

**Return of Organization Exempt From Income Tax**

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

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

**A For the 2011 calendar year, or tax year beginning and ending**

|   |  |   |  |
|---|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>Appalachian Mountain Club</b>          |   | <b>D Employer identification number</b><br><b>04-6001677</b>   |
|   | Doing Business As  |   | <b>E Telephone number</b><br><b>(617) 523-0636</b>   |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite  | <b>G Gross receipts \$</b> <b>30,408,858.</b>  |
|   | <b>5 Joy Street</b>  |   | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or country, and ZIP + 4<br><b>Boston, MA 02108</b>  |  | <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>F Name and address of principal officer: Bruce Glabe</b><br><b>5 Joy Street, Boston, MA 02108</b>  |  | If "No," attach a list. (see instructions)  |  |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |  |
| <b>J Website:</b> ▶ <b>www.outdoors.org</b>   |  | <b>H(c) Group exemption number</b> ▶  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L Year of formation:</b> <b>1876</b> <b>M State of legal domicile:</b> <b>MA</b>               |  |

**Part I Summary**

|  |   |   |                             |
|--|---|---|-----------------------------|
| <b>Activities &amp; Governance</b>                               | 1 Briefly describe the organization's mission or most significant activities: <u>Refer to Schedule O, Page 35</u>                         |   |                             |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |                             |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3 24                                      |                             |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4 23                                      |                             |
|  | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)  | 5 646                                     |                             |
|  | 6 Total number of volunteers (estimate if necessary)  | 6 16000                                   |                             |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a 181,405.                               |                             |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0.   |   |                             |
| <b>Revenue</b>   | 8 Contributions and grants (Part VIII, line 1h)   | 7,641,870.                                | 11,013,273.                 |
|  | 9 Program service revenue (Part VIII, line 2g)  | 11,377,916.                               | 11,708,714.                 |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 2,505,471.                                | 2,094,941.                  |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 673,084.                                  | 4,724,606.                  |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 22,198,341.                               | 29,541,534.                 |
| <b>Expenses</b>  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.  | 0.                          |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | 0.  | 0.                          |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 10,032,545.                               | 11,034,781.                 |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 79,362.                                   | 65,543.                     |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,231,256.</b>   |   |                             |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 8,652,316.                                | 9,081,244.                  |
|  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 18,764,223.                               | 20,181,568.                 |
| 19 Revenue less expenses. Subtract line 18 from line 12          | 3,434,118.  | 9,359,966.                                |                             |
| <b>Net Assets or Fund Balances</b>                               | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br>117,706,201. | End of Year<br>122,365,873. |
|  | 21 Total liabilities (Part X, line 26)  | 20,125,381.                               | 17,367,007.                 |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 97,580,820.                               | 104,998,866.                |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                                 |   |  |   |   |                          |
|---------------------------------|---|--|---|---|--------------------------|
| <b>Sign Here</b>                | Signature of officer<br>                                | Date   |   |   |                          |
|                                 | <b>Bruce Glabe, CFO</b><br>Type or print name and title |  |   |   |                          |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>James J. DeLuca</b>    | Preparer's signature<br><b>James J. DeLuca</b> | Date<br><b>11/07/12</b>   | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00343711</b> |
|                                 | Firm's name ▶ <b>Tonneson &amp; Company CPAs PC</b>     | Firm's EIN ▶ <b>04-2943536</b>                 | Firm's address ▶ <b>401 Edgewater Place, Suite 300<br/>Wakefield, MA 01880-6208</b> |   |                          |
| Phone no. <b>(781) 245-9999</b> |   |  |   |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|   |   |  |
|---|---|--|
| Type or print<br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer; see Instructions<br><b>Appalachian Mountain Club</b>                    | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>04-6001677</b> |
|   | Number, street, and room or suite no. If a P.O. box, see Instructions.<br><b>5 Joy Street</b>                       | Social security number (SSN)<br><input type="checkbox"/>   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see Instructions.<br><b>Boston, MA 02108</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

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

**Charles W. Johnston Jr.**

- The books are in the care of  **5 Joy Street - Boston, MA 02108**  
Telephone No.  **(617) 391-6624** FAX No.  **(617) 523-0722**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15, 2012.**
- For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**Additional time is required to gather information to prepare an accurate and complete return.**

|    |   |    |    |    |
|----|---|----|----|----|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.  | 8a | \$ | 0. |
| b  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c  | Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.   | 8c | \$ | 0. |

**Signature and Verification must be completed for Part II only.**

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

Signature  **James J. D'Amico** Title  **CPA** Date  **8/9/12**

**TONNESON & COMPANY CPAS PC 04-2943636**  
**401 EDGEWATER PLACE, STE 300, WAKEFIELD, MA 01880**

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

|  |   |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>Appalachian Mountain Club</b>                   | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>04-6001677</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>5 Joy Street</b>                       | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Boston, MA 02108</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**Charles W. Johnston Jr.**

- The books are in the care of ▶ **5 Joy Street - Boston, MA 02108**  
 Telephone No. ▶ **(617) 391-6624** FAX No. ▶ **(617) 523-0722**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |    |       |
|---|----|-------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c | \$ 0. |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2012)

128841  
01-04-12

James J. Deluca, CPA

7/30/12

TONNESON & COMPANY CPAS PO 04-2943636  
401 EDGEWATER PLACE, STE 300, WAKEFIELD, MA 01880

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: Refer to Schedule O, Page 41

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 8,083,410. including grants of \$ 0. ) (Revenue \$ 7,665,371. ) Outdoor Program Centers - The AMC manages more than 40 outdoor program centers and backcountry facilities, including lodges, mountain huts, full-service camps, cabins, shelters and campgrounds. These AMC facilities serve as a base for 4-season recreational activities, nature and environmental education courses, programs, scientific research and other conservation-related activities. Visitors and overnight guests enjoy a broad range of walk-on programs, guided naturalist activities, outdoor recreational safety and skill building workshops, and backcountry activities to choose from. AMC facilities are managed to reduce environmental impact by providing environmentally sensitive septic systems, composting, public drinking water, and overnight \*Refer to Schedule O, Page 35 for Continuation\*

4b (Code: ) (Expenses \$ 2,033,752. including grants of \$ 0. ) (Revenue \$ 339,642. ) Membership - AMC members provide the grassroots network through which the AMC delivers its programming on a local level throughout our 11 state region. The more than 100,000 members, advocates and supporters of the AMC provide a base of volunteers for trail projects, local clean-up and conservation projects, outdoor how-to and safety instruction. These members and volunteers organize and lead thousands of recreational outings, and provide the local governance structure for 12 local AMC chapters. Member dues and participation in the above mentioned activities provide a critical base of support for carrying out the AMC mission.

4c (Code: ) (Expenses \$ 1,529,725. including grants of \$ 0. ) (Revenue \$ 839,638. ) Conservation Research and Policy - The AMC actively promotes the protection, enjoyment and understanding of the mountains, forests, waters and trails of the Appalachian region including critical areas of the four-state Northern Forest, the Mid-Atlantic Highlands of PA, NJ, NY, and CT, and Maine's 100-Mile Wilderness region. The AMC's Research and Policy Program conducts analyses of natural ecosystems to guide its efforts to protect these areas. This includes studying changes in land cover and land use and the impact on ecological and recreational resources; monitoring air quality and climate change impacts on Northeastern mountain ecosystems; analyzing in-stream flow criteria and hydroelectric dam operation impacts on river ecosystems and \*Refer to Schedule O, Pages 35-36 for Continuation\*

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,265,352. including grants of \$ ) (Revenue \$ 2,864,063.)

4e Total program service expenses 16,912,239.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> 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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....  | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 24<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 23   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....   | 2   | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....  | 3   | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  | 4   | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....  | 5   | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....  | 6   | X  |
| <b>7a</b> | 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>b</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  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body? .....   | 8a  | X  |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? .....   | 8b  | X  |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....  | 9   | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? .....   | 10a | X  |
| <b>b</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 | X  |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | 11a | X  |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | 12a | X  |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | 12b | X  |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | 12c | X  |
| <b>13</b>  | Did the organization have a written whistleblower policy? .....  | 13  | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? .....   | 14  | X  |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official .....   | 15a | X  |
| <b>b</b>   | Other officers or key employees of the organization .....  | 15b | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  | 16a | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | 16b |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT, ME, MD, MA, NH, NJ, NY, PA, RI, VA, VT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  
**Charles W. Johnston Jr. - (617)391-6624**  
**5 Joy Sreet, Boston, MA 02108**



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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Laurie Gabriel<br>Chair            | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Elizabeth Ehrenfeld<br>Vice Chair  | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Birgitta Dickerson<br>Secretary    | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Wayne Thornbrough<br>Treasurer     | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) Willy Ashbrook<br>Director         | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Mike Barry<br>Director             | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Henry Bell<br>Director             | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Ellen Blais<br>Director            | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Dinah Buechner-Vischer<br>Director | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Delia Clark<br>Director           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) John Dolloff<br>Director          | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Rol Fessenden<br>Director         | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Dale Geslien<br>Director          | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) Sam Jamke<br>Director             | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) Ann Lesk<br>Director              | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) Kathleen McCarragher<br>Director  | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) Troy Murray<br>Director           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (18) Nelson Obus<br>Director                                   | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (19) Jim Ozanne<br>Director                                    | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (20) Chris Rapacki<br>Director                                 | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (21) Henry Schreiber<br>Director                               | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (22) Ernest Smith<br>Director                                  | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (23) David Warren<br>Director                                  | 2.00   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (24) Andrew Falender<br>President                              | 35.00  | X   |                       | X       | X            |                              | 272,110.   | 0.   | 36,631.   |   |
| (25) Bruce Glabe<br>Chief Financial Officer                    | 35.00  |   |                       | X       | X            |                              | 153,195.   | 0.   | 9,108.  |   |
| (26) Walter Graff<br>Senior Vice President                     | 35.00  |   |                       | X       |              |                              | 162,474.   | 0.   | 22,708.   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 587,779.   | 0.   | 68,447.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 464,777.   | 0.   | 57,008.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 1,052,556. | 0.   | 125,455.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| 4 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 | X   |    |
| 5 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                       |     | X  |

**Section B. Independent Contractors**

1 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.

| (A)<br>Name and business address                                    | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| Scott Appaneal Construction<br>P.O. Box 127, Greenville, ME 04441   | Construction                   | 562,626.            |
| JBI Helicopter Services<br>720 Clough Mill Road, Pembroke, NH 03275 | High Mtn Airlift               | 198,927.            |
| RAM Land Development Co., LLC<br>P.O. Box 235, Rockwood, ME 04478   | Excavation Services            | 109,459.            |
| Belardi/Ostroy, 16 West 22nd Street, 11th Floor, New York, NY 10010 | Marketing                      | 106,617.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

See Part VII, Section A Continuation sheets

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                     | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) Clare O'Connell<br>Vice President for Resources      | 35.00                         |  |                       |         |              | X                            |        | 147,236.   | 0.  | 20,754.   |
| (28) Kevin Breunig<br>VP for Communications and Marketing | 35.00                         |  |                       |         |              | X                            |        | 108,211.   | 0.  | 20,271.   |
| (29) Susan Arnold<br>Vice President for Conservation      | 35.00                         |  |                       |         |              | X                            |        | 105,218.   | 0.  | 7,669.  |
| (30) Molly Ruffle<br>Major Gifts Officer                  | 35.00                         |  |                       |         |              | X                            |        | 104,112.   | 0.  | 8,314.  |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c .....               |                               |  |                       |         |              |                              |        | 464,777.   |   | 57,008.   |

**Part VIII Statement of Revenue**

|  |   |   | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|--|---|---|-------------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                         |   |   |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>   | 2405931.                |   |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>   |                         |   |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                         |   |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 612,927.                |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 7994415.                |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   | 315,323.                |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |   | 11,013,273.             |   |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> Outdoor Program Center                     | Business Code<br>721000 | 7665371.  | 7665371.                                |  |  |
| <b>b</b> Education   |   | 611710  | 1145480.                | 1145480.  |   |  |  |
| <b>c</b> Research Based Policy                                       |   | 611710  | 839,638.                | 839,638.  |   |  |  |
| <b>d</b> Trails  |   | 713990  | 612,540.                | 612,540.  |   |  |  |
| <b>e</b> Membership  |   | 900099  | 339,642.                | 339,642.  |   |  |  |
| <b>f</b> All other program service revenue                           |   | 511120  | 1106043.                | 927,488.  | 178,555.                                |  |  |
| <b>g Total.</b> Add lines 2a-2f                                      |   |   | 11,708,714.             |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   | 2094941.                |   | 2,850.                                  | 2,092,091.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                         |   |   |  |  |
|  | <b>5</b> Royalties  |   |                         |   |   |  |  |
|  | <b>6 a</b> Gross rents  | (i) Real  |                         |   |   |  |  |
|  |   | (ii) Personal   |                         |   |   |  |  |
|  |   | <b>b</b> Less: rental expenses                        |                         |   |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                      |                         |   |   |  |  |
|  | <b>d</b> Net rental income or (loss)  |   |                         |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |                         |   |   |  |  |
|  |   | (ii) Other  |                         |   |   |  |  |
|  |   | <b>b</b> Less: cost or other basis and sales expenses |                         |   |   |  |  |
|  |   | <b>c</b> Gain or (loss)                               |                         |   |   |  |  |
|  | <b>d</b> Net gain or (loss)   |   |                         |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                         |   |   |  |  |
|  |   | <b>b</b> Less: direct expenses                        | <b>b</b>                |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                |   |   |                         |   |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |   |                         |   |   |  |  |
|  | <b>b</b> Less: direct expenses  | <b>b</b>  |                         |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities  |   |                         |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  | 1,518,968.  |                         |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>  | 867324.                 |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   |   | 651,644.                |   |   | 651,644.   |  |
| Miscellaneous Revenue  |   | Business Code   |                         |   |   |  |  |
| <b>11 a</b> Debt Forgiveness   | 900099  | 4072962.  |                         |   | 4,072,962.                              |  |  |
| <b>b</b>   |   |   |                         |   |   |  |  |
| <b>c</b>   |   |   |                         |   |   |  |  |
| <b>d</b> All other revenue   |   |   |                         |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                    |   | 4072962.  |                         |   |   |  |  |
| <b>12 Total revenue.</b> See instructions.                           |   | 29,541,534.   | 11,530,159.             | 181,405.  | 6,816,697.                              |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 662,770.              |                                 | 662,770.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 8,081,667.            | 7,115,694.                      | 265,317.                               | 700,656.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  | 335,594.              | 257,485.                        | 42,952.                                | 35,157.                     |
| 9 Other employee benefits   | 1,277,347.            | 984,566.                        | 171,518.                               | 121,263.                    |
| 10 Payroll taxes  | 677,403.              | 555,759.                        | 66,921.                                | 54,723.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 37,393.               | 31,817.                         | 5,576.                                 |                             |
| c Accounting  | 75,834.               |                                 | 75,834.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 65,543.               |                                 |  | 65,543.                     |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   | 558,683.              | 361,285.                        | 180,565.                               | 16,833.                     |
| 12 Advertising and promotion  | 198,608.              | 175,635.                        | 10,393.                                | 12,580.                     |
| 13 Office expenses  | 1,801,126.            | 1,657,991.                      | 78,922.                                | 64,213.                     |
| 14 Information technology   | 240,070.              | 146,259.                        | 58,079.                                | 35,732.                     |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 699,441.              | 665,198.                        | 13,078.                                | 21,165.                     |
| 17 Travel   | 206,009.              | 164,250.                        | 28,627.                                | 13,132.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 101,120.              | 55,815.                         | 36,152.                                | 9,153.                      |
| 20 Interest   | 211,501.              | 211,501.                        |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 1,179,488.            | 977,166.                        | 174,657.                               | 27,665.                     |
| 23 Insurance  | 432,859.              | 383,938.                        | 43,916.                                | 5,005.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>Food</b>   | 941,012.              | 941,012.                        | 0.                                     | 0.                          |
| b <b>Instructors, Leaders &amp;</b>   | 753,837.              | 751,637.                        | 2,117.                                 | 83.                         |
| c <b>Printing &amp; Publications</b>  | 661,099.              | 616,630.                        | 6,434.                                 | 38,035.                     |
| d <b>Miscellaneous</b>  | 114,965.              | 115,360.                        | -395.                                  | 0.                          |
| e All other expenses  | 868,199.              | 743,241.                        | 114,640.                               | 10,318.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 20,181,568.           | 16,912,239.                     | 2,038,073.                             | 1,231,256.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |          |
|---|--|--------------------------|--------------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,465,651.               | <b>1</b>     | 2,619,556.         |          |
|   | <b>2</b> Savings and temporary cash investments .....  | 4,939,097.               | <b>2</b>     | 3,408,179.         |          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 4,155,136.               | <b>3</b>     | 907,349.           |          |
|   | <b>4</b> Accounts receivable, net .....  | 431,364.                 | <b>4</b>     | 516,384.           |          |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          |              |                    | <b>5</b> |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          |              |                    | <b>6</b> |
|   | <b>7</b> Notes and loans receivable, net .....   | 23,065,000.              | <b>7</b>     | 11,065,000.        |          |
|   | <b>8</b> Inventories for sale or use .....   | 576,200.                 | <b>8</b>     | 656,485.           |          |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 441,963.                 | <b>9</b>     | 296,791.           |          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 50,241,722.   |              |                    |          |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 19,360,735.   |              |                    |          |
|   |  | 31,590,218.              | <b>10c</b>   | 30,880,987.        |          |
|   | <b>11</b> Investments - publicly traded securities .....   | 39,137,002.              | <b>11</b>    | 43,112,982.        |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 9,904,570.               | <b>12</b>    | 9,883,378.         |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                    |          |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>    |                    |          |
| <b>15</b> Other assets. See Part IV, line 11 .....                        | 0.   | <b>15</b>                | 19,018,782.  |                    |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 117,706,201.   | <b>16</b>                | 122,365,873. |                    |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 2,780,960.               | <b>17</b>    | 1,396,262.         |          |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                    |          |
|   | <b>19</b> Deferred revenue .....   | 1,322,770.               | <b>19</b>    | 1,420,745.         |          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |          |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>    |                    |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 14,550,000.              | <b>23</b>    | 14,550,000.        |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 1,471,651.               | <b>25</b>    | 0.                 |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 20,125,381.              | <b>26</b>    | 17,367,007.        |          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |              |                    |          |
|   | <b>27</b> Unrestricted net assets .....  | 77,126,678.              | <b>27</b>    | 89,636,040.        |          |
|   | <b>28</b> Temporarily restricted net assets .....  | 17,289,502.              | <b>28</b>    | 12,131,167.        |          |
|   | <b>29</b> Permanently restricted net assets .....  | 3,164,640.               | <b>29</b>    | 3,231,659.         |          |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |              |                    |          |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>    |                    |          |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>    |                    |          |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>    |                    |          |
|   | <b>33</b> Total net assets or fund balances .....  | 97,580,820.              | <b>33</b>    | 104,998,866.       |          |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 117,706,201.   | <b>34</b>                | 122,365,873. |                    |          |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |              |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 29,541,534.  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 20,181,568.  |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 9,359,966.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 97,580,820.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | -1,941,920.  |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 104,998,866. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2011)

COPY

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

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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **Appalachian Mountain Club** Employer identification number **04-6001677**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007    | (b) 2008    | (c) 2009   | (d) 2010   | (e) 2011    | (f) Total   |
|--|-------------|-------------|------------|------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 11,796,393. | 12,544,474. | 9,125,924. | 7,641,870. | 11,013,273. | 52,121,934. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |            |            |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |            |            |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 11,796,393. | 12,544,474. | 9,125,924. | 7,641,870. | 11,013,273. | 52,121,934. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |            |            |             | 5,685,185.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |            |            |             | 46,436,749. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007                 | (b) 2008    | (c) 2009   | (d) 2010   | (e) 2011    | (f) Total   |
|--|--------------------------|-------------|------------|------------|-------------|-------------|
| <b>7</b> Amounts from line 4 .....   | 11,796,393.              | 12,544,474. | 9,125,924. | 7,641,870. | 11,013,273. | 52,121,934. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 5,703,055.               | 1,631,735.  | 788,041.   | 2,505,471. | 2,094,941.  | 12,723,243. |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |                          |             |            |            |             |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |                          |             |            |            |             |             |
| <b>11 Total support.</b> Add lines 7 through 10  |                          |             |            |            |             | 64,845,177. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |                          |             |            |            | 12          | 57,143,295. |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... | <input type="checkbox"/> |             |            |            |             |             |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 71.61 | % |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 71.98 | % |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

**If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization Appalachian Mountain Club Employer identification number 04-6001677

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ 0.
- 3 Volunteer hours ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1 a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  | 123,990.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 25,704.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) .....   | 149,694.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures .....   | 20031874.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 20181568.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 195,520.   | 97,192.    | 96,590.    | 149,694.   | 538,996.   |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           | 122,000.   | 72,875.    | 62,914.    | 123,990.   | 381,779.   |

Schedule C (Form 990 or 990-EZ) 2011

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**Part I-A, Line 1:**

The Organization has not participated in any political campaign activity, either directly or indirectly.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Appalachian Mountain Club

Employer identification number

04-6001677

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 50,555,507.      | 43,406,120.    | 33,929,121.        | 45,571,653.          |                     |
| b Contributions                                  | 1,810,538.       | 3,439,501.     | 3,641,073.         | 1,352,648.           |                     |
| c Net investment earnings, gains, and losses     | 16,840.          | 5,551,930.     | 7,694,070.         | -11,207,720.         |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 1,861,151.       | 1,809,044.     | 1,780,666.         | 1,702,906.           |                     |
| f Administrative expenses                        | 33,000.          | 33,000.        | 77,478.            | 84,554.              |                     |
| g End of year balance                            | 50,488,734.      | 50,555,507.    | 43,406,120.        | 33,929,121.          |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  76.70 %
  - b Permanent endowment  6.40 %
  - c Temporarily restricted endowment  16.90 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 10,363,598.                     |                              | 10,363,598.    |
| b Buildings  |                                      | 29,812,054.                     | 11,383,379.                  | 18,428,675.    |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 8,858,120.                      | 7,975,822.                   | 882,298.       |
| e Other  |                                      | 1,207,950.                      | 1,534.                       | 1,206,416.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 30,880,987.    |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives .....   |                   |  |
| (2) Closely-held equity interests .....                                 |                   |  |
| (3) Other   |                   |  |
| (A) Private Partnerships  | 8,981,453.        | End-of-Year Market Value                                     |
| (B) Split Interest Agreements   | 901,925.          | End-of-Year Market Value                                     |
| (C)   |                   |  |
| (D)   |                   |  |
| (E)   |                   |  |
| (F)   |                   |  |
| (G)   |                   |  |
| (H)   |                   |  |
| (I)   |                   |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | <b>9,883,378.</b> |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value     |
|--|--------------------|
| (1) Due from Affiliate-AMC Maine Woods, Inc.                               | 19,018,782.        |
| (2)  |                    |
| (3)  |                    |
| (4)  |                    |
| (5)  |                    |
| (6)  |                    |
| (7)  |                    |
| (8)  |                    |
| (9)  |                    |
| (10)   |                    |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | <b>19,018,782.</b> |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |                |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 29,541,534. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 20,181,568. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 9,359,966.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | -1,941,920. |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV.)  | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | -1,941,920. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 7,418,046.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 28,900,820. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | -1,941,920. |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d | 433,882.    |
| e | Add lines 2a through 2d   | 2e | -1,508,038. |
| 3 | Subtract line 2e from line 1  | 3  | 30,408,858. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)   | 4b | -867,324.   |
| c | Add lines 4a and 4b   | 4c | -867,324.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 29,541,534. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 25,451,903. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a |             |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIV.)  | 2d | 5,270,335.  |
| e | Add lines 2a through 2d  | 2e | 5,270,335.  |
| 3 | Subtract line 2e from line 1   | 3  | 20,181,568. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)  | 4b |             |
| c | Add lines 4a and 4b  | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 20,181,568. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4: The purpose of the AMC's endowment funds is to serve**  
 as a perpetual source of financial support for the Club's programs and  
 activities. The financial goal of these funds is to preserve their  
 purchasing power by investing in a diverse portfolio of equity and fixed  
 income securities while, at the same time, providing a reasonable level of  
 annual cash flow to the Club.

Permanently restricted endowment funds are subject to donor stipulations

**Part XIV** Supplemental Information (continued)

requiring such gifts be invested in perpetuity and only the income earned on the invested gifts can be expended. Use of term endowments proceeds are limited to either specific program activities or designated periods of time as stipulated by the donor. Board designated endowment funds, commonly known as unrestricted endowments, can only be expended pursuant to approval of AMC's Board of Directors.

Part X, Line 2: In determining the recognition of uncertain tax positions, the AMC recognizes the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination by a taxing authority. As of December 31, 2011, the AMC has no uncertain tax positions that qualify for either recognition or disclosure in the consolidated financial statements.

## Part XII, Line 2d - Other Adjustments:

|  |          |
|--|----------|
| AMC Maine Woods, Inc. Program Activities | 433,882. |
|--|----------|

## Part XII, Line 4b - Other Adjustments:

|                          |           |
|--------------------------|-----------|
| Cost of Merchandise Sold | -867,324. |
|--------------------------|-----------|

## Part XIII, Line 2d - Other Adjustments:

|                                       |            |
|---------------------------------------|------------|
| Expenses for an affiliated subsidiary | 4,403,011. |
|---------------------------------------|------------|

|                          |          |
|--------------------------|----------|
| Cost of Merchandise Sold | 867,324. |
|--------------------------|----------|

|   |            |
|---|------------|
| Total to Schedule D, Part XIII, Line 2d | 5,270,335. |
|---|------------|

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

Open To Public  
Inspection

Name of the organization **Appalachian Mountain Club** Employer identification number **04-6001677**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|---|---|
|  |               | Yes  | No |                                   |   |   |
| Share Group, Inc. - 73 Chapel Street, Newton, MA 02458     | Telemarketing |  | X  | 97,342.                           | 87,317.   | 0.  |
| ComNet Marketing Group, Inc. - 1214 Stowe Avenue, Medford, | Telemarketing |  | X  | 59,314.                           | 42,094.   | 0.  |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
| <b>Total</b>   |               |  |    | 156,656.                          | 129,411.  |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
**CT, ME, MD, MA, NH, NJ, NY, PA, RI, VT, VA**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|---|--------------|--------------|------------------|---------------------------------|
|                 |   | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts .....   |              |              |                  |                                 |
|                 | <b>2</b> Less: Charitable contributions .....                               |              |              |                  |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                           |              |              |                  |                                 |
| Direct Expenses | <b>4</b> Cash prizes .....  |              |              |                  |                                 |
|                 | <b>5</b> Noncash prizes .....   |              |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs .....  |              |              |                  |                                 |
|                 | <b>7</b> Food and beverages .....   |              |              |                  |                                 |
|                 | <b>8</b> Entertainment .....  |              |              |                  |                                 |
|                 | <b>9</b> Other direct expenses .....  |              |              |                  |                                 |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  | ( )                             |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 ..... |              |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|------------------|--|
|  |   | <b>1</b> Gross revenue .....  |   |                  |  |
| Direct Expenses  | <b>2</b> Cash prizes .....  |   |   |                  |  |
|  | <b>3</b> Noncash prizes .....                                       |   |   |                  |  |
|  | <b>4</b> Rent/facility costs .....                                  |   |   |                  |  |
|  | <b>5</b> Other direct expenses .....                                |   |   |                  |  |
| <b>6</b> Volunteer labor .....   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....     |   |   |   | ( )              |  |
| <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 ..... |   |   |   |                  |  |

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate 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 operated in:
 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: ComNet Marketing Group, Inc.

(i) Address of Fundraiser: 1214 Stowe Avenue, Medford, OR 97501

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**Appalachian Mountain Club**

Employer identification number

**04-6001677**

**Part I Questions Regarding Compensation**

|   | Yes   | No   |  |  |   |   |   |  |  |  |
|---|---|--|--|--|---|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |  |  |   |   |   |  |  |  |
| <p><b>b</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</p>  | <b>1b</b>   |  |  |  |   |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>  | <b>2</b>  |  |  |  |   |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing 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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                                |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |  |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |   |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>   | <b>4b</b>  |  |  |   |   |   |  |  |  |
|   |   | <b>4c</b>  |  |  |   |   |   |  |  |  |
|   |   |  |  |  |   |   |   |  |  |  |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>  | <b>5a</b>   | <b>5b</b>  |  |  |   |   |   |  |  |  |
|   |   |  |  |  |   |   |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>  | <b>6a</b>   | <b>6b</b>  |  |  |   |   |   |  |  |  |
|   |   |  |  |  |   |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>  | <b>7</b>  |  |  |  |   |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>   | <b>8</b>  |  |  |  |   |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>  |  |  |  |   |   |   |  |  |  |

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

Schedule J (Form 990) 2011

**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 in 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 are not 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.

| (A) Name          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 Andrew Falender | (i)  | 265,020.   | 0.                                  | 7,090.                              | 19,600.  | 17,031.                 | 308,741.                        | 0.  |
|                   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 Bruce Glabe     | (i)  | 151,808.   | 0.                                  | 1,387.                              | 9,108.   | 0.                      | 162,303.                        | 0.  |
|                   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 Walter Graff    | (i)  | 161,232.   | 0.                                  | 1,242.                              | 13,192.  | 9,516.                  | 185,182.                        | 0.  |
|                   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 Clare O'Connell | (i)  | 146,925.   | 0.                                  | 311.                                | 11,988.  | 8,766.                  | 167,990.                        | 0.  |
|                   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                   | (ii) |  |                                     |                                     |  |                         |                                 |   |

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **Appalachian Mountain Club** Employer identification number **04-6001677**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art .....   |                            |   |  |   |
| 2 Art - Historical treasures .....                                 |                            |   |  |   |
| 3 Art - Fractional interests .....                                 |                            |   |  |   |
| 4 Books and publications .....                                     |                            |   |  |   |
| 5 Clothing and household goods .....                               |                            |   |  |   |
| 6 Cars and other vehicles .....                                    |                            |   |  |   |
| 7 Boats and planes .....   |                            |   |  |   |
| 8 Intellectual property .....                                      |                            |   |  |   |
| 9 Securities - Publicly traded .....                               | X                          | 48  | 315,323.   | Cash rec'd on sale  |
| 10 Securities - Closely held stock .....                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests .....         |                            |   |  |   |
| 12 Securities - Miscellaneous .....                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures ..... |                            |   |  |   |
| 14 Qualified conservation contribution - Other .....               |                            |   |  |   |
| 15 Real estate - Residential .....                                 |                            |   |  |   |
| 16 Real estate - Commercial .....                                  |                            |   |  |   |
| 17 Real estate - Other .....                                       |                            |   |  |   |
| 18 Collectibles .....  |                            |   |  |   |
| 19 Food inventory .....  |                            |   |  |   |
| 20 Drugs and medical supplies .....                                |                            |   |  |   |
| 21 Taxidermy .....   |                            |   |  |   |
| 22 Historical artifacts .....                                      |                            |   |  |   |
| 23 Scientific specimens .....                                      |                            |   |  |   |
| 24 Archeological artifacts .....                                   |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Appalachian Mountain Club

Employer identification number

04-6001677

Form 990, Part I, Line 1, Description of Organization Mission:

The AMC promotes the protections, enjoyment and stewardship of the mountains, forests, waters and trails of the Appalachian region. We believe that mountains, forests, and waters have intrinsic worth and also provide recreational opportunities, spiritual renewal, and ecological and economic health for the region. Because successful conservation depends on active engagement with the outdoors, we encourage people to experience, learn about, appreciate, and understand the natural world.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Outdoor Program Centers (Continued):

accommodations (some near treeline and in sensitive alpine areas) in areas where camping would have severe effects on the alpine plant life. AMC facilities provide information and education on the local environment, recreational opportunities, outdoor safety, trails, and emergency shelter. AMC staff also participates in search-and-rescue efforts throughout the White Mountains of NH and other regions. In 2011, AMC provided more than 150,000 overnight guest accommodations at its facilities and information and other services to more than 2,000,000 visitors.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Conservation Research and Policy (Continued):

recreational resources; developing methods to reduce recreational user impacts on the region's mountains; and studying the benefits and

|   |  |
|---|--|
| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
|---|--|

impacts of different transportation options and energy sources,  
including renewable energy, on the ecosystems of concern to the AMC.

Achievements are exemplified by the development and successful  
implementation of the recovery plan for an alpine plant formerly listed  
on the federal endangered species list, publication of a national award  
winning "Ecological Atlas of the Upper Androscoggin Watershed",  
adoption by states of elements of AMC's wind power siting guidelines  
and AMC's successful citizen science mountain monitoring program,  
Mountain Watch.

The AMC's Research and Policy program also works with conservation  
partners and local communities to build grassroots support for priority  
conservation projects. The Research and Policy Program participates in  
and comments on formal resource management programs and decisions at  
the local, state, and federal level; consults with industry and land  
owners to find equitable solutions to environmental problems; advocates  
for state and federal land protection, clean air and energy policies,  
and trails funding, and facilitates member and public participation in  
local, state and federal environmental issues and policy.

Form 990, Part III, Line 4d, Other Program Services:

1. Education Program - The AMC works with approximately 36,000 young  
people each year through guided and self-guided programs designed to  
make the outdoors and the environment accessible and meaningful to  
youth from all socioeconomic backgrounds. The programs range from  
overnight school programs (grades 4-12); walk-on activities offered to  
families coming through AMC's huts and lodges, weekend long skill based  
trainings, to 1-3 week outdoor summer adventures for teens. Guided

|   |  |
|---|--|
| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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programs include our A Mountain Classroom, Teen Wilderness Adventures, Youth Opportunities, Leadership Training, and destination-based naturalist programs. Through intensive, hands-on training, participants learn how to enjoy the outdoors and minimize their impact in the backcountry. AMC is a national provider of Master Educator training in Leave No Trace principles. AMC serves young people in urban and rural areas through its Youth Opportunities Program by training leaders in various youth agencies located in those regions.

2. Trails Program - AMC staff and over 4,000 volunteers are engaged in on-the-ground recreation management and trail maintenance on over 1,500 miles of trails, including 350 miles of the Appalachian Trail. Many of these trails are on public lands, including the White Mountain National Forest, the Appalachian National Scenic Trail, Delaware Water Gap National Recreation Area, and Acadia National Park. AMC offers a broad range of trail volunteer opportunities, including an adopt-a-trail program, teen trail crew program, and Volunteer Vacations in the New England states. AMC Alpine Stewards educate hikers on how to care for fragile alpine areas. Recently, the AMC has launched a 100-mile Pennsylvania Highlands Trail Network project in conjunction with our efforts to increase the awareness of the recreation opportunities and other natural resource values of the Mid-Atlantic Highlands region.

3. Publications/Communications - Through a variety of publications, the AMC encourages safe and responsible outdoor recreation and stewardship of the region's natural resources. AMC's member magazine, journal, books, and maps seek to inspire the public to get outdoors in all four seasons. Each publication also stresses safety and stewardship and

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| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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encourages volunteerism. AMC's magazine, AMC Outdoors, features recreation and conservation news around the Northeast, and offers columns on outdoor skills, gear, fitness and nutrition, and natural history, as well as features on issues such as climate change, ecology, and the challenges of getting young people outdoors. AMC's website ([www.outdoors.org](http://www.outdoors.org)) is an online resource for members and non-members seeking the latest local outdoor trips, trip ideas, backcountry conditions, and volunteer opportunities. AMC's Appalachia, published biannually since 1876, is the longest running journal on mountaineering and conservation. AMC Books publishes a variety of recreation guides on walking, hiking, biking, skiing, canoeing, kayaking and other outdoor activities in our region including the White Mountain Guide -- the premier hiking guide for New Hampshire's White Mountains for over 100 years. AMC's On-Line Guide is a leading on-line interactive mapping tool featuring comprehensive trail information, customize route building functionality and the ability to share trip reports and current trail conditions.

Expenses \$ 5,265,352. including grants of \$ 0. Revenue \$ 2,864,063.

Form 990, Part V, Line 4b, List of Foreign Countries:

Bermuda, Cayman Islands, United Kingdom

Form 990, Part VI, Section A, line 6: AMC has almost 100,000 members, primarily in the Northeast.

Form 990, Part VI, Section A, line 7a: The members elected the Board of Directors at the AMC Annual Meeting held on January 28, 2011.

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| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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Form 990, Part VI, Section A, line 7b: Decisions of the Board subject to approval by members include annual elections of individuals to the Board, and changes to the Bylaws.

Form 990, Part VI, Section B, line 11: A special committee comprised of board members of AMC's Audit Committee and Finance Committee plus AMC's Chief Financial Officer and President is responsible for overseeing the preparation of IRS Form 990 (990). The 990 and its supporting schedules was prepared by the public accounting firm, Tonneson + Co (Tonneson), responsible for auditing the AMC's financial statements. Tonneson's work was based on information provided to them during the course of the audit by AMC's Finance Department staff, plus additional work requested specific to the 990. The special committee performed a detailed review of the completed 990 and reported the results of its review to the Board of Directors. Subsequent to this review, each member of AMC's Board of Directors received a copy of the 990 prior to filing the form with the IRS.

Form 990, Part VI, Section B, Line 12c: Pursuant to the AMC's Bylaws, each Board of Director is responsible for disclosing any possible conflict of interest at the earliest practicable time. Additionally, each board member receives a "Conflict of Interest Disclosure Statement" and is requested to disclose any potential conflicts of interest on an annual basis.

Form 990, Part VI, Section B, Line 15: The Board of Directors has appointed a Compensation Committee comprised of three board members who are not employees of AMC or related to any employee of AMC. The Compensation Committee meets annually and is responsible for reviewing and making recommendations to the Board on the compensation of AMC officers, such as

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| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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the President, key employees and specific highly compensated employees. As part of its review, the Compensation Committee evaluates various criteria including, but not limited to, the organization's goals and objectives, the performance of the staff, and comparative third-party compensation data.

Form 990, Part VI, Section C, Line 19: AMC makes its governing documents, conflict of interest policy, financial statements and Form 990 available to the public upon request. Also, the Form 990 and financial statements are available through the Massachusetts Attorney General's office/website and Guidestar. In addition, AMC's audited financial statements and Form 990 are available on our website, [www.outdoors.org](http://www.outdoors.org).

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -1,941,920.

Form 990, Part XII, Line 2c:

The AMC has an Audit Committee of four members appointed by the Board of Directors, one of whom is a member of the Finance Committee and none of whom are officers of AMC. The Audit Committee is charged with annually recommending the designation of an independent auditor to prepare and submit an audited set of financial statements of the Club to the Board of Directors; meeting with the auditors and any officers, employees or committee members they require to report on and respond to any questions they have on the financial conditions or operations of the Club; and periodically assessing the financial controls and accounting system of the Club and recommending any changes deemed appropriate.

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| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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Form 990, Part III, Line 1

Description of AMC's Activities:

Founded in 1876, The Appalachian Mountain Club (The AMC) is the nation's oldest outdoor recreation and conservation organization. The AMC has nearly 100,000 members and 16,000 volunteers in twelve chapters from Maine to Washington D.C. We offer over 8,000 outdoor oriented trips each year from hiking and climbing to paddling, snowshoeing and skiing. We serve over 150,000 guests each year at our AMC Outdoor Program Centers, Huts, Camps, Cabins, and Shelters - each AMC destination is a model for environmental education and stewardship. We teach people the skills to be safe outdoors and care for the natural world around us through outdoor education programs for children, adults, and families as well as outdoor leadership training. We maintain almost 2,000 miles of trails throughout the northeast including nearly 350 miles of the Appalachian Trail in five states. We advocate for land and river way conservation, monitor air quality and work to protect alpine and forest ecosystems through the Northern Forest and Atlantic Highlands regions. Through AMC's Maine Woods Initiative, we own and manage 66,500 acres of working forest as part of an innovative approach to conservation combining outdoor recreation, natural resource protection, sustainable forestry and community partnership. We seek to educate and inform our members, volunteers and conservation partners through our books, magazines, White Mountain visitor centers, AMC destinations and website. Lastly, the AMC offers thousands of events and activities every year, encouraging members and volunteers to get out, get active and get involved.

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| Name of the organization<br>Appalachian Mountain Club | Employer identification number<br>04-6001677 |
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Form 990, Schedule R, Parts I(B), II(B) and III(B), Primary Activity for AMC Maine Woods, Inc. (MWInc), AMC Maine Woods II, LLC (MWII) and AMC Maine Woods Funding, LLC (MWF):

AMC Maine Woods, Inc. (MWInc), AMC Maine Woods Funding, LLC (MWF), and AMC Maine Woods II, LLC (MWII) are related organizations created and controlled by the AMC to secure long-term financing to carry out the AMC's Maine Woods Initiative program. The Maine Woods Initiative is the AMC's strategy for land conservation in the 100-Mile Wilderness region in Maine - addressing regional ecological and economic needs through outdoor recreation, resource protection, sustainable forestry and community partnerships.

MWInc owns and operates Little Lyford Pond and manages 37,000 acres of working forest. During 2009, MWInc purchased 29,500 acres of adjacent land in Piscataquis County, ME, commonly known as the Roach Pond parcel and subsequently sold this property to MWII. MWInc also sold the land, buildings and equipment of the Medawisla and Gorman-Chairback wilderness camps to MWII. The total value of this sale was \$13,107,208.

MWII secured \$14,550,000 of Qualified Low Income Community Investment financing from a commercial bank to finance the above referenced purchases of land, buildings and equipment and complete the renovations of the Gorman-Chairback Wilderness camp.

Combined, MWInc and MWII owns and manages three sporting camps, 66,500 acres of conservation land, and a growing trail network that provides a



Name of the organization

Appalachian Mountain Club

Employer identification number

04-6001677

wide range of outdoor recreation opportunities to the public.

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**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **Appalachian Mountain Club** Employer identification number **04-6001677**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN<br>of disregarded entity          | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|--|---|---------------------|---------------------------|-------------------------------------|
| AMC MW II, LLC - 27-1457877<br>5 Joy Street<br>Boston, MA 02108 | See Schedule O, Pages 42-43<br>for AMC MW II, LLC's<br>primary activities. | Maine   | 327,060.            | 13,909,035.               | Appalachian Mountain<br>Club        |
|   |  |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization               | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
|  |   |   |                               |   |                                     | Yes  | No |
| AMC Maine Woods, Inc. - 20-2034674<br>5 Joy Street<br>Boston, MA 02108 | See Schedule O, Pgs 42-43<br>for AMC Maine Woods's<br>primary activities. | Maine   | 501(c)(3)                     | 7   | Appalachian<br>Mountain Club        |  | X  |
|  |   |   |                               |   |                                     |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization               | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |  |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| AMC MW Funding, LLC -<br>27-1413785, 5 Joy Street,<br>Boston, MA 02108 | See Schedule O,<br>Pgs 42-43 for<br>its primary<br>activities. | ME   | Appalachian<br>Mountain Club        | Investment  | 0.                              | 0.                                       | X   |    | N/A   | X   |    |                                |
|  |  |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....  |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....  |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....   |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  |     | X  |
| <b>f</b> Sale of assets to related organization(s) .....  |     | X  |
| <b>g</b> Purchase of assets from related organization(s) .....  |     | X  |
| <b>h</b> Exchange of assets with related organization(s) .....  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                           |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                            |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                            |     | X  |
| <b>n</b> Sharing of paid employees with related organization(s) .....   |     | X  |
| <b>o</b> Reimbursement paid to related organization(s) for expenses .....   |     | X  |
| <b>p</b> Reimbursement paid by related organization(s) for expenses .....   | X   |    |
| <b>q</b> Other transfer of cash or property to related organization(s) .....  |     | X  |
| <b>r</b> Other transfer of cash or property from related organization(s) .....  |     | X  |

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**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) AMC Maine Woods, Inc.         | P                             | 3,939,261.             |  |
| (2) AMC MW II, LLC                | P                             | 327,060.               |  |
| (3)                               |                               |                        |  |
| (4)                               |                               |                        |  |
| (5)                               |                               |                        |  |
| (6)                               |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under section 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |  | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |  |  |    |                                    |  |  |    |   |   |    |                                |
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**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information with a large diagonal 'COPY' watermark.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2011

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning , and ending

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. Advertising

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of Charles W. Johnston Jr. Telephone number (617) 391-6624

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Advertising income, and Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, and Total deductions.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

|  |   |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>Appalachian Mountain Club</b>                   | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>04-6001677</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>5 Joy Street</b>                       | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Boston, MA 02108</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**Charles W. Johnston Jr.**

- The books are in the care of ▶ **5 Joy Street - Boston, MA 02108**  
Telephone No. ▶ **(617) 391-6624** FAX No. ▶ **(617) 523-0722**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **November 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2011** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |    |    |    |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c | \$ | 0. |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2012)

123841  
01-04-12

James J. D'Amico, CPA

7/30/12

TONNESON & COMPANY CPAS PC 04-2943536  
401 EDGEWATER PLACE, STE 300, WAKEFIELD, MA 01880



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2010 overpayment credited to 2011
44b 2011 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here See Statement 2
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date CFO Title
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
James J. DeLuca James J. DeLuca 11/07/12 P00343711
Firm's name Tonneson & Company CPAs PC Firm's EIN 04-2943536
401 Edgewater Place, Suite 300
Firm's address Wakefield, MA 01880-6208 Phone no. (781) 245-9999

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

|  |   |   |
|--|---|---|
| 1. Description of property   |   |   |
| (1)  |   |   |
| (2)  |   |   |
| (3)  |   |   |
| (4)  |   |   |
| 2. Rent received or accrued  |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)        | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)  |   |   |
| (2)  |   |   |
| (3)  |   |   |
| (4)  |   |   |
| Total  | 0.  | Total   |
|  |   | 0.  |
| (c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... ▶ |   | (b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ... ▶       |
|  |   | 0.  |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |   |  |   |
|---|---|---|--|---|
| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| Totals ..... ▶  |   |   | 0.   | 0.  |
| Total dividends-received deductions included in column 8 ..... ▶                                  |   |   | 0.   | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

|                                    |                                   |   |   |   |  |  |
|------------------------------------|-----------------------------------|---|---|---|--|--|
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |   |   |  |  |
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made               | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5                             |  |
| (1)                                |                                   |   |   |   |  |  |
| (2)                                |                                   |   |   |   |  |  |
| (3)                                |                                   |   |   |   |  |  |
| (4)                                |                                   |   |   |   |  |  |
| Nonexempt Controlled Organizations |                                   | 7. Taxable income                                 | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made   | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
| (1)                                |                                   |   |   |   |  |  |
| (2)                                |                                   |   |   |   |  |  |
| (3)                                |                                   |   |   |   |  |  |
| (4)                                |                                   |   |   |   |  |  |
|                                    |                                   |   |   |   | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| Totals ..... ▶                     |                                   |   |   |   | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            | 0.                  |  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b>                        | 0.  | 0.  |  |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> | 0.                          | 0.                          |  |                       |                     | 0.  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) <b>Outdoors</b>                | 178,555.                    |                             | 178,555.   |                       | 719,872.            | 178,555.  |
| (2)                                |                             |                             |  |                       |                     |   |
| (3)                                |                             |                             |  |                       |                     |   |
| (4)                                |                             |                             |  |                       |                     |   |
| (5) <b>Totals from Part I</b>      | 0.                          | 0.                          |  |                       |                     | 0.  |
| <b>Totals, Part II (lines 1-5)</b> | 178,555.                    | 0.                          |  |                       |                     | 178,555.  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          |  | %  |
| (2)  |          |  | %  |
| (3)  |          |  | %  |
| (4)  |          |  | %  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

| Form 990-T | Income (Loss) from Partnerships | Statement | 1 |
|------------|---------------------------------|-----------|---|
|------------|---------------------------------|-----------|---|

| Description                         | Amount |
|-------------------------------------|--------|
| Debt Financed Income                | 2,850. |
| Total to Form 990-T, Page 1, line 5 | 2,850. |

| Form 990-T | Name of Foreign Country in Which<br>Organization has Financial Interest | Statement | 2 |
|------------|---|-----------|---|
|------------|---|-----------|---|

Name of Country

Bermuda  
Cayman Islands  
United Kingdom

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