EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2023 calendar year, or tax year beginning and er	nding			
В с	heck if oplicable	C Name of organization		D Employer identific	cation number	
	Addres	APPALACHIAN TRAIL CONSERVANCY				
	Name change			52-604668	89	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone number	•	
]Final return/	P.O. BOX 807	304-535-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,376,265.	
	Ameno return	HARPERS FERRI, WV 25425		H(a) Is this a group re		
	Applic tion pendir	F Name and address of principal officer: SANDKA MAKKA		for subordinates	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	•	list. See instructions	
	Vebsit		1	H(c) Group exemption		
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1936 N	1 State of legal domicile: DC	
Га			TDAT	CMEMADDC DDC	MECHINC	
ě		Briefly describe the organization's mission or most significant activities: $\frac{PRINC}{PRINC}$			TECTING,	
au					-1-	
Governance				3	17	
Ğ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·· J	17	
<u>«</u>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	115	
Activities &		Total number of volunteers (estimate if necessary)		6	4730	
ξį		Tatal consists discussiones accompany from Deat VIII colores (C) line 10		7-	0.	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Ф	8	Contributions and grants (Part VIII, line 1h)		6,715,363.	8,884,081.	
ž	9	Program service revenue (Part VIII, line 2g)		4,547,426.	4,424,197.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		447,633.	1,019,093.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		253,537.	247,401.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,963,959.	14,574,772.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		499,679.	214,194.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,974,434.	6,414,346.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Σp	b	Total fundraising expenses (Part IX, column (D), line 25)		5,558,695.	4,968,762.	
_	.,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,032,808.	11,597,302.	
		Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)		-68,849.	2,977,470.	
-Se		Revenue less expenses. Subtract line 18 from line 12	Bed	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		28,283,816.	32,763,705.	
Ass Bal	21	Total liabilities (Part X, line 26)		9,327,537.	10,221,307.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		18,956,279.	22,542,398.	
Pa	rt II	Signature Block	•			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.		
		Signature of officer		Date		
Sigr						
Here SANDRA MARRA, PRESIDENT & CEO						
		Type or print name and title	1.5)ata I =	DTIN	
		Print/Type preparer's name Preparer's signature		Oate Check Check	PTIN	
Paid		JENNIFER R. FILES, CPA JENNIFER R. FILES	s, C0			
Prep		Firm's name YOUNT, HYDE & BARBOUR, P.C.		Firm's EIN 5	4-1149263	
Use	UNIY	Firm's address P.O. BOX 2560		Dk E 4	0_662_3/17	
	Ale - 17	WINCHESTER, VA 22604-1760		Phone no. 3 4	0-662-3417 X Yes No	
ıvlay	tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRINCIPAL STEWARDS PROTECTING, MANAGING, AND ADVOCATING FOR THE 2,200
	MILE ANST, PRIMARILY THROUGH THE MANAGEMENT, CONSERVATION, AND
	PROTECTION OF APPROX. 250,000 ACRES OF TRAIL LANDS AND COMPILATION AND
	DISSEMINATION OF INFORMATION FOR TRAIL VISITORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$7,999,620 . including grants of \$214,194 .) (Revenue \$4,677,003 .)
4a	
	THE APPALACHIAN TRAIL CONSERVANCY IS A VOLUNTEER-BASED, NON-PROFIT
	ORGANIZATION DEDICATED TO PROTECTING, MANAGING, AND ADVOCATING FOR THE
	NATURAL, SCENIC, HISTORICAL, AND CULTURAL RESOURCES ASSOCIATED WITH THE
	2,200 MILE ANST IN ORDER TO PROVIDE OUTDOOR RECREATION AND EDUCATIONAL
	OPPORTUNITIES FOR TRAIL VISITORS. THE ORGANIZATION SERVES AN ACTIVE
	MEMBERSHIP OF 30,389 AS WELL AS AN ESTIMATED 3 MILLION VISITORS
	ANNUALLY TO THE APPALACHIAN TRAIL. IT COORDINATES THE EFFORTS OF 30
	MEMBER CLUBS AND OVER 4,700 VOLUNTEERS.
4b	(Code:) (Expenses \$
	7) \
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,999,620.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 114		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form	1990 (2023) APPALACHIAN TRAIL CONSERVANCY 52-60	<u>46689</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 1		v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	
	Object if Oaks date Oassatsing a supersum state as a line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	84	162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X Form 990 (2023)

023) APPALACHIAN TRAIL CONSERVANCY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	115			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	Г			
	financial account in a foreign country (such as a bank account, securities account, or other financial account))?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		<u>X</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ	ization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	ovided to the payor?	7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	····	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	red	_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,	70		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	′	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899.		7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file Form 889:	Г	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,		
Ŭ	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Bid the second in a consideration makes a distribution to Consequence of the consequence of		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	I			
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	Ļ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	10		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
•					
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	1	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			21
	tion / it do to mining body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year		163	140
Iu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule 0	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	X
D	Other officers or key employees of the organization	15b		A
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , CT , DC , FL , GA	HI.	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
•	THE ORGANIZATION - 304-535-6331			
	P.O. BOX 807, HARPERS FERRY, WV 25425			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not cl	(C	ition		one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SANDRA MARRA	35.00	1							_	
PRESIDENT & CEO				Х				152,859.	0.	17,631.
(2) KEVIN METHENY	35.00	_				1		104 105		4- 0-0
VP OF REGIONAL & TRAIL OPE				•		X		134,136.	0.	15,850.
(3) LISA ZAID VP OF ADVANCEMENT	35.00				V	X		130,791.	0.	15,961.
(4) NICOLE PROROCK	35.00	1		7	_				•	
CHIEF FINANCIAL OFFICER		1 `		x				131,030.	0.	14,699.
(5) ANNE MERRILL	35.00							•		,
ASSOCIATE VP OF ADVANCEMENT	1,1					x		136,600.	0.	7,236.
(6) LAURA BELLEVILLE	35.00									
VP OF CONSERVATION & POLIC						Х		120,873.	0.	15,882.
(7) JAMES LATORRE	8.00									
CHAIR		Х		Х				0.	0.	0.
(8) NATHAN ROGERS	8.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) KATHERINE ROSS	8.00	l								
TREASURER		Х		Х				0.	0.	0.
(10) RAJINDER SINGH	8.00	ļ								•
SECRETARY	0.00	Х		Х				0.	0.	0.
(11) RENEE ALTON-MAISONET	8.00	.,							0	0
DIRECTOR (12) CRANE DAVIDE	0 00	Х						0.	0.	0.
(12) GRANT DAVIES DIRECTOR	8.00	-						0.	0.	0
(13) RITA HENNESSY	8.00	X						0.	0.	0.
DIRECTOR	8.00	Х						0.	0.	0.
(14) WILLIAM HOLMAN	8.00	^						· ·	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(15) NICOLE WOOTEN	8.00	71						•	•	
DIRECTOR	0.00	х						0.	0.	0.
(16) EBONI PRESTON-GODDARD	8.00							<u> </u>	<u> </u>	
STEWARDSHIP COUNCIL REPRESENTATING		Х		х				0.	0.	0.
(17) JOHN KNAPP, JR.	8.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2022)

332007 12-21-23

Form 990 (2023) APPALACH	IAN TRAI	L	CO	NS	ER	.VA	NC	Y	52-6046	689 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week	(do box		Posi heck i	ition	l than o s both	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ROGER KLEIN DIRECTOR	8.00	х						0.	0.	0.
(19) YONG LEE	8.00	Λ						0.	0.	<u> </u>
DIRECTOR	8.00	Х						0.	0.	0.
(20) GREG MERRITT	8.00									
DIRECTOR		х						0.	0.	0.
(21) JERI B. WARD	8.00									
DIRECTOR		Х						0.	0.	0.
(22) PATRICIA SHANNON	8.00							40	2	_
DIRECTOR		Х						0.	0.	0.
(23) GREGORY WINCHESTER DIRECTOR	8.00	х						0.	0.	0.
<u> </u>								5	0.	
							-			
						1		,		
1b Subtotal						0		806,289.	0.	87,259.
c Total from continuation sheets to Part VI	I, Section A				1			0.	0.	0.
d Total (add lines 1b and 1c)								806,289.	0.	87,259.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

Total number of individuals (including but not limited to those listed above) who received more than compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: Heport compensation for the calonidar year chang with or with	in the erganization e tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
ADVANTAGE TECHNOLOGY		
950 KANAWHA BLVD E, CHARLESTON, WV 25301	IT SERVICES	164,000.
ONE SOURCE PRODUCTION		
38590 BETTIS DRIVE, HAMILTON, VA 20158	MAILING SERVICES	123,227.
UPTOWN PRESS, INC.		
501 W 23RD STREET, BALTIMORE, MD 21211	MAILING SERVICES	116,219.
K2D STRATEGIES, 5800 9TH RD NORTH, SUITE		
100, ARLINGTON, VA 22205	CONSULTING SERVICES	102,330.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form 990 (2023)

6

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	4.	Endorsted compaigns 10					
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	000 011				
Sra Ton		Membership dues 1b	982,211.				
S, (Fundraising events 1c	19,883.				
E E	(Related organizations 1d					
is,	•	Government grants (contributions)					
iος	f	All other contributions, gifts, grants, and					
the sta		similar amounts not included above 1f	7,881,987.				
ΈĠ	ç	Noncash contributions included in lines 1a-1f	1,278,591.				
S S	ŀ	Total. Add lines 1a-1f		8,884,081.			
			Business Code				
•	2 8	CONTRACTUAL SERVICES	900099	4,360,732.	4,360,732.		
į į	2 4	MEMBERSHIP DUES	900099	63,465.	63,465.		
Program Service Revenue			300033	00,100.			
n S	(
a Be	(- (/)		
Š,	•				1		
₾	f	All other program service revenue					
\longrightarrow	9	Total. Add lines 2a-2f		4,424,197.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		286,650.			286,650.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a	_				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	= 0.55 = 4.5	() 55				
			()				
4	r.	Less: cost or other basis					
Ĭ.		and sales expenses 7b 6,633,302					
š		Gain or (loss) 732,443.		F20 442			E20 442
ther Revenue		Net gain or (loss)		732,443.			732,443.
þe	8 8	Gross income from fundraising events (not					
8		including \$of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	k	Less: direct expenses 8b	5,405.				
		Net income or (loss) from fundraising events		-5,405.			-5,405.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	· · · · · · · · · · · · · · · · · · ·	360,621.				
		and allowances	-				
		J	102,700.	107 025	107 025		
-+		Net income or (loss) from sales of inventory	D	197,835.	197,835.		
2		OWNED INCOME	Business Code	E4 084	F4 051		
e ec	11 a	OTHER INCOME	900099	54,971.	54,971.		
lan	k						
Miscellaneous Revenue	(
Ais	(All other revenue					
_	•	Total. Add lines 11a-11d		54,971.			
	12	Total revenue. See instructions		14,574,772.	4,677,003.	0.	1013688.

332009 12-21-23

Form 990 (2023) APPALACHIAN TRAIL CONSERVANCY Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	214,194.	214,194.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	216 210		216 210	
_	trustees, and key employees	316,219.		316,219.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,091,738.	4,035,389.	559,192.	497,157
7	Other salaries and wages	J,UJI,/30.	4,033,303.	233,134.	47/,13/
8	Pension plan accruals and contributions (include	237,225.	194,847	27,966.	1/ /12
^	section 401(k) and 403(b) employer contributions)	347,823.	273,604.	53,981.	14,412 20,238
9	Other employee benefits	421,341.	316,293.	66,081.	38,967
10 11	Payroll taxes	421,541.	310,233.	00,001.	30,301
	Fees for services (nonemployees):		100		
a b	Management		10		
	Legal Accounting				
	Lobbying		•		
e	Professional fundraising services. See Part IV, line 17	+, 4			
f	Investment management fees	145,090.		145,090.	
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A), amount, list line 11g expenses on Sch O.)	2,795,639.	1,830,718.	505,687.	459,234
12	Advertising and promotion	4,012.	4,012.	·	•
13	Office expenses	433,551.	126,179.	1,487.	305,885
14	Information technology				
15	Royalties				
16	Occupancy	432,748.	276,691.	151,332.	4,725
17	Travel	294,618.	260,230.	13,732.	20,656
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4-1-4	40.100	100	12 22
22	Depreciation, depletion, and amortization	154,561.	10,191.	101,082.	43,288
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	205 512	200 625	E0 888	2 201
a	SUPPLIES	385,713.	322,635.	59,777.	3,301
b	OTHER EXPENSES	187,678.	72,467.	3,813.	115,211
C	LICENSES AND FEES	111,653. 23,499.	43,174. 18,996.	2,791.	64,666 1,712
d	PERSONNEL DEVELOPMENT	43,499.	10,990.	4,/91.	1,/14
e	All other expenses Add lines 1 through 24s	11,597,302.	7,999,620.	2,008,230.	1,589,452
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	11,091,004.	1,799,040•	4,000,430.	1,309,434
26	, ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,383,832.	1	4,233,273.
	2	Savings and temporary cash investments			562,658.	2	1,686,552.
	3	Pledges and grants receivable, net			3	959,334.	
	4	Accounts receivable, net			8,709,404.	4	9,617,906.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	255,732.	8	234,225.		
ĕ	9	Donate Salar and the salar and			182,802.	9	183,621.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,279,890.			
	b	Less: accumulated depreciation	10b	2,506,439.	3,848,061.	10c	4,773,451.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	10,178,120.	12	10,854,613.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			163,207.	15	220,730.
	16	Total assets. Add lines 1 through 15 (must equa			28,283,816.	16	32,763,705.
	17	Accounts payable and accrued expenses			909,205.	17	521,583.
	18	Grants payable	F 000 460	18	0 044 505		
	19	Deferred revenue			7,999,462.	19	9,244,507.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		*			
ia;		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			418,870.	O.E.	455,217.
	26	of Schedule D			9,327,537.		10,221,307.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ok bor	X	7,321,331.	20	10,221,307
S		and complete lines 27, 28, 32, and 33.	ck nere	. 21			
Š	27				9,368,919.	27	10,535,260.
sala	28				9,587,360.	28	12,007,138.
P P	20	Organizations that do not follow FASB ASC 9			3,301,300	20	12,007,130.
Ē		and complete lines 29 through 33.	o, che	ck liefe			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
18S(31	Retained earnings, endowment, accumulated inc				31	
et /	32				18,956,279.	32	22,542,398.
Ž	33				28,283,816.	33	32,763,705.
	1 00					_ 55	Form 990 (2023)

Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1							
2	Total expenses (must equal Part IX, column (A), line 25)	2							
3	Revenue less expenses. Subtract line 2 from line 1	3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18						
5	Net unrealized gains (losses) on investments	5		60	7,7	04.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			945. S42,398. X Yes No				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	22	,54	2,3	98.			
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X				
				Form	990	(2023)			

332012 12-21-23

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

ADDATACUTAM MDATI COMCEDUAMOV

Employer identification number

		APPA	LACHIAN TRA	AIL CONSERVAN	1CY			5	2-6046689		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name	,	
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit	t describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)		0				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a la	nd-grant	college		
		or university or a non-land-g									
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts fron	n	
		activities related to its exen									
		income and unrelated busir									
		See section 509(a)(2). (Con									
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry	y out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section	509(a)(2).	See section 50)9(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 1	2g.			
а		Type I. A supporting orga	anization operated, si	upervised, or controlled I	by its supp	oorted org	anization(s), typ	ically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	oorted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in co	nnection w	vith its supporte	ed organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and a	ın attentiv	reness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	n the IRS	that it is a	Type I, Type II,	Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of m	•	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see inst	tructions)	support (see instruction	ons)	

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1 V		
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				7		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019	(6) 2020	(0) 2021	(u) 2022	(e) 2023	(i) Total
	Gross income from interest.						
				~ U			
	dividends, payments received on		+, (
	securities loans, rents, royalties,						
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		,				
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th	, ,				. , . ,	
800	organization, check this box and stor	here					<u></u>
	tion C. Computation of Publi					T I	
	Public support percentage for 2023 (li					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• •				
	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ublicly supported or	rganization		
		- 2022 If the org	anization did not	check a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
b	10% -facts-and-circumstances test	- 2022. If the org				,	
	10% -facts-and-circumstances test more, and if the organization meets the	-					
		ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5624583.	7928085.	6012249.	6715363.	8864198.	35144478.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3421411.	2279169.	3258247.	4883016.	4784818.	18626661.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge				160				
6	Total. Add lines 1 through 5	9045994.	10207254.	9270496.	11598379.	13649016.	53771139.		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6.)						53771139.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6	9045994.	10207254.	9270496.	11598379.	<u> 13649016.</u>	53771139.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	268,506.	242,043.	275,998.	259,864.	286,650.	1333061.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10.							
,	Add lines 10a and 10b	268,506.	242,043.	275 998.	259,864.	286 650.	1333061.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on)	242,043.	213,3300	233,004.	200,030.	1333001.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	192,475.	94,846.	69,070.	80,880.	54,971.			
	Total support. (Add lines 9, 10c, 11, and 12.)		10544143.		11939123.				
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,		
0-									
	ction C. Computation of Publi						06.70		
	Public support percentage for 2023 (li	, (,,	,	olumn (f))		15	96.72 %		
	Public support percentage from 2022					16	96.19 %		
	ction D. Computation of Inves			40! (*)	1	47	2 10 ~		
	Investment income percentage for 20					17	2.40 % 2.48 %		
	Investment income percentage from 2					18			
19a	33 1/3% support tests - 2023. If the						v		
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the								
_	line 18 is not more than 33 1/3%, che								
20	Private foundation If the organization			•		•			

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
ŀ	2		
	0-		
ŀ	3a		
	3b		
ı	- CL		
	3с		
Ī			
	4a		
	4b		
	_		
ŀ	4c		
	5a		
İ			
	5b		
	5с		
	_		
ŀ	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
_			

332024 12-21-23

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Caat	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			Γ
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

332025 12-21-23

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 APPALACHIAN TRAIL CONS	52-6046689 Page 6		
Pai		ing Organ	izations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		.01	
a	Average monthly value of securities	1a	10	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_	Income toy imposed in prior year			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	nization	gariizations. Go	ompiete Part III.			Employer i	dentification r	number
rtaine or orga		лт.аситам	TRAIL CONSE	TRWANCV			-604668	
Part I-A				der section 501(c)	or is a section 52			
2 Political	a description of the campaign activity e.	organization's o	direct and indirect politi	ical campaign activities	in Part IV.	\$		
Part I-B	Complete if the	ne organizat	tion is exempt und	der section 501(c)(3).			
	<u> </u>			nder section 4955		\$		
				gers under section 4955				
				0 for this year?			Yes	No
4a Was a c	orrection made?		•				Yes	No
	describe in Part IV.							
Part I-C				der section 501(c),				
				ection 527 exempt func		\$		
				other organizations for se				
exempt	function activities					\$		
				and on Form 1120-POL				
line 17b						\$		
							Yes	No
made pa contribu	ayments. For each o tions received that v	rganization liste	ed, enter the amount pa and directly delivered to	EIN) of all section 527 po aid from the filing organiz a separate political orga avide information in Part	zation's funds. Also en anization, such as a se	ter the amou	unt of political	
	(a) Name		(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ento	n's cont er -0 pr del	Amount of poributions received and direction of the comptly and direction of the companization of the companizatio	ved and rectly carate ation.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

		I INAID COM			JUHUUUJ Tage Z
Part II-A Complete if the organ section 501(h)).	nization is exe	mpt under section	on 501(c)(3) and file	d Form 5768 (el	ection under
	n helongs to an af	filiated group (and list	in Part IV each affiliated	group member's nam	ne address FIN
expenses, and share of	-	* ' '	III Fait IV each ainmateu	group member s nam	ie, address, Eliv,
B Check if the filing organizatio	, ,	. ,	vrovisiono annh		
	on Lobbying Expe	<u>.</u>	riovisions apply.	(a) Filing	(b) Affiliated group
(The term "expenditu			d.)	organization's totals	totals
1a Total lobbying expenditures to influer	ice public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influer	ice a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter t	he amount from th	e following table in bo	oth columns.		
If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxable a	mount is:		
not over \$500,000,	20% of	the amount on line 1	e.		
over \$500,000 but not over \$1,000,00	00, \$100,0	00 plus 15% of the ex	cess over \$500,000.		
over \$1,000,000 but not over \$1,500,	000, \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,000	over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000				
over \$17,000,000,		U			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-			*	
i Subtract line 1f from line 1c. If zero or	less, enter -0				
j If there is an amount other than zero	on either line 1h or	line 1i, did the organi	ization file Form 4720		
reporting section 4911 tax for this year	ar?				Yes No
	4-Year Av	eraging Period Unde	er Section 501(h)		
(Some organizations that			t have to complete all o lines 2a through 2f.)	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Y	ear Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	*	ن ک			
b Lobbying ceiling amount (150% of line 2a, column(e))	10)				
c Total lobbying expenditures	N.				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		10	,335.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		,
i Other activities?		Х		
j Total. Add lines 1c through 1i			10	,335.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?	V	Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
answered "Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2C		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
FORM 990, SCHEDULE C, PART II-B, LINE 1				
THE ODGINITATION IDVOCATES ON TASHES OF TARRESTED FOR		D O E E C	TT017 3	
THE ORGANIZATION ADVOCATES ON ISSUES OF IMPORTANCE FOR	C THE E	ROTEC	LION A	עע
WANTACOMONIO OD DUTE ADDALACUTANI DDATI. DDDDAL LANDO AN	in aitht	OTTATO T	NG T 3D	CT.
MANAGEMENT OF THE APPALACHIAN TRAIL, FEDERAL LANDS, AN	ID SURE	KOONDT	NG LAR	GE
INDUCADE MILE ADVICACY INCLUDES MEEMING WIMI BEDEDA	A ATTO	. OGAT .	er eome	Ъ
LANDSCAPE. THIS ADVOCACY INCLUDES MEETING WITH FEDERAL	ן מאשיי	JOCAL .	CLPCIF	<u> </u>
OFFICIALS AND ENGACING AND GROUPEDS SUDDODNEDS AND	T/∩T TTNT⊓	ים בים מ	TNT	
OFFICIALS AND ENGAGING ATC'S MEMBERS, SUPPORTERS, AND	ΛОПОИ.	LEEKS	T 1/I	
GRASSROOTS-STYLE ONLINE COMMUNICATION AND OCCASIONAL 1	M_DFDG	ירוג זאר):	;;∩C3\C∀	
STATES TO STILL ONLINE COMMONICATION AND OCCASIONAL I			le C (Form	

332043 11-06-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

APPALACHIAN TRAIL CONSERVANCY

Employer identification number 52-6046689

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
·	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
·	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		Q 4
	X Preservation of land for public use (for example, recreat	ion or education) X Preservation	of a historically important land area
	X Protection of natural habitat		of a certified historic structure
	X Preservation of open space		•
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 53
b			2b 3,083.00
С	Number of conservation easements on a certified historic stru	cture included on line 2a	2c 1
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		e organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located13	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	servation easements during the year
	60		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year
	10,196.		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial staten	nents that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcruss or C	they Cinciley Accets
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for public	, ,	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical trea		ai gain, provide
_	the following amounts required to be reported under FASB AS		Φ.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions	for Form 990	 Schedule D (Form 990) 2023
	i oi rapei work neudolion Act Notice, see tile ilistructions	101 1 01111 330.	30) 2023 (FULLI 330) 2023

collection items (check all that apply).

а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	exempt purpose in F	Part XIII.		
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?		Yes		No
Pai	t IV Escrow and Custodial Arran	gements Comple	te if the organizatior	n answered "Yes"	on Form 990, Part I	IV, line 9, or		
	reported an amount on Form 990, Pa		_					
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	s or other assets	not included			
	on Form 990, Part X?					Yes		□No
b	If "Yes," explain the arrangement in Part XIII							
						Amoun	t	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe				ability?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part X				
Pai								
		(a) Current year	(b) Prior year	(c) Two years bad	k (d) Three years b	ack (e) Four	years	back
1a	Beginning of year balance	9,522,947.	14,679,871,	13,084,66	4. 9,633,7	24. 9	,435,	253
b	Contributions	689,756.	132,992.	2,439,59	2,689,64	44. 1	,329,	077.
С	Net investment earnings, gains, and losses	1,198,231.	-1,850,184.	1,392,88	7. 1,420,6	56. 1	,543,	836
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	2,280,256.	3,439,732.	2,237,27	2. 659,30	60. 2	,674,	442
f	Administrative expenses							
g	End of year balance	9,130,678.	9,522,947.	14,679,87	1. 13,084,60	54. 9	,633,	724
2	Provide the estimated percentage of the curr	ent year end balance	line 1g, column (a)) held as:	•	•		
а	Board designated or quasi-endowment	49.7100	%	•				
b	Permanent endowment 43.8400	%	_					
С	Term endowment 6.4500							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered fo	or the			
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		Х
	(ii) Related organizations?					3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	t VI Land, Buildings, and Equipm	ent						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accumulated	(d) Boo	k valu	е
		basis (investn	nent) basis	(other)	depreciation			
1a	Land			5,296.		4,09		
	Buildings		1,11	9,731.	783,361.	33	6,3'	70.
	Leasehold improvements							
	Equipment			0,732.	579,688.	5:	1,0	44.
	Other		1,43	4,131. 1	.,143,390.		0,7	
	I. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))		4,77	3,4	51.
					Sche	dule D (Forn	n 990)	202

Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) STOCKS	7,578,008.	END-OF-YEAR MARKET	
(B) FIXED INCOME SECURITIES	3,276,605.	END-OF-YEAR MARKET	' VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	10,854,613.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)		O ₄	•
(2)		30	
(3)		1	
(4)			
(5)			
(6)		- 69	
(7)	•	0	
(8)		\overline{C}	
(9)			
)	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	+,67		
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	Td. Gee Form 550, Fart X, line 15.	(b) Book value
	ocscription		(b) Book value
(1)			
(2)	()		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			_
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			236,005

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	236,005.
(3)	LEASE LIABILITIES	236,005. 219,212.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	455,217.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

Par	t XI	Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	15,189,348.
2	Amoun	its included on line 1 but not on Form 990, Part VIII, line 12:				
а		realized gains (losses) on investments		607,704. 145,612.		
b		ed services and use of facilities		145,612.		
С		eries of prior year grants		0.45		
d	,	Describe in Part XIII.)	2d	945.	_	754 261
		es 2a through 2d			2e	754,261. 14,435,087.
3		ct line 2e from line 1			3	14,433,007.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	4a	145,090.		
a b		nent expenses not included on Form 990, Part VIII, line 7b		-5,405.		
		Describe in Part XIII.) es 4a and 4b			4c	139,685.
5		es 4a and 4b evenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	14,574,772.
	t XII	Reconciliation of Expenses per Audited Financial Sta	tements Witl	n Expenses per F	_	
		Complete if the organization answered "Yes" on Form 990, Part IV, line				
1		xpenses and losses per audited financial statements			1	11,603,229.
2		its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	145,612.		
b		ear adjustments				
С	Other I					
d	Other (Describe in Part XIII.)	2d	5,405.		
е	Add lin	es 2a through 2d		/	2e	151,017. 11,452,212.
3	Subtra	ct line 2e from line 1			3	11,452,212.
4	Amoun	its included on Form 990, Part IX, line 25, but not on line 1:				
а		nent expenses not included on Form 990, Part VIII, line 7b	4a	145,090.		
		Describe in Part XIII.)				1.45 000
		es 4a and 4b	/		4c	145,090.
5 Day	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information	<u>,)</u>		5	11,597,302.
			Double Constitution	and Obs. Dark V. Pass 4	. D t .	V. Para Or Brook VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part	X, line 2; Part XI,
iines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional infor	mation.		
PAF	יד ייי	I, LINE 9:				
		THE STATE OF THE S				
LAN	IDS F	HELD IN CONSERVANCY ARE RECORDED AT	COST OR.	IF DONATED	. A	T THE
			,		•	
EST	CAMI	TED FAIR MARKET VALUE OF THE LAND ON	THE DAT	E OF THE DO	NAT	ION.
BEC	CAUSE	E THE CONSERVANCY INTENDS TO HOLD TH	E LANDS	HELD IN CON	SER	VANCY
INI	EFI	NITELY, WRITE-DOWNS FOR PERMANENT IM	PAIRMENT	S IN THE VA	LUE	OF THE
LAN	IDS A	ARE NOT RECORDED.				
D. T.						
PAF	(.T. X.1	I, LINE 2D - OTHER ADJUSTMENTS:				
7. N.T.N.	штттх	Z ACMIIADTAI ADTIICMMENM				0.45
WINT	40 T.T.7	ACTUARIAL ADJUSTMENT				945.
PAF	EX TS	, LINE 4B - OTHER ADJUSTMENTS:				
FIIN	IDRAI	SING EXPENSES OFFSET AGAINST REVENU	E FOR 99	0		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

APPALAC	HIAN TRAIL CONSERVA	ANCY	52-6046	689
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Paragraph 	e Solicitat f Solicitat g Special r oral agreement with any individual	ion of non-government grion of government grants fundraising events	ors, trustees, or	s No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities (fundraisers) pursua			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross re		(vi) Amount paid to (or retained by) organization
		Yes No)	
		- CO-		
		9		
	110			
	10,			
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit c		notified it is exempt from re	gistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

52-6046689 Page 2 Schedule G (Form 990) 2023 APPALACHIAN TRAIL CONSERVANCY Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		or furidialsing event contributions and gro	333 Income on Form 330	LZ, IIIIC3 T AIIG OD. LIST C	vents with gross receipt	3 greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TRAIL DAYS			col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	19,883.			19,883.
	2	Less: Contributions	19,883.			19,883.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
m		Noncash prizes				
Direct Expenses	6	Rent/facility costs			0.	
rect E	7	Food and beverages			40	
		Entertainment				
		Other direct expenses)	5,405.
	ı	Direct expense summary. Add lines 4 through		~2		5,405.
	11	Net income summary. Subtract line 10 from li	. ,			-5,405.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				Γ
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		(c): (a) through col. (c)
Be	 	Gross revenue	()			
	Ė	Gross revenue				
m	2	Cash prizes				
nse		•				
xbe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs)			
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Not consider the constant of the contract of t	form the decree (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
b) If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 APPALACHIAN TRAIL CONSERVANCY 52	-0040005	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	. 13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	News		
	Name		
	Address		
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
IJā	boes the digalization have a contract with a tillid party from whom the digalization receives garning revenue:		140
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Saming manager mormation.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L	∟ No
b	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization APPALACHIA	AN TRAIL	CONSERVANCY					Employer identification number 52-6046689
Part I General Information on Grants ar							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro-	tance?						
Part II Grants and Other Assistance to Descripient that received more than \$	_				anization answered "\	es" on Form 990, Part	IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GATC, DOUG HAAS 225 WEATHERWOOD CIR ALPHARETTA, GA 30004	58-6134664	501(C)3	55,726.	, O _{0.}			GA TAG GRANT FUNDS
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)3	84\509.	0.			GRASSY BALD MANAGEMENT, FERAL HOG EDUCATION/CONTROL AND RESTORATION ON ROAN
AMC - BUSINESS OFFICE 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)3	9,782.	0.			NE PA RIDGERUNNER AND FUNDS FOR BEAR BOXES
POTOMAC APPAL. TRAIL CLUB 118 PARK STREET, S.E. VIENNA, VA 22180-4609	53-0187508	501(0)3	31,631.	0.			VA, MD AND MICHAUX RIDGERUNNER POSITIONS.
CAROLINA MOUNTAIN CLUB PO BOX 68 ASHEVILLE, NC 28802	23-7252537	501(C)3	11,811.	0.			WALNUT MTN ABATEMENT AND RELOCATION AND HOT SPRINGS KIOSK
TENNESSEE EASTMAN HIKING CLUB 522 WAKEFIELD CT KINGSPORT, TN 37663-3427	62-1539359		7,010.	0.			ROCK DRILL BITS, BOG BRIDGES, PEAK FINDERS, GRAFFITI BOARD AND PICNIC TABLE REPLACEMENTS, 7.

3 Enter total number of other organizations listed in the line 1 table
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	er Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NTAHALA HIKING CLUB							
3 CARL SLAGLE RD							A.T. PROMOTION AND NHO
ANKLIN, NC 28734	58-1664572	501(C)3	8,918.	0.			OUTREACH
,					0.		
					10		
				C			
				70,			
			• C				
			O),				
		oli	Ú				

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	·				
				40	
			G		
			10		
		• • •	5		
Part IV Supplemental Information. Provide the information rec	I quired in Part I, lin	e 2; Part III, column	l n (b); and any other ac	 ditional information.	
PART I, LINE 2:		U			
THE APPALACHIAN TRAIL CONSERVANCY	(ATC) MAK	ES GRANTS	TO ONLY TW	O CATEGORIES	
OF ORGANIZATIONS. THE FIRST ARE	. 17				
ENGAGED BY ASSIGNMENT, DELEGATION,	OR OTHER	FORMAL RI	ELATIONSHIP	IN THE	
MAINTENANCE OF THE APPALACHIAN NAT	IONAL SCE	NIC TRAIL	AND/OR MAN	AGEMENT OF	
PUBLIC LANDS THROUGH WHICH THE TRA	IL IS ROU	TED (ACTIV	VITIES DIRE	CTLY	
PURSUING ATC'S OBJECTIVES AND PURP	OSES.) TH	ESE ORGANI	IZATIONS AR	E MEMBERS	
UNDER ATC'S BYLAWS AND MAY RECEIVE					
FROM THE ATC TO PURCHASE TOOLS, EQ	OT LWENT, Y	ND BACKCO	JUNTY SHELT	EK	

52-6046689 Page 2 APPALACHIAN TRAIL CONSERVANCY Schedule I (Form 990) Part IV | Supplemental Information MATERIALS. THEY MAY ALSO PROVIDE PUBLIC-EDUCATION PROGRAMS USING 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 IN PRESERVING, CONSERVING OR MANAGING TRAIL LANDS OR ADJACENT LANDS FOR PUBLIC BENEFIT AND USE. NO GRANTS ARE MADE EXCEPT IN FURTHERANCE OF APPALACHIAN TRAIL CONSERVANCY PROGRAM OBJECTIVES AS DETERMINED, REVIEWED, AND APPROVED BY THE BOARD OF DIRECTORS THROUGH THE YEARLY BUDGET PROCESS. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT SOUTHERN APPALACHIAN HIGHLANDS CONSERVANC (H) PURPOSE OF GRANT OR ASSISTANCE: GRASSY BALD MANAGEMENT, FERAL HOG EDUCATION/CONTROL AND RESTORATION ON ROAN HIGHLANDS NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE EASTMAN HIKING CLUB (H) PURPOSE OF GRANT OR ASSISTANCE: ROCK DRILL BITS, BOG BRIDGES, PEAK FINDERS, GRAFFITI BOARD AND PICNIC TABLE REPLACEMENTS, CONTRACT MOWING

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

APPALACHIAN TRAIL CONSERVANCY

Employer identification number 52-6046689

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			l
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		┝┻┈
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	0 1 504/ V0) 504/ V4) 1504/ V00) 1 1 5 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Ea		Х
a	The organization? Any related organization?	5a 5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а		6a		х
	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		_ <u>-</u>
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SANDRA MARRA	(i)	152,859.	0.	0.	10,319.	7,312.	170,490.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)				5			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)			+.65				
	(ii)							
	(i)							
	(ii)							
	(i)			_				
	(ii)		•••					
	(i)		110					
	(ii)	•						
	(i)	•						
	(ii)							
	(i)	\rightarrow)					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
.40
. ~~
· 60°
110

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Ope Ir

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

APPALACHIAN TRAIL CONSERVANCY 52-6046689 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 1,250,000. FAIR MARKET VALUE Х Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 40 18,177. FAIR MARKET VALUE 25 Other TRAVEL INVENTORY 9 10,413. FAIR MARKET VALUE Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

Schedule M (Form 990) 2023

32a

Х

b If "Yes," describe in Part II.

describe in Part II

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

APPALACHIAN TRAIL CONSERVANCY

Employer identification number 52-6046689

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(APPALACHIAN NATIONAL SCENIC TRAIL)

FORM 990, PART VI, SECTION A, LINE 4:

THE ATC BYLAWS WERE AMENDED DURING 2023. THE CHAIR OF THE STEWARDSHIP COUNCIL IS NO LONGER SELECTED FROM THE MEMBERS OF THE BOARD BUT RATHER BOARD APPOINTS A MEMBER TO THE STEWARDSHIP COUNCIL AS REPRESENTATIVE OF THE BOARD. THE REVISED BYLAWS ALSO INCLUDED CHANGES TO THE BOARD NOMINATION PROCESS AS FOLLOWS: ADDITIONAL INDIVIDUAL NOMINATIONS MAY BE MADE, NINETY (90) DAYS PRIOR TO THE ANNIVERSARY DATE THE PRIOR YEAR'S REGULAR OF BY A WRITTEN PETITION INCLUDING A) WRITTEN SIGNATURES OF AT LEAST ONE THOUSAND FIVE HUNDRED VOTING (1,500)MEMBERS OF THE CONSERVANCY, THE NAME AND ADDRESS OF EACH SUCH VOTING MEMBER INTENDING TO SUPPORT THE (C) THE NAME AND ADDRESS OF THE PERSON PROPOSED TO BE LETTER OF INTENT FROM EACH NOMINEE DESCRIBING THE AND(D) Α NOMINATED, TO THE MISSION OF THE ATC, NOMINEE'S COMMITMENT THE WAYS BY WHICH THE THE MISSION OF THE ATC, NOMINEE CAN ADVANCE RELEVANT EXPERIENCE AND AND A RESUME OR CURRICULUM VITAE. OUALIFICATIONS A ANY SUCH INDIVIDUAL NOMINEE MUST PROVIDE WITHIN FIVE (5) BUSINESS DAYS OF THE ATC'S REQUEST AN EXECUTED AGREEMENT TO BE BOUND BY THE ATC'S STANDARD FORMS OF AGREEMENTS INCLUDING (I) CONFLICT OF INTEREST POLICY, ROLE DESCRIPTION, AND (III) ALL OTHER ATC POLICIES AND GUIDELINES APPLICABLE TO DIRECTORS. LASTLY, ARTICLE 14. INDEMNIFICATION AND INSURANCE WAS ADDED TO THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

APPALACHIAN TRAIL CONSERVANCY

Employer identification number 52-6046689

THE ORGANIZATION HAS OVER 30,300 SUBSCRIBED MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

APPROXIMATELY ONE THIRD OF THE BOARD OF DIRECTORS POSITIONS COME OPEN EACH
YEAR. AT THE ANNUAL MEMBERSHIP MEETING, MEMBERS VOTE ON THE OPEN POSITIONS
AND ELECT THESE BOARD DIRECTORS TO THREE-YEAR TERMS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE IN DETAIL BEFORE IT WAS SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AUDIT COMMITTEE IS RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE
OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM

NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2023 Page **2**

PROGRAM SERVICE EXPENSES ANAGEMENT AND GENERAL EXPENSES UNDRAISING EXPENSES OTAL EXPENSES OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ANNUITY ACTUARIAL ADJUSTMENT ORM 990, PART XII, LINE 2C: CHE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	Name of the organization APPALACHIAN TRAIL CONSERVANCY	Employer identification number 52-6046689
ANAGEMENT AND GENERAL EXPENSES CUNDRAISING EXPENSES COTAL EXPENSES COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NUMBER OF AN ACTUARIAL ADJUSTMENT CORM 990, PART XII, LINE 2C: CHE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	CONTRACT SERVICES:	
COTAL EXPENSES COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NNUITY ACTUARIAL ADJUSTMENT CORM 990, PART XII, LINE 2C: CHE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	PROGRAM SERVICE EXPENSES	1,830,718.
COTAL EXPENSES 2,795,639 COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,795,639 CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NNUITY ACTUARIAL ADJUSTMENT 945 CORM 990, PART XII, LINE 2C: CHE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	MANAGEMENT AND GENERAL EXPENSES	505,687.
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,795,639 CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NNUITY ACTUARIAL ADJUSTMENT 945 CORM 990, PART XII, LINE 2C: CHE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	FUNDRAISING EXPENSES	459,234.
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NNUITY ACTUARIAL ADJUSTMENT ORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	TOTAL EXPENSES	2,795,639.
ORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,795,639.
ORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
THE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT	ANNUITY ACTUARIAL ADJUSTMENT	945.
	FORM 990, PART XII, LINE 2C:	
AS NOT CHANGED FROM THE PRIOR YEAR.	THE AUDIT OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT	r accountant
QUDIC CONTRACTOR OF THE CONTRA	HAS NOT CHANGED FROM THE PRIOR YEAR.	