2	FURNITURE AND EQUIPMENT	VARIES		.000	16	704,896.			704,896.	637,569.		0.
3	LAND	VARIES				20,000.			20,000.			0.
4	SOFTWARE	VARIES		.000	16	370,148.			370,148.	362,666.		0.
	* TOTAL 990 PAGE 2											
	DEPR					2,488,471.		0.	2,488,471.	1,491,483.	0.	0.

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	2,818,089.	2,683,403.	0.	134,686.
TO FORM 990, PART I, LINE 8	2,818,089.	2,683,403.	0.	134,686.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF FIXED ASSETS	VARIOUS	12/31/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	500.	0.	0.	0.	500.
TO FM 990, PART I, LN 8	500.	0.	0.	0.	500.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	907,346	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		907,346
4. COST OF GOODS SOLD (LINE 13) . . . . .	496,618	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		410,728

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	299,539	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	470,335	
11. ADD LINES 6 THROUGH 10 . . . . .		769,874
12. INVENTORY AT END OF YEAR . . . . .	273,256	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		496,618

FORM 990

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION

AMOUNT

470,335.

TOTAL INCLUDED ON FORM 990, PART I, LINE 10B

470,335.

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FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT      5

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DESCRIPTION	AMOUNT
ANNUITY ACTUARIAL ADJUSTMENT	<57,220.>
NET UNREALIZED GAINS ON INVESTMENTS	359,453.
TOTAL TO FORM 990, PART I, LINE 20	302,233.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHEN J PARADIS	18,462.	1,179.		19,641.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	18,462.	1,179.		19,641.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID STARTZELL	117,218.	14,514.		131,732.
A. PROGRAM SERVICES	91,430.	11,321.		102,751.
B. MANAGEMENT AND GENERAL	15,238.	1,887.		17,125.
C. FUNDRAISING	10,550.	1,306.		11,856.

TOTAL PROGRAM SERVICES				102,751.
TOTAL MANAGEMENT AND GENERAL				36,766.
TOTAL FUNDRAISING				11,856.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				151,373.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

VARIOUS  
VARIOUS CLUBS

183,925.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

183,925.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      8  
PART III

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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      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS & IMPROVEMENTS	1,393,427.	491,248.	902,179.
FURNITURE AND EQUIPMENT	704,896.	637,569.	67,327.
LAND	20,000.	0.	20,000.
SOFTWARE	370,148.	362,666.	7,482.
TOTAL TO FORM 990, PART IV, LN 57	2,488,471.	1,491,483.	996,988.

FORM 990

OTHER SECURITIES

STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	5,287,174.
CERTIFICATE OF DEPOSIT	FMV	0.
TO FORM 990, LINE 54B, COL B		5,287,174.

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FORM 990                      OTHER EXPENSES NOT INCLUDED ON FORM 990                      STATEMENT 11

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DESCRIPTION	AMOUNT
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, RPTD SEPARATELY ON FIN STMTS	496,619.
ANNUITY ACTUARIAL ADJUSTMENT	57,220.
TOTAL TO FORM 990, PART IV-B	553,839.

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FORM 990                      OTHER REVENUE INCLUDED ON FORM 990                      STATEMENT 12

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DESCRIPTION	AMOUNT
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, REPORTED SEPARATELY ON F/S	<496,619.>
TOTAL TO FORM 990, PART IV-A	<496,619.>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT		
BOB ALMAND P.O. BOX 807 HARPERS FERRY, WV 25425	VICE CHAIRMAN 1.00	0.	0.	0.	
GOODLOE E. BYRON, JR. P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
JIM DITZEL P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
ROBERT E. DURHAM P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
BRIAN T. FITZGERALD P.O. BOX 807 HARPERS FERRY, WV 25425	CHAIRMAN 1.00	0.	0.	0.	
KENNARD R. HONICK P.O. BOX 807 HARPERS FERRY, WV 25425	TREASURER 1.00	0.	0.	0.	
JEN HUNTER P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
DESTRY JARVIS P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
KEVIN METHENY P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	
ROGER L. MOORE P.O. BOX 807 HARPERS FERRY, WV 25425	SECRETARY 1.00	0.	0.	0.	
WILLIAM L. PLOUFFE P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.	

APPALACHIAN TRAIL CONSERVANCY

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ROBERT G. STANTON P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
HANNAH QUIMBY P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
STEPHEN J PARADIS P.O. BOX 807 HARPERS FERRY, WV 25425	CHIEF OPPERATIONS OFFICER 35.00	18,462.	1,179.	0.
DAVID STARTZELL P.O. BOX 807 HARPERS FERRY, WV 25425	EXECUTIVE DIRECTOR 35.00	117,218.	14,514.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>135,680.</u>	<u>15,693.</u>	<u>0.</u>

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 14

STATES

AL, AZ, CA, CT, FL, GA, IL, MA, MD, ME, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, WA, WI, WV, DC

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	MEMBERSHIP DUES ARE COLLECTED FROM MEMBERS AND ARE MAINLY CONTRIBUTIONS. THESE DUES SUPPORT THE CONSERVANCY OPERATIONS AND PROGRAMS.
102	SALE OF EDUCATIONAL MATERIALS TO MEMBERS AND OTHER PERSONS INTERESTED IN THE TRAIL TO FURTHER ENHANCE THE MAINTENANCE, PRESERVATION AND PROTECTION OF THE TRAIL.
103A	MISCELLANEOUS REVENUES ARE PROVIDED BY PROGRAM WORKSHOPS AND OTHER PROGRAM ACTIVITIES.

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 16  
PART III, LINE 3A

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THE APPALACHIAN TRAIL CONSERVANCY(ATC) MAKES CONTRACTS,OR ON RARE OCCASIONS, LOANS TO ONLY TWO CATEGORIES OF ORGANIZATIONS. THE FIRST ARE AFFILIATED ORGANIZATIONS OF VOLUNTEERS ENGAGED BY ASSIGNMENT, DELEGATION, OR OTHER FORMAL RELATIONSHIP IN THE MAINTENANCE OF THE APPALACHIAN NATIONAL SCENIC TRAIL AND/OR MANAGEMENT OF PUBLIC LANDS THROUGH WHICH THE TRAIL IS ROUTED (ACTIVITIES DIRECTLY PURSUING ATC'S OBJECTIVES AND PURPOSES.) THESE ORGANIZATIONS ARE MEMBERS UNDER ATC'S BYLAWS AND MAY RECEIVE CONTRACTS AND SPECIALIZED ATC INSTRUCTION TO PURCHASE TOOLS AND EQUIPMENT, BACKCOUNTRY SHELTER MATERIALS, AND SUCH PUBLIC-EDUCATION PROGRAMS AS RIDGERUNNERS (WHO PATROL HIGH-USE AREAS OF THE TRAIL TO ASSIST AND INFORM HIKERS OF WAYS TO BEST CARE FOR THESE PUBLIC RESOURCES). THE SECOND CATEGORY OF ORGANIZATIONS ARE ALLIED, LOCAL NATURAL-RESOURCE CONSERVATION ORGANIZATIONS THAT ASSIST ATC'S LAND-TRUST PROGRAM IN PRESERVING, CONSERVING OR MANAGING TRAIL LANDS OR ADJACENT LANDS FOR PUBLIC BENEFIT AND USE. NO CONTRACTS ARE MADE EXCEPT IN FURTHERANCE OF APPLACHIAN TRAIL CONSERVANCY PROGRAM OBJECTIVES AS DETERMINED, REVIEWED, AND APPROVED BY THE BOARD OF DIRECTORS. LOANS HAVE ONLY BEEN MADE TO AFFILIATED MAINTAINING-MEMBER ORGANIZATIONS TO COVER INITIAL COSTS OF HOSTING BIENNIAL GENERAL-MEMBERSHIP MEETINGS AND ARE GENERALLY REPAID IN THE YEAR OF THE MEETING.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 17

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RENTED APARTMENT AT KELLOGG CONSERVATION CENTER TO CHIEF OPERATIONS  
OFFICER

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
HOSTEL GROSS RECEIPTS	0.	0.	<200.>	51,023.
MISCELLANEOUS	54,377.	58,829.	61,894.	35,871.
TOTAL TO SCHEDULE A, LINE 22	54,377.	58,829.	61,694.	86,894.

## **APPALACHIAN TRAIL CONSERVANCY**

**52-6046689**

### **Form 990: Statement of Program Service Accomplishments**

#### Description of Program Service One

The Appalachian Trail Conservancy is a volunteer-based, nonprofit organization dedicated to the conservation, management and protection of the environmental and recreational qualities of the Appalachian National Scenic Trail. The organization serves a membership of about 36,080 individuals and families, approximately 45 companies, and 30 clubs and organizations. The organization manages more than 2,175 miles of trail and approximately 250,000 acres of public land in fourteen states.

ATC's activities generally fall into five program clusters that reflect its goals:

#### Protection of the Trail

Trail-protection programs focus on, first, acquiring the land needed to safeguard the A.T. footpath and viewpoints and then monitoring and responding to proposed developments of many kinds that could harm the Trail's setting and values. Most of the land (a buffer averaging 1,000 feet wide) is being acquired by the National Park Service, the USDA Forest Service, or agencies of the 14 eastern states through which the Trail passes. ATC, examines all the features important to the hiking experience and seeks to work with private partners and local governments to protect those features by purchase, easement or otherwise. Threats to the otherwise protected corridor can come, for example, from poorly planned development, communications and broadcast towers, highways, utilities' lines, or housing and recreational developments. Staff members, agency partners, and volunteers all have active roles in both land acquisition and minimizing the adverse effects of development.

#### Stewardship of the Trail

Trail-stewardship programs are where the sweat comes in and volunteers dominate. ATC coordinates this work and training for it, recruits extra paid and volunteer help, helps set policy parameters, and supplies tools and other resources. But, volunteers do most of the work on the ground, in the mountain woods, across the rural valleys. "Stewardship" means keeping the footpath clear of natural overgrowth and blow downs from storms; building or repairing shelters and small footbridges and privies at overnight sites and rock steps on especially steep grades; finding and then monitoring the health of rare, threatened, and even endangered species that live within the boundaries of the lands that protect the Trail; and marking and safeguarding those boundaries against incompatible uses of the land. It also means deploying ridge runners along high-use sections of the Trail, to help hikers and other visitors as necessary. In 2006, almost 5,528 volunteers contributed more than 195,733 hours of labor to the Trail.

#### Information and education

Information and education programs and services (again with a combination of paid and volunteer staff) run the gamut from freely answering questions about current Trail conditions and hikers' other questions, to writing, publishing, and distributing worldwide the official trail maps and guidebooks and other definitive Appalachian Trail publications. We also publish a general-interest bimonthly magazine for our members and other newsletters for segments of the membership. ATC operates a visitors/information center at its Harpers Ferry, W.Va., headquarters and its mid-Atlantic regional office in Boiling Springs, Pa., A hostel is operated at the ATC-owned Bears Den Trail Center on the Trail west of Bluemont, Va. It also provides outreach grants to its clubs and allied nonprofit organizations to encourage interest in, and knowledge of, the Trail among groups traditionally under-represented among the Trail's users. And, ATC maintains the archives of the Appalachian Trail project, open by appointment for use by scholars and writers.

### Membership services and development

Membership and development programs recruit and then serve an array of members—individual, club, and corporate—whose support provides the resources needed to undertake the Trail and visitors' programs. A wide array of giving opportunities allows members to donate according to their own means and assets on a one-time basis or throughout their lifetimes (and after, through "planned giving"). These programs include partnerships with dozens of corporations and several foundations for both special projects and general support, as well as a special ATC credit card through MBNA America.

### Administration

Administrative programs are primarily internal—maintaining computer networks within and among offices and accounting and secretarial functions. ATC is audited annually by an independent firm to ensure compliance, not only with accepted standards, but also with rules applying to federal contractors and all Internal Revenue Code Section 501(c)(3) nonprofit organizations.

In most years, the Conservancy spends about 39 percent of its budget on Trail management and protection, 31 percent on information and education, 8 percent on membership services, 8 percent on fund-raising, and 14 percent on administration.

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>APPALACHIAN TRAIL CONSERVANCY</b>	Employer identification number <b>52-6046689</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 807</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>HARPERS FERRY, WV 25425</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **CONTROLLER, APPALACHIAN TRAIL CONSE**

Telephone No. ► **304-535-6331** FAX No. ► \_\_\_\_\_

- 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 will cover

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year **2006** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> 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>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. 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	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.