

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 \$ <u>208,511.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	208,511.	208,511.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	413,015.	321,334.	54,870.	36,811.
26 Other salaries and wages	26	1,527,980.	1,188,798.	202,996.	136,186.
27 Pension plan contributions	27				
28 Other employee benefits	28	223,668.	117,490.	93,653.	12,525.
29 Payroll taxes	29	142,318.	110,726.	18,907.	12,685.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	139,827.	121,266.	16,045.	2,516.
34 Telephone	34	54,572.	51,401.	1,562.	1,609.
35 Postage and shipping	35	418,805.	289,065.	13,743.	115,997.
36 Occupancy	36	194,413.	183,116.	5,566.	5,731.
37 Equipment rental and maintenance	37	56,499.	53,216.	1,618.	1,665.
38 Printing and publications	38	267,039.	211,888.		55,151.
39 Travel	39	151,279.	111,229.	36,446.	3,604.
40 Conferences, conventions, and meetings	40	27,979.	26,402.	275.	1,302.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	167,365.	64,368.	94,394.	8,603.
43 Other expenses not covered above (itemize):					
a PERSONNEL DEVELOPMENT	43a	26,668.	12,436.	10,138.	4,094.
b CONTRACTED SERVICES	43b	739,734.	579,075.	129,174.	31,485.
c PROMOTIONAL	43c	13,782.	13,782.		
d LICENSES AND FEES	43d	90,643.	52,558.	34,063.	4,022.
e OTHER EXPENSES	43e	144,002.	54,951.	80,940.	8,111.
f DIRECTORS & OFFICERS	43f				
g INSURANCE	43g	6,000.	5,651.	172.	177.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,014,099.	3,777,263.	794,562.	442,274.

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

** SEE STATEMENT 5

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	<19,242.>	>45 <48,135.>
	46 Savings and temporary cash investments	1,029,807.	46 1,027,650.
	47 a Accounts receivable	47a 1,184,806.	
	b Less: allowance for doubtful accounts	47b 4,867.	47c 829,500.
	48 a Pledges receivable	48a	48c 1,179,939.
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 25,000.	
	b Less: allowance for doubtful accounts	51b	51c 25,000.
	52 Inventories for sale or use	292,563.	52 299,539.
	53 Prepaid expenses and deferred charges	95,151.	53 104,159.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,806,145.	54 4,864,363.
	55 a Investments - land, buildings, and equipment: basis	55a 1,867,124.	
	b Less: accumulated depreciation	55b	55c 3,294,472.
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 2,488,471.		
b Less: accumulated depreciation STMT 8	57b 1,345,406.	57c 1,222,851.	
58 Other assets (describe ► SECURITY DEPOSITS)	4,226.	58 4,916.	
59 Total assets (must equal line 74). Add lines 45 through 58	11,580,473.	59 10,467,620.	
Liabilities	60 Accounts payable and accrued expenses	927,193.	60 457,521.
	61 Grants payable		61
	62 Deferred revenue	109,579.	62 608,229.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	696,750.	64b
	65 Other liabilities (describe ► ANNUITIES PAYABLE)	569,005.	65 549,111.
66 Total liabilities. Add lines 60 through 65)	2,302,527.	66 1,614,861.	
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	3,110,442.	67 2,299,425.
	68 Temporarily restricted	3,168,135.	68 3,326,995.
	69 Permanently restricted	2,999,369.	69 3,226,339.
	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)	9,277,946.	73 8,852,759.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	11,580,473.	74 10,467,620.	

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? 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.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 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
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85 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.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		
89 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 STATEMENT 13
90 b	Number of employees employed in the pay period that includes March 12, 2005		49
91 a	The books are in care of CONTROLLER, APPALACHIAN TRAIL CONSERVANCY Telephone no. 304-535-6331 Located at P.O. BOX 807, HARPERS FERRY, WV ZIP + 4 25425		
91 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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A		X
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		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					1,177,348.
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities			14	219,956.	
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	649,176.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					372,213.
103 Other revenue:					
a OTHER REVENUES					79,246.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		869,132.	1,628,807.
105 Total (add line 104, columns (B), (D), and (E))					2,497,939.

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 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 14

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).

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 _____ Date _____ Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

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)

OMB No. 1545-0047

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

2005

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 CONSERVANCY	Employer identification number 52 6046689
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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 KING P.O. BOX 807, HARPERS FERRY, WV 25425	ADVOCACY MANAGER 35.00	63,000.	5,680.	
CHARLES SOMMERVILLE P.O. BOX 807, HARPERS FERRY, WV 25425	REGIONAL DIRECTOR 35.00	60,006.	9,770.	
KAREN LUTZ P.O. BOX 807, HARPERS FERRY, WV 25425	REGIONAL DIRECTOR 35.00	59,004.	7,401.	
JT HORN P.O. BOX 807, HARPERS FERRY, WV 25425	REGIONAL DIRECTOR 35.00	57,088.	7,365.	
ROBERT PROUDMAN P.O. BOX 807, HARPERS FERRY, WV 25425	DIR OF CONSERVATION 35.00	56,885.	7,268.	
Total number of other employees paid over \$50,000	2			

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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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
EU SERVICES 649 NORTH HOMERS LANE, ROCKVILLE, MD 20850	PRINTING AND MAILING	301,057.
BEMPORAD BARANOWSKI 200 SOUTH PARK AVENUE, SUITE 1516, NEW YORK, NY 10011	LIST EXCHANGE	114,603.
HBP, INC 952 FREDERICK STREET, HAGERSTOWN, MD 21740	PRINTING & GRAPHICS	82,123.
QUEBECOR WORLD 1290 REMINGTON BOULEVARD, BOLINGBROOK, IL 60490	PRINTING	64,687.
ENVIRONMENTAL RESTORATION 191 COURTDAL AVENUE, KINGSTON, PA 18704	DEMOLITION	57,450.
Total number of other contractors receiving over \$50,000 for other 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 ▶ \$ _____ \$ _____ (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?		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 Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,829,210.	2,454,468.	1,721,202.	2,520,669.	10,525,549.
16 Membership fees received	1,235,467.	1,118,033.	1,167,934.	1,185,711.	4,707,145.
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	896,008.	908,663.	930,057.	818,609.	3,553,337.
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	115,450.	112,915.	114,307.	117,027.	459,699.
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	58,829.	61,694.	SEE STATEMENT 16 86,894.	73,408.	280,825.
23 Total of lines 15 through 22	6,134,964.	4,655,773.	4,020,394.	4,715,424.	19,526,555.
24 Line 23 minus line 17	5,238,956.	3,747,110.	3,090,337.	3,896,815.	15,973,218.
25 Enter 1% of line 23	61,350.	46,558.	40,204.	47,154.	
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 2001 through 2004 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: (2004) 0. (2003) 0. (2002) 0. (2001) 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 10,525,549. 16 4,707,145. 17 3,553,337. 20 _____ 21 _____					27c 18,786,031.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 18,786,031.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 19,526,555.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.2076%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.3542%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.
NONE

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?	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	
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?	33h	
	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?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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	41	
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
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
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 11 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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0.

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

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

2005

Name of organization

Employer identification number

APPALACHIAN TRAIL CONSERVANCY

52-6046689

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 boxes 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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 2 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

APPALACHIAN TRAIL CONSERVANCY

52-6046689

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>114,904.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>99,431.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>114,529.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>56,658.</u>	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.)

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	Amount Of Depreciation
1	BUILDINGS & IMPROVEMENTS	VARIES		.000	16	1393427.			1393427.	437,006.		0.
2	FURNITURE AND EQUIPMENT	VARIES		.000	16	704,896.			704,896.	585,995.		0.
3	LAND	VARIES	SL			20,000.			20,000.			0.
4	SOFTWARE	VARIES		.000	16	370,148.			370,148.	322,405.		0.
	* TOTAL 990 PAGE 2 DEPR					2488471.		0.	2488471.	1345406.	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)
GAIN ON SALE OF SECURITIES	6,854,875.	6,184,054.	0.	670,821.
TO FORM 990, PART I, LINE 8	6,854,875.	6,184,054.	0.	670,821.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN ON SALE OF LAND	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,402,403.	1,424,048.	0.	0.	<21,645.>
TO FM 990, PART I, LN 8	1,402,403.	1,424,048.	0.	0.	<21,645.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
ANNUITY ACTUARIAL ADJUSTMENT		<26,210.>	
NET UNREALIZED GAINS ON INVESTMENTS		<667,737.>	
TOTAL TO FORM 990, PART I, LINE 20		<693,947.>	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD HAYS	80,000.	6,331.		86,331.
A. PROGRAM SERVICES	62,400.	4,938.		67,338.
B. MANAGEMENT AND GENERAL	10,400.	823.		11,223.
C. FUNDRAISING	7,200.	570.		7,770.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID STARTZELL	104,169.	12,343.		116,512.
A. PROGRAM SERVICES	81,252.	9,628.		90,880.
B. MANAGEMENT AND GENERAL	13,542.	1,605.		15,147.
C. FUNDRAISING	9,375.	1,110.		10,485.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KAREN KINNEY	90,000.	9,006.		99,006.
A. PROGRAM SERVICES	70,200.	7,025.		77,225.
B. MANAGEMENT AND GENERAL	11,700.	1,171.		12,871.
C. FUNDRAISING	8,100.	810.		8,910.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARI OMLAND	80,000.	6,331.		86,331.
A. PROGRAM SERVICES	62,400.	4,938.		67,338.
B. MANAGEMENT AND GENERAL	10,400.	823.		11,223.
C. FUNDRAISING	7,200.	570.		7,770.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARTIN BARTELS	58,846.	6,446.		65,292.
A. PROGRAM SERVICES	45,900.	5,028.		50,928.
B. MANAGEMENT AND GENERAL	7,650.	838.		8,488.
C. FUNDRAISING	5,296.	580.		5,876.

TOTAL PROGRAM SERVICES				353,709.
TOTAL MANAGEMENT AND GENERAL				58,952.
TOTAL FUNDRAISING				40,811.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>453,472.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED LISTING	SEE ATTACHED LISTING		NONE	208,511.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				208,511.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
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 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS & IMPROVEMENTS	1,393,427.	437,006.	956,421.
FURNITURE AND EQUIPMENT	704,896.	585,995.	118,901.
LAND	20,000.	0.	20,000.
SOFTWARE	370,148.	322,405.	47,743.
TOTAL TO FORM 990, PART IV, LN 57	<u>2,488,471.</u>	<u>1,345,406.</u>	<u>1,143,065.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 10
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, RPTD SEPARATELY ON FIN STMTS	601,131.
TOTAL TO FORM 990, PART IV-B	601,131.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION	AMOUNT	
FULFILLMENT COSTS INCLUDED IN REVENUE ON 990, REPORTED SEPARATELY ON F/S	<601,131.>	
TOTAL TO FORM 990, PART IV-A	<601,131.>	

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BOB ALMAND P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
BARNEY BRANNEN P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
GOODLOE E. BYRON, JR. P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
VICKI CLARK 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.

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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.
ROBERT G. STANTON P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
JOHN H. STOOKEY P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR 1.00	0.	0.	0.
RICHARD HAYS P.O. BOX 807 HARPERS FERRY, WV 25425	CFO 35.00	80,000.	6,331.	0.
DAVID STARTZELL P.O. BOX 807 HARPERS FERRY, WV 25425	EXECUTIVE DIRECTOR 35.00	104,169.	12,343.	0.
KAREN KINNEY P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR OF MEMBERSHIP 35.00	90,000.	9,006.	0.
MARI OMLAND P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR OF CONSERVATION 35.00	80,000.	6,331.	0.
MARTIN BARTELS P.O. BOX 807 HARPERS FERRY, WV 25425	DIRECTOR OF COMMUNICATIONS 35.00	58,846.	6,446.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>413,015.</u>	<u>40,457.</u>	<u>0.</u>

FORM 990

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

STATEMENT 13

STATES

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

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
PART III, LINE 3A

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.

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
HOSTEL GROSS RECEIPTS	0.	<200.>	51,023.	42,915.
MISCELLANEOUS	58,829.	61,894.	35,871.	30,493.
TOTAL TO SCHEDULE A, LINE 22	58,829.	61,694.	86,894.	73,408.