** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	005 calendar year, or tax year beginning O	CT 1, 2005	and end	ling SEP 30,	2006	
В	Check if	Please C Name of organization			DE	mployer i	dentification number
â	applicable:	use IRS					
	Address change	label or print or RAILS-TO-TRAILS CONS	52-14	437006			
	Name change	type. Number and street (or P.O. box if mail is no	elephone				
	Initial return	Specific 1100 17TH STREET, NW	(202)) 331-9696			
	Final return	Instructions. City or town, state or country, and ZIP + 4			FA	ccounting met	
	Amende return	WASHINGTON, DC 2003				Other (specify)	•
	Applicat pending		1) nonexempt charitable trus	sts	Hand lare not applicab	le to sec	tion 527 organizations.
		must attach à completed Schedule A (Form 9	90 01 990-EZ).		H(a) Is this a group return	n for affilia	tes? Yes X No
		▶WWW.RAILTRAILS.ORG			H(b) If "Yes," enter number	r of affiliat	tes▶ <u>N/A</u>
J	Organiza	tion type (check only one) \blacktriangleright X 501(c) (3) \blacktriangleleft (inser	t no.) 4947(a)(1) or	527	H(c) Are all affiliates inclu		N/A Yes No
K (Check he	re 🕨 📖 if the organization's gross receipts are norn	nally not more than \$25,000.	The	(If "No," attach a list.) H(d) Is this a separate ret		v an or
		ion need not file a return with the IRS; but if the organiza		oe _	ganization covered b	y a group	ruling? Yes X No
	sure to fil	e a complete return. Some states require a complete r	eturn.		I Group Exemption Nu		N/A
							tion is not required to attach
		7 7 7	7,389,30		Sch. B (Form 990, 9	90-EZ, or 9	990-PF).
Pa	art I	Revenue, Expenses, and Changes in		Balar	nces		
	1	Contributions, gifts, grants, and similar amounts received			F 100 010		
	a	Direct public support		1a	5,192,819		
	b	Indirect public support		1b	417,227	<u>-</u>	
	C	Government contributions (grants)	40.000	1c	C1 0C4		F (10 04C
	d	Total (add lines 1a through 1c) (cash \$ 5,5	48,982 noncash \$		61,064.		5,610,046.
	2	Program service revenue including government fees ar					527,981.
	3	Membership dues and assessments				3	20 125
	4	Interest on savings and temporary cash investments					20,135.
	5	Dividends and interest from securities				5	26,376.
	6 a	Gross rents		-		_	
	b	Less: rental expenses					
	_ c	Net rental income or (loss) (subtract line 6b from line 6	ia)			6c	
ne	7	Other investment income (describe	(4) 0 ''') (B) 011	7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities	0.	(B) Other		
Вè	.	than inventory	829,773. 741,172.	8a	26,000 26,000		
		Less: cost or other basis and sales expenses	88,601.	8b 8c	20,000	_	
	C	Gain or (loss) (attach schedule) Net gain or (loss) (combine line 8c, columns (A) and (E		OC	STMT 2	• 8d	88,601.
	9 "	Special events and activities (attach schedule). If any a		horo N		ou	00,001.
		, , ,	of a subside outle on	licie -			
	°	Gross revenue (not including \$reported on line 1a)		9a			
		Less: direct expenses other than fundraising expenses				-	
		Net income or (loss) from special events (subtract line				9c	
	1	Gross sales of inventory, less returns and allowances		10a	62,213		
	1	Less: cost of goods sold		10b	34,925		
	, c	Gross profit or (loss) from sales of inventory (attach so	hedule) (subtract line 10b fro			10c	27,288.
	11	Other revenue (from Part VII, line 103)					286,783.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1)					6,587,210.
	13	Program services (from line 44, column (B))				\rightarrow	4,724,022.
ses	14	Management and general (from line 44, column (C))					778,955.
Expenses	15	Fundraising (from line 44, column (D))					636,933.
Ехр	16	Payments to affiliates (attach schedule)		· · · · · · · · · · · · · · · · · · ·			
_	17	Total expenses (add lines 16 and 44, column (A))					6,139,910.
	18	Excess or (deficit) for the year (subtract line 17 from lin	ne 12)			18	447,300.
Net ssets	19	Net assets or fund balances at beginning of year (from	line 73, column (A))			19	1,879,815.
ASS	20	Other changes in net assets or fund balances (attach ex	rplanation) S	EE S	STATEMENT 4	20	<26,306.>
_ `	21	Net assets or fund balances at end of year (combine lin					2,300,809.
5230 02-0	001 3-06	LHA For Privacy Act and Paperwork Reduction Act	Notice, see the separate inst	ructions			FDD 1 97 (2005)
			1				CULI

52-1437006 RAILS-TO-TRAILS CONSERVANCY Page 2

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general STATEMENT 7 22 Grants and allocations (attach schedule) 0 (cash \$170,000 • noncash \$ 170,000. 170,000. If this amount includes foreign grants, check here 22 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach 24 schedule) 25 Compensation of officers, directors, etc. * * 85,654. 636,435. 495,133. 55,648. 25 1,611,452. 1,396,094. 165,247. 50,111. 26 Other salaries and wages 26 76,601. 67,694. 7,090. 1,817. 27 Pension plan contributions 27 167,839. 8,131. 142,842. 16,866. 28 Other employee benefits 28 29 Payroll taxes 29 158,488. 133,652. 17,478. 7,358. 52,252. 26,500. 8,306. 30 Professional fundraising fees 17,446. 30 19,943. 19,943. 0. 31 31 Accounting fees 7,593. 43,304. 50,897. 0. 32 Legal fees 130,585. 53,909. 33. 76,643. 33 Supplies 33 57,831. 87,808. 93. 29,884. 34 Telephone 34 597,125. 319,164. 92,658. 185,303. 35 35 Postage and shipping 456,270. 74,359. 381,911. 0. 36 36 Occupancy 37 Equipment rental and maintenance 37 396,287. 66,949. 575,141. 111,905. 38 Printing and publications 38 50,221. 325,787. 265.147. 10,419. 39 Travel 2,929. 2,264. 665. 0. Conferences, conventions, and meetings 40 41 Interest 31,978. 3,103. 28,875. 0. **42** Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a 43b b 43c C 43d 43e 43f SEE STATEMENT 5 988,380. 1,083,551. <283,840.> 188,669. 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 778,955. 6,139,910. 4,724,022. 636,933.

Joint Costs. Check ▶ LX if you are following SOP	98-2.	
Are any joint costs from a combined educational campaign and	d fundraising solicitation reported in (B) Program services?	► X Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$	1,401,268.; (ii) the amount allocated to Program services\$	623,297.
(iii) the amount allocated to Management and general \$	219,986.; and (iv) the amount allocated to Fundraising \$	557,985.

219, 986.; and (iv) the amount allocated to Fundraising \$ 557,985. Form 990 (2005)

SEE STATEMENT 6

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

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

Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 12	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 8	
		- - -
b	(Grants and allocations \$ 169,500 ⋅) If this amount includes foreign grants, check here ► □ SEE STATEMENT 9	1,640,010.
		_
	(Grants and allocations \$ 500 ⋅) If this amount includes foreign grants, check here ▶	1,271,371.
С	SEE STATEMENT 10	
		-
d	(Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here ► SEE STATEMENT 11	981,056.
		
	(Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here ▶	382,948.
е	Other program services (attach schedule) SEE STATEMENT 13	
	(Grants and allocations \$ 0 •) If this amount includes foreign grants, check here	448,637.

Form **990** (2005)

Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ere required, attached schedules and amounts ald be for end-of-year amounts only.	within the des	scription column	(A) Beginning of year		(B) End of year
_					209g 01 you		2.1.4 07 704.
	45	Cash - non-interest-bearing	81,168.	45	2,683.		
	46	Savings and temporary cash investments	563,734.	46	2,683. 725,112.		
	l		11	206 076			
		Accounts receivable		286,876.	201 010	4-	206 076
	0	Less: allowance for doubtful accounts	47b		201,010.	47c	286,876.
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts				48c	
	49	Grants receivable			99,250.	49	532,743.
	50	Receivables from officers, directors, trustees					, , ,
		and key employees				50	
Assets	51 a	Other notes and loans receivable					
Ass	ь	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			18,376.	52	19,729.
	53	Prepaid expenses and deferred charges	<u>.</u>	<u></u>	136,500.	53	112,165.
	54	Investments - securitie STMT 14	▶∟	Cost X FMV	1,226,240.	54	1,178,822.
	55 a	Investments - land, buildings, and					
		equipment: basis	55a	47,500.			
					E2		45 500
	l	Less: accumulated depreciation	••		73,500.	55c	47,500.
	56	Investments - other		310 100		56	
		Land, buildings, and equipment: basis		312,180. 271,181.	EE 041		40 000
	l .	Less: accumulated depreciation	57b	2/1,101.	55,041.	57c	40,999.
	58	Other assets (describe		······································		58	
	59	Total assets (must equal line 74). Add lines 4	l5 through 58		2,454,819.	59	2,946,629.
	60	Accounts payable and accrued expenses			507,848.	60	509,590.
	61	Grants payable			40,990.	61	114,990.
	62	Deferred revenue				62	
ties	63	Loans from officers, directors, trustees, and I				63	
Liabilities	64 a	Tax-exempt bond liabilities				64a	
Lia	t	Mortgages and other notes payable				64b	
	65	Other liabilities (describe DEFERRED 1	RENT)	26,166.	65	21,240.
	66	Total liabilities. Add lines 60 through 65)			575,004.	66	645,820.
		anizations that follow SFAS 117, check here			373,004.	00	043,020.
	Orgo	67 through 69 and lines 73 and 74.	LII and	complete in les			
es	67	Unrestricted			889,453.	67	641,257.
anc	68	Temporarily restricted			361,284.	68	1,030,474.
Bal	69	Permanently restricted			629,078.	69	629,078.
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, chec		and	•		-
Į.		complete lines 70 through 74.					
is o	70	Capital stock, trust principal, or current funds				70	
sse	71	Paid-in or capital surplus, or land, building, ar	nd equipment	fund		71	
ţÀ	72	Retained earnings, endowment, accumulated				72	
Ne	73	Total net assets or fund balances (add lines 67 the	-	- '	1 000 01-		0 000 000
	<u>_ ,</u>	column (A) must equal line 19; column (B) must equal line 19;			1,879,815.	73	2,300,809.
	74	Total liabilities and net assets/fund balanc	6 and /3	2,454,819.	74	2,946,629.	

2,946,629. Form **990** (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	instructions.)		
a	Total revenue, gains, and other support per audited financial statements	a	6,765,283.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments		
2	Donated services and use of facilities b2 224,845.		
3	Recoveries of prior year grants		
4	Other (specify): COST OF GOODS SOLD b4 34,925.		
	Add lines b1 through b4	b	233,464.
C	Subtract line b from line a	С	6,531,819.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b d1 55,391.		
2	Other (specify): d2		
	Add lines d1 and d2	d	55,391.
е	Total revenue (Part I, line 12). Add lines c and d	e	6,587,210.
Pa	Total revenue (Part I, line 12). Add lines c and d	Ret	
	art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Total expenses and losses per audited financial statements	Ret a	urn 6,399,680.
а	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17:	а	
а	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities b1 224,845.	а	
a b 1	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 b2	а	
a b 1 2	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 b3	а	
a b 1 2 3	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 b2	а	6,399,680.
a b 1 2 3	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 b3	а	6,399,680. 259,770.
a b 1 2 3	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): COST OF GOODS SOLD Add lines b1 through b4	а	6,399,680.
a b 1 2 3 4	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): COST OF GOODS SOLD by 34,925.	а	6,399,680. 259,770.
a b 1 2 3 4 c	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): COST OF GOODS SOLD Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b d1	а	6,399,680. 259,770.
a b 1 2 3 4 c d	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): COST OF GOODS SOLD Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a:	а	6,399,680. 259,770.
a b 1 2 3 4 c d	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify): COST OF GOODS SOLD Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b d1	а	6,399,680. 259,770.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KEITH LAUGHLIN	PRESIDENT			
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	40.00	182,538.	13,585.	0.
HILARY BARKER	VP DEVELOPMEN	T		
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	35.00	100,462.	8,689.	0.
JEFFREY CIABOTTI	VP TRAIL DEVE	LOPMENT		
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	40.00	85,632.	13,643.	0.
CINDY DICKERSON	VP FINANCE			
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	37.50	98,685.	16,032.	0.
ERIC EDEN	VP BRAND STRA	TEGY		
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	40.00	67,308.	3,497.	0.
KEVIN MILLS	VP POLICY			
1100 17TH STREET, NW, 10TH FLOOR				
WASHINGTON, DC 20036	40.00	41,742.	4,622.	0.
LIST OF NONCOMPENSATED OFFICERS AND				
DIRECTORS IS ATTACHED.				
	0.00	0.	0.	0.

Form **990** (2005)

COPY

P	ar	t VI Other Information (continued)		Yes	No
82	а	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
		less than fair rental value?	82a	Х	
	b	If "Yes," you may indicate the value of these items here. Do not include this			
		amount as revenue in Part I or as an expense in Part II.			
		(See instructions in Part III.) 82b 224,845.			
83	а	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84	а	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		tax deductible? N/A	84b		
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
		waiver for proxy tax owed for the prior year.			
		Dues, assessments, and similar amounts from members 85c N/A			
		Section 162(e) lobbying and political expenditures 85d N/A			
	е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
		Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
••		following tax year? N/A	85h		
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
		line 12 86a N/A			
07		Gross receipts, included on line 12, for public use of club facilities 86b N/A 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
87					
	D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88		against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
00		or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
		If "Yes," complete Part IX	88		Х
89	а	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
-	_	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		If "Yes," attach a statement explaining each transaction	89b		Х
	C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
		sections 4912, 4955, and 4958			0.
	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90		List the states with which a copy of this return is filed ▶ SEE STATEMENT 15			
		Number of employees employed in the pay period that includes March 12, 2005			41
91	а	The books are in care of ► RAILS-TO-TRAILS CONSERVANCY Telephone no. ► 202-33			
		Located at ► 1100 17TH STREET, NW, 10TH FLOOR, WASHINGTON, DC ZIP+4 ► 2	003	6	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
		account)?	91b		Х
		If "Yes," enter the name of the foreign country N/A			
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
		and Financial Accounts.	6.1		37
	C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
00		If "Yes," enter the name of the foreign country N/A			\neg
92		Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/	▶ ∟ 2\	
		and enter the amount of tax-exempt interest received or accrued during the tax year 92		990	(2005)
			. 01111		()

Form 990					52-1	437006 Page 8
Part VI	Analysis of Income-Producing A					
indicated		(A) Business	ted business income (B) Amount	(C) Exclusion	d by section 512, 513, or 514 (D) Amount	(E) Related or exempt
	ram service revenue:	code	711104111	code	7 till dant	function income
	ETING REGISTRATION					108,206.
ь <u>со</u>	NSULTING			+		419,775.
c				+		
d				\perp		
e						
	care/Medicaid payments			\perp		
	and contracts from government agencies			+		
	bership dues and assessments			1 1	00 105	
	st on savings and temporary cash investments			14	20,135. 26,376.	
	ends and interest from securities			14	26,376.	
	ental income or (loss) from real estate:					
	financed property			\perp		
	lebt-financed property					
98 Net r	ental income or (loss) from personal property			\perp		
	r investment income					
	or (loss) from sales of assets				22 521	
	than inventory			18	88,601.	
	ncome or (loss) from special events					
102 Gros	s profit or (loss) from sales of inventory					27,288.
	r revenue:					4.4
	SCELLANEOUS			 	4.5.1.0.0	16,579.
	ST RENTAL			15	46,180.	
	BLEASE RENTAL			16	149,316.	
	IMBURSED EXPENSES			1		19,516.
e <u>RO</u>	YALTY INCOME			15	55,192.	
	otal (add columns (B), (D), and (E))		0		385,800.	591,364.
	I (add line 104, columns (B), (D), and (E))				> _	977,164.
	e 105 plus line 1d, Part I, should equal the amo					
Part VI	II Relationship of Activities to the	Accomp	lishment of Exem	pt Purp	oses (See the instruction	s.)
Line No.	Explain how each activity for which income is rep			ed importar	ntly to the accomplishment of	the organization's
	exempt purposes (other than by providing funds	for such purpo	oses).			
	SEE STATEMENT 16					
Part IX	3 3	Subsidiar		ded Ent		<u> </u>
Name, a	(A) ddress, and EIN of corporation, Percentage of	:	(C) Nature of activities		(D) Total income	(E) End-of-year
partn	ership, or disregarded entity ownership intere					assets
		%				
	N/A	%				
		%				
		%				
Part X	Information Regarding Transfer	rs Associa	ited with Persona	I Benef	fit Contracts (See the in	nstructions.)
(a) Did 1	the organization, during the year, receive any funds,	directly or indi	rectly, to pay premiums o	n a person	al benefit contract?	Yes X No
(b) Did t	the organization, during the year, pay premiums, dir	ectly or indirec	tly, on a personal benefit o	contract?		Yes X No
Note: If	"Yes" to (b), file Form 8870 and Form 4720 (s		,			
Please	Under penalties of perjury, I declare that I have examined th correct, and complete. Declaration of preparer (other than or	is return, includir fficer) is based on	ng accompanying schedules an all information of which prepa	nd statement: rer has any k	s, and to the best of my knowledge nowledge.	and belief, it is true,
Sign		,		,	J	
Here	Signature of officer		Date	Type or pri	nt name and title.	
Daid	Preparer's		D	ate	Check if P	reparer's SSN or PTIN
Paid	signature				employed ►	
Preparer's	Firm's name (or RAFFA, P.C.		I		EIN ▶	
Use Only	self-employed), 1899 L STREET	, NW, S	UITE 600			
523163 02-03-06	address, and ZIP + 4 WASHINGTON, DO				Phone no ► (2	02) 822-5000
02 00-00					1. 110110 110.	7 (10005)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization RAILS-TO-TRAILS CONSERVANCY 52 1437006 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Litle and average hours (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation account and other more than \$50,000 position allowances MARIANNE FOWLER VP FEDERAL 1100 17TH ST. WASHINGTON DC 20036 40.00 95,615 9.904 0. LORILI TOTH MEM DIR. 1100 17TH ST, WASHINGTON DC 20036 0. 40.00 68,540. 8,143. TOM SEXTON REGIONAL DIR. 1100 17TH ST, WASHINGTON DC 20036 40.00 65,325. 5,549. 0. LAURA COHEN REGIONAL DIR. 1100 17TH ST WASHINGTON DC 20036 40.00 66,835. 13,960. 0. RHONDA BORDER-BOOSE REGIONAL DIR. 1100 17TH ST, WASHINGTON DC 20036 40.00 60,340. 0. 6,078. Total number of other employees paid over \$50,000 3 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SISK FULFILLMENT MERCHANDISE 1900 INDUSTRIAL PARK DR., FEDERALSBURG, MD 21632 STORAGE/FULLFILLM 271,545. THE PRODUCTION ADVANTAGE DIRECT MAIL 14120 SULLYFIELD CIR., CHANTILLY, VIRGINIA 20151 PROGRAM 231,942. DIVERSIFIED IMAGING DIRECT MAIL 631 GRAVES STREET, KERNERSVILLE, NC 27284 PROGRAM 210,339. DATAMAX SOLUTION DIRECT MAIL MD 20877-1240 GAITHERSBURG, 12A MEEM AVE. PROGRAM 154,962. MAGAZINE GROUP MAGAZINE

126,543.

3RD FLOOR, WASHINGTON DC 20036

\$50,000 for other services

1707 L STREET NW,

Total number of other contractors receiving over

3

MANAGEMENT

P	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During	the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
		pinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		gractivities \(\bigs \) \(\b			
		•	1	Х	
	-	ations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
•		g "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	trustees	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
a		a detailed statement explaining the transactions.) change, or leasing of property?	2a		Х
	0410, 07	onlings, or roughly or property.			
b	Lending	of money or other extension of credit?	2b		Х
C	Furnish	ing of goods, services, or facilities?	2c		Х
	_	A CONTRACTOR OF THE PART IN A HORN COO.	١	37	
d	Paymer	t of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
	Trancfo	r of any part of its income or assets?	2e		х
		r or any part of its income or assets? make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	26		- 21
		ermine that recipients qualify to receive payments.) SEE STATEMENT 17	3a	х	
b		have a section 403(b) annuity plan for your employees?	3b	Х	
		he year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		Х
4 a	Did you	maintain any separate account for participating donors where donors have the right to provide advice			
	on the ι	se or distribution of funds?	4a		Х
b	Do you	provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
P	art IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
=		the standard foundation to some this (Disease that only ONE and table to see			
		tion is not a private foundation because it is: (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A scriou. Section 170(b) (1)(A)(ii). (Also complete Part v.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
,		A Hospital of a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
·		and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).			
		(Also complete the Support Schedule in Part IV-A.)			
11	a X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11	b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
40		, , , , , , , , , , , , , , , , , , , ,			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described for the board of controlled by any disqualified persons (other than foundation managers) and supports organizations described for the board of controlled by any disqualified persons (other than foundation managers) and supports organizations described for the board of th			
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describe the type of supporting organization: Type 1 Type 2 Type 3	062		
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s)		ne num om abo	
			- 11	oni abl	v 6
_					
1	4	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Pai		omplete only it you che e worksheet in the inst				
	dar year (or fiscal year ning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,053,242.	2,309,258.	2,376,577.	2,268,814.	9,007,891. 9,127,397.
16	Membership fees received	2,282,476.	2,304,543.	2,242,249.	2,298,129.	9,127,397
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,204,173.	945,887.	1,060,647.	1,117,402.	4,328,109
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the					
19	organization after June 30, 1975 Net income from unrelated business	222,629.	230,372.	137,481.	75,485.	665,967
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either					
21	paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	117.819.	58,925.	SEE STATEME	NT 18	176,744.
23	Total of lines 15 through 22	5,880,339.	5,848,985.	5,816,954.	5,759,830.	23,306,108
24	Line 23 minus line 17	4,676,166.	4,903,098.	4,756,307.	4,642,428.	18,977,999
25	Enter 1% of line 23	•	58,490.	•		
26	Organizations described on lines 1					379,560
b	Prepare a list for your records to sho			,		
	unit or publicly supported organizati	,	•	ded the amount shown in		
	Do not file this list with your return					18,977,999
	Total support for section 509(a)(1) t		, ,		≥ 26c	18,977,999
a	Add: Amounts from column (e) for li	ines: 18 <u>6</u> 22 1	$\frac{65,967}{76,744}$ 19			842,711.
•	Dublic cupport (line 26e minus line 6		76,744. 26b		26d ▶ 26e	18,135,288
f	Public support (line 26c minus line 2 Public support percentage (line 26	e (numerator) divided hy	line 26c (denominator)		26f	95.5595
27	Organizations described on line 12					
	records to show the name of, and to	tal amounts received in ean N/A	ach year from, each "disq	ualified person." Do not fi	le this list with your retu	rn. Enter the sum of
b	For any amount included in line 17 t					
	and amount received for each year, to described in lines 5 through 11b, as	that was more than the la well as individuals.) Do n	rger of (1) the amount o ot file this list with your	n line 25 for the year or (; return. After computing t	2) \$5,000. (Include in the he difference between the	e list organizations
	the larger amount described in (1) o (2004)	(2003)	(2	002)	(2001)	
C	Add: Amounts from column (e) for line 17Add: Line 27a total	ines: 15		. 16 21	▶ 27c	N/A
d	Add: Line 27a total	an	d line 27b total		27d	N/A
e	Public support (line 27c total minus	line 27d total)				N/A
f	Total support for section 509(a)(2) t	est: Enter amount on line	23, column (e)	▶ 27f	N/A	
g	Public support percentage (lin					N/A %
	Investment income percentag		•	-		N/A %
28 L	Inusual Grants: For an organization how, for each year, the name of the c	n described in line 10, 11, ontributor, the date and a	or 12 that received any u	nusual grants during 200 brief description of the n	11 through 2004, prepare ature of the grant. Do no	a list for your records to

NONE

523121 02-03-06

return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2005 RAILS-TO-TRAILS CONSERVANCY Part V Private School Questionnaire (See page 7 of the instructions.)

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	0 1 0	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

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

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

Che	eck > a X if the organization belongs to an affiliated group.	Check ▶ b if you	u checked "a" and "limited control"	provisions apply.
	Limits on Lobbying Expendi (The term "expenditures" means amounts paid of		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobbying expenditures to influence a legislative body (direct lob Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following ta If the amount on line 40 is -	bying) ible - ole amount is -	36 0. 37 0. 38 0. 39 0. 40 0.	0. 53,176. 53,176. 5,476,624. 5,529,800.
	Not over \$500,000 20% of the amount on line Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the experience of	excess over \$1,000,000 cess over \$1,500,000	41 0. 42 0. 43 0. 44 0.	426,490. 106,623. 0. 0.

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total			
45 Lobbying nontaxable amount	426,490.	442,599.	422,217.	449,253.	1,740,559			
46 Lobbying ceiling amount (150% of line 45(e))					2,610,839			
47 Total lobbying expenditures	53,176.	48,240.	54,108.	69,664.	225,188			
48 Grassroots nontaxable amount	106,623.	110,650.	105,554.	112,313.	435,140			
49 Grassroots ceiling amount (150% of line 48(e))					652,710			
50 Grassroots lobbying expenditures		0.	0.	0.	0			

Part VI-B	Lobbying	ı Activitv b	Nonelecting	Public Charities
-----------	----------	--------------	-------------	------------------

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)	
--	--

N/A

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	103	NO	Aillouilt
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

523141 02-03-06 Schedule (For (90) 97-FZ) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

50	01(c) of the Code (other than s	section 501(c)(3) organizations) or in	n section 527, relating to po	litical organizations?			
a Tr	ansfers from the reporting org	ganization to a noncharitable exempt	organization of:			Yes	No
(i) Cash				51a(i)		Х
(i	i) Other assets				a(ii)		Х
	her transactions:						
							Х
(i	 i) Purchases of assets from a 	noncharitable exempt organization			b(ii)		X
(ii	 i) Rental of facilities, equipme 	ent, or other assets			b(iii)		Х
(iv	v) Reimbursement arrangeme	nts			b(iv)		Х
							Х
(v	i) Performance of services or	membership or fundraising solicitat	ions		b(vi)		Х
		mailing lists, other assets, or paid en					Х
d If	the answer to any of the above	e is "Yes," complete the following sch	nedule. Column (b) should a	lways show the fair market value of the			
gc	oods, other assets, or services	given by the reporting organization.	. If the organization received	less than fair market value in any			
tra	ansaction or sharing arrangem	nent, show in column (d) the value o	f the goods, other assets, or	services received:		N/A	
(a)	(b)	(c)		(d)			
Line no.	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and s	haring ar	rangem	ents
52 a le	the organization directly or in	l	and or more tay exempt org	I anizations described in section 501(c) of the			
					Yes	v	No
	"Yes," complete the following s			▶ ∟	_ res	LA] NO
יי ט			/h)	(a)			
	(a) Name of org) nanization	(b) Type of organization	(c) Description of relationsh	in		
	Trainio or org	gamzation	Typo or organization	2 doon plant of rotationers	'P		
E00454							
523151 02-03-06				Schedule A For	9.0 r	9 FZ	2005

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

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of organization

	RAILS-TO-TRAILS CONSERVANCY	52-1437006
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	Section: or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization FF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation our organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes a General Rule and a Special Rule-see instructions.) ule- or organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ontributor. (Complete Parts I and II.)	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
		3), or (10) organization can check boxes
General Rule-		
•		money or property) from any one
Special Rules-		
sections 1.509	(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution	
aggregate conf	tributions or bequests of more than \$1,000 for use exclusively for religious, charitable,	
some contribut \$1,000. (If this charitable, etc.	tions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions box is checked, enter here the total contributions that were received during the year fo, purpose. Do not complete any of the Parts unless the General Rule applies to this org	s did not aggregate to more than or an exclusively religious, ganization because it received
they must check the bo		
•	eduction Act Notice, see the Instructions rm 990-EZ, and Form 990-PF.	ule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

RAILS-TO-TRAILS CONSERVANCY

52-1437006

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 560,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990	GAIN	(LOSS)	FROM PUBLICLY	TRADED SECURIT	TIES	STATEMENT	<u> </u>
DESCRIPTION			GROSS SALES PRIC	COST OR E OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
INVESTMENTS			829,773	. 741,172.	0	88,601	•
TO FORM 990, PA	ART I,	LINE 8	829,773	. 741,172.	0	. 88,601	•

FORM 990	GAIN	(LOSS)	FROM	SALE	OF	OTHER	ASSETS		STA	TEMENT	2
DESCRIPTION					_	ATE UIRED	DAT SOL	_	METH ACQUI		
LAND					08/	01/94	04/26	/06	PURCH	IASED	
NAME OF BUYER		GROSS SALES PI		COS' OTHER			KPENSE F SALE	DEP	REC	NET GA	
KENT COUNTY MICHIGAN		26,0	000.	20	6,00	00.	0.		0.		0.
TO FM 990, PART I,	LN 8	3 26,0	000.	20	6,00	00.	0.		0.		0.

	NCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 3
INCOME			
1. GROSS RECEIPTS 2. RETURNS AND ALLOWANCES 3. LINE 1 LESS LINE 2		62,213	62,213
4. COST OF GOODS SOLD (LIN 5. GROSS PROFIT (LINE 3 LI COST OF GOODS SOLD		34,925	27,288
6. INVENTORY AT BEGINNING 7. MERCHANDISE PURCHASED 8. COST OF LABOR 9. MATERIALS AND SUPPLIES 10. OTHER COSTS 11. ADD LINES 6 THROUGH 10		18,376 36,278	54,654
12. INVENTORY AT END OF YEAR 13. COST OF GOODS SOLD (LIN		19,729	34,925

FORM 990 OTH	HER CHANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT 4
DESCRIPTION				AMOUNT
UNREALIZED LOSSES (ON INVESTMENTS		-	<26,306.>
TOTAL TO FORM 990,	PART I, LINE 20		- -	<26,306.>
FORM 990	ОТНЕ	R EXPENSES		STATEMENT 5
DEGCD I DELON	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
MAILING SERVICES INSURANCE BANK FEES	346,387. 31,976. 21,268.	225,138. 5,007. 11,199.	51,143. 26,969. 4,869.	70,106. 0. 5,200.
DUES AND SUBSCRIPTIONS STAFF DEVELOPMENT TAXES AND LICENSES	20,124. 27,482. 5,902.	18,947. 18,510. 3,971.	862. 8,302. 144.	315. 670. 1,787.
MISCELLANEOUS ADVERTISING INDIRECT COST	67,878. 24,765.	42,349.	13,967. 21,761.	11,562.
ALLOCATION OTHER PROFESSIONAL FEES	0. 309,842.	420,734. 251,811.	<451,910.2	31,176.38,095.
MERCHANDISE COSTS	132,756.	82,881.	20,117.	29,758.

988,380. 1,083,551. <283,840.> 188,669.

TOTAL TO FM 990, LN 43

FORM 990 OFFI	STATEMENT 6			
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEITH LAUGHLIN	182,538.	13,585.		196,123.
A. PROGRAM SERVICES	140,354.	10,446.		150,800.
B. MANAGEMENT AND GENERAL	20,572.	1,531.		22,103.
C. FUNDRAISING	21,612.	1,608.		23,220.
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HILARY BARKER	100,462.	8,689.		109,151.
A. PROGRAM SERVICES	58,580.	5,067.		63,647.
B. MANAGEMENT AND GENERAL	12,035.	1,041.		13,076.
C. FUNDRAISING	29,847.	2,581.		32,428.
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEFFREY CIABOTTI	85,632.	13,643.		99,275.
A. PROGRAM SERVICES	85,632.	13,643.		99,275.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

		EMPLOYEE	EXPENSE	
NAME OF OFFICER, ETC.	COMPENSATION	BEN. PLANS	ACCOUNTS	TOTALS
CINDY DICKERSON	98,685.	16,032.		114,717.
A. PROGRAM SERVICES	55,264.	8,978.		64,242.
B. MANAGEMENT AND GENERAL	43,421.	7,054.		50,475.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ERIC EDEN	67,308.	4,622.		71,930.
A. PROGRAM SERVICES	67,308.	4,622.		71,930.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEVIN MILLS	41,742.	3,497.		45,239.
A. PROGRAM SERVICES	41,742.	3,497.		45,239.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				495,133.
TOTAL MANAGEMENT AND GENER.	AL			85,654.
TOTAL FUNDRAISING				55,648.
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PARTS V	-A AND V-B	636,435.

FORM 990	CASH GRA	NTS AND ALLOCATIONS	STA	ATEMENT 7
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE ATTACHED		NONE	170,000.
TOTAL INCLUDED	ON FORM 990, PART	II, LINE 22		170,000.
FORM 990	STATEMENT OF PRO	GRAM SERVICE ACCOMPI	LISHMENTS ST	ATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

DIRECT PROJECT ASSISTANCE/RESEARCH-THE CONSERVANCY ASSISTS IN BUILDING TRAILS THROUGH A VARIETY OF PROGRAMS. ITS EARLY WARNING SYSTEM NOTIFIES COMMUNITIES, STATE AND LOCAL AGENCIES OF UPCOMING RAILWAY ABANDONMENT. THE CONSERVANCY PROVIDES TECHNICAL ASSISTANCE THROUGH ITS TRAILS AND GREENWAYS CLEARINGHOUSE AND THROUGH THE TRAILDART PROGRAM THAT PROVIDES A DEVELOPMENT ASSISTANCE RESPONSE TEAM FOR RAIL-TRAIL PROJECTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	169,500.	1,640,010.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE TWO

REGIONAL PROGRAMS-THE CONSERVANCY MAINTAINS FIELD OFFICES IN NORTHEAST, MIDWEST, SOUTH AND WEST TO SUPPORT RAIL-TRAIL DEVELOPMENT AT THE LOCAL LEVEL. FIELD OFFICE ACTIVITIES INCLUDE PROMOTION OF LOCAL POLICY TO SUPPORT TRAIL BUILDING, DEVELOPMENT OF STATEWIDE TRAIL INVENTORIES AND DEVELOPMENT PLANS, TECHNICAL ASSISTANCE FOR LOCAL PROJECTS, AND TRAINING AND EDUCATION FOR COMMUNITIES AND TRAIL BUILDING GROUPS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	500.	1,271,371.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC INFORMATION/EDUCATION-THE CONSERVANCY PROMOTES THE BENEFITS OF RAIL-TRAILS TO THE PUBLIC. RAIL-TRAILS PROVIDE PLACES FOR CYCLISTS, HIKERS, WALKERS AND RUNNERS TO EXERCISE AND EXPERIENCE THE MANY NATURAL AND CULTURAL WONDERS OF THE NATION'S ENVIRONMENTS. BY PROVIDING A PLACE FOR SO MANY TYPES OF RECREATION USE, RAIL-TRAILS CAN GREATLY HELP TO IMPROVE PUBLIC HEALTH. THE CONSERVANCY PROVIDES RAIL-TRAILS INFORMATION THROUGH ITS WEBSITE, QUARTERLY MAGAZINE, MEDIA OUTLETS AND PUBLICATIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	0.	981,056.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE FOUR

NATIONAL POLICY - THE CONSERVANCY PROMOTES POLICY AT THE NATIONAL AND STATE LEVELS TO CREATE THE CONDITIONS THAT MAKE TRAIL BUILDING POSSIBLE. THE CONSERVANCY IS A LEADER IN THE FIGHT TO PROTECT THE FEDERAL TRANSPORTATION ENHANCEMENTS PROGRAM, WHICH IS THE LARGEST SOURCE OF FUNDING FOR TRAIL DEVELOPMENT. WE STEADFASTLY DEFEND THE FEDERAL RAILBANKING STATUTE IN THE CONGRESS AND THE COURTS AS AN ESSENTIAL TOOL TO PRESERVE UNUSED RAIL CORRIDORS. WE ALSO MONITOR LITIGATION ON CASES INVOLVING ENFOREMENT OF FEDERAL LAWS RELATED TO RAIL BANKING.

			GRZ	ANTS	EXPENSES	
TO FORM 990	, PART III,	LINE D		0.	382,9	48.
FORM 990	STATEMENT O	F ORGANIZATION'S PART I	EXEMPT	PURPOSE	STATEMENT	12

EXPLANATION

RAILS-TO-TRAILS CONSERVANCY (RTC) IS DEDICATED TO WORKING WITH COMMUNITIES TO PRESERVE AND TRANSFORM UNUSED RAIL CORRIDORS INTO LINEAR PARKS THAT ENHANCE THE HEALTH OF AMERICA'S ENVIRONMENT, ECONOMY, NEIGHBORHOODS AND PEOPLE.

RTC IS THE LEADING NATIONAL ORGANIZATION OF THE RAIL-TRAILS MOVEMENT AND A RECOGNIZED LEADER IN THE GREENWAYS MOVEMENT. FOUNDED IN 1985, RTC IS A NONPROFIT PUBLIC CHARITY WITH 100,000 MEMBERS AND SUPPORTERS AROUND THE COUNTRY. RTC FACILITATES THE ACQUISITION AND PRESERVATION OF AMERICA'S UNUSED RAIL CORRIDORS, HELPING LOCAL ORGANIZATIONS AND GOVERNMENTS CONVERT THEM TO MULTI-USE RAIL-TRAILS TO ENHANCE THE HEALTH OF PEOPLE AND COMMUNITIES. RTC SERVES AS A PROTECTOR OF THESE NEGLECTED ASSETS, PRESERVING THEM BEFORE THEY ARE LOST FOREVER.

RAIL-TRAILS HAVE AN AMAZING RANGE OF BENEFITS BEYOND PRESERVATION OF AN IMPORTANT PART OF OUR HISTORY. THEY PROVIDE SAFE, ACCESSIBLE SPACES FOR RECREATIONAL AND FITNESS ACTIVITIES SUCH AS BIKING, SKIING, SKATING OR JUST STROLLING, ENABLING PEOPLE TO CONNECT WITH EACH OTHER WHILE ENHANCING THE QUALITY OF THEIR LIVES AND HEALTH. RAIL-TRAILS PRESERVE NATIVE WILDERNESS AND ANIMAL HABITAT. THEY PROVIDE LOGICAL ROUTES FOR NON-AUTOMOTIVE TRANSPORTATION AND CONNECT PEOPLE WITH EACH OTHER WITHIN AND BETWEEN COMMUNITIES. WORKING WITH CITIZENS GROUPS, PUBLIC AGENCIES, RAILROAD COMPANIES AND OTHER ORGANIZATIONS AS PARTNERS, RTC IS CONNECTING PEOPLE AND COMMUNITIES WITH A NATIONWIDE NETWORK OF TRAILS.

FORM 990	OTHER PROGRAM	M SERVICES		STATEMENT	13
DESCRIPTION			ANTS AND LOCATIONS	EXPENSES	;
MEMBERS TRAIL CONSERVANCY			0.	401,5 47,0	
TOTAL TO FORM 990, PART III,	LINE E		0.	448,6	37.
FORM 990 NON	-GOVERNMENT SE	CURITIES		STATEMENT	14
SECURITY DESCRIPTION COST/FM	CORPORATE V STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
COMMON STOCKS FMV CORPORATE BONDS FMV	658,026.	520,796	•	658,0 520,7	
TO FORM 990, LINE 54, COL B	658,026.	520,796	•	1,178,8	22.
STATES AL, AK, AZ, AR, CA, CO, CT, FL, GA, I OK, OR, PA, RI, SC, TN, UT, VA, WA, W			N, MS, NH, NJ, N	M,NY,NC,OH	
FORM 990 PART VIII - ACCOMPLI	RELATIONSHIP (STATEMENT	16
LINE EXPLANATION OF RELATI	ONSHIP OF ACTI	VITIES			-
93A MEETING REGISTRATION- FIELD OFFICE MEETINGS TOGETHER TRAIL BUILDI MOMENTUM FOR THE TRAI AND IDEA EXCHANGES RE OF TRAIL BUILDING.	. RTC MEETINGS NG CONSTITUENT L BUILDING MOV	S ARE EDUCA' S TO SHARE VEMENT. NET	TIONAL IN NA IDEAS AND G WORKING, BES	TURE & BRINENERATE T PRACTICES	IG S
93B CONSULTING-INCOME DER (PLANNING, DESIGN AND COMMUNITIES THROUGHOU	CONSTRUCTION)	PROVIDED B			! !
102 MERCHANDISE AND PUBLI					

TRAIL GUIDEBOOKS AND RTC MERCHANDISE. RTC TRAIL GUIDEBOOKS PROVIDE

REGIONAL DETAILED INFORMATION ABOUT OPEN AND ACTIVE RAIL-TRAILS THAT EXPAND THE USE OF EXISTING RAIL-TRAILS BY THE GENERAL PUBLIC AND PROMOTE HEALTHY AND ACTIVE LIFESTYLES. RTC MERCHANDISE SALES PROMOTE THE IDEOLOGY AND POSITIVE BENEFITS OF RAIL-TRAILS.

- MISCELLANEOUS INCOME RECEIVED FROM ACTIVITIES DIRECTLY RELATED TO 103A RTC'S EXEMPT PURPOSE.
- REIMBURSEMENT OF MANAGEMENT FEES AND EXPENSES FOR SERVICES PROVIDED 103D TO EXEMPT ORGANIZATIONS WITH SIMILAR EXEMPT PURPOSES.

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

RTC PROVIDES SCHOLARSHIPS TO ATTEND TRAILLINK, OUR INTERNATIONAL TRAILS CONFERENCE THAT OCCURS EVERY TWO YEARS. SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS BASED ON FINANCIAL NEED OR TO SUPPORT THE TRAILLINK PROGRAM AND CONTRIBUTE TOWARDS THE OVERALL DIVERSITY OF THE ATTENDEES. MOST SCHOLARSHIPS ARE FUNDED THROUGH RESTRICTED GRANTS THAT REQUIRE THE SCHOLARSHIP RECIPIENTS BE LOCATED WITHIN A PARTICULAR GEOGRAPHIC REGION (INCLUDING INTERNATIONAL) OR REPRESENT A PARTICULAR TYPE OF COMMUNITY (UNDERSERVED, ETC.) THOSE RESTRICTIONS ARE THE FIRST SET OF CRITERIA THAT A SCHOLARSHIP RECIPIENT MUST MEET. RTC REQUIRES THAT ALL SCHOLARSHIP RECIPIENTS BE PART OF THE TRAILS PROFESSION OR RELATED INTER-DISCIPLINARY FIELDS AND BE WILLING AND ABLE TO ACTIVELY PARTICIPATE IN THE FULL CONFERENCE. OTHER FACTORS IN SELECTION INCLUDE RESTRICTING SCHOLARSHIPS FOR ONE REPRESENTATIVE FROM AN ORGANIZATION AND PREFERENCE TO THOSE WHO HAVE NEVER ATTENDED TRAILLINK IN THE PAST.

EACH POTENTIAL SCHOLARSHIP RECIPIENT MUST COMPLETE A WRITTEN APPLICATION TO BE CONSIDERED. SCHOLARSHIP RECIPIENTS ARE ENCOURAGED TO VOLUNTEER 2-4 HOURS OF TIME DURING THE CONFERENCE.

SCHEDULE A	OTHER INCOME			STATEMENT	18
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISCELLANEOUS	117,819.	58,925.	0.		0.
TOTAL TO SCHEDULE A, LINE 22	117,819.	58,925.	0.		0.

Company	Street Address	<u>Amount</u>
Metro Bicycle Coalition	P.O. Box 19371 New Orleans, LA 70179	\$ 3,000
Friends of Lafitte Corridor	1450 Moss Street New Orleans, LA 70119	2,000
Indiana Heritage Group	P.O. 402 Indianapolis, IN 46206-0402	5,000
PATH Foundation	P.O. Box 14327 Atlanta, GA 30324	50,000
Cleburne County Commission	120 Vickery Stree, Room 207 Heflin, AL 36264	50,000
City of Cookeville	Cathy Andrews PO Box 998 Cookeville, TN 38503	5,000
Parks and Trails New York	Richard Calabrese, Supervisor 29 Elk Street Albany, NY 12207	5,000
Knowlton Athletic Association	Lisa Patton, Clerk S628 Route 94 Columbia, NJ 07832	5,000
Friends of the Bloomingdale	Josh Deth, Exe Director Logan Square Chamber of Comm 3147 W. Logan Blvd #12 Chicago, IL 60647	5,000
Bicycle Transportation	Jessica Roberts, Metro Area PO Box 9072 Portland, OR 97207-9072	5,000
Friends of Spokane Centennial	Kaye Turner, President PO Box 351 Spokane, WA 99210-0351	5,000
Alachua County Bicycle A	Kiara Winan, Coordinator PO Box 14854 Gainesville, FL 32604	5,000
Catonsville Rails to Trails	Steve Sprecher PO Box 3282 Catonsville, MD 21228	5,000
Trails and Open Space	Dan Cleveland, Exe Director 1426 N. Hancock Suite 4 North Colorado Springs, CO 80903	5,000
Kentucky Rails to Trails	Keith Lovan, Chair PO Box 597 Lexington, KY 40588-0597	5,000
Michigan Trails and Greenways	Nancy Krupiarz, Executive Dir 410 South Cedar Suite A Lansing, MI 48912	5,000
Illinois Trails Conservancy	Bev Moore, Director P.O. Box 10 144 W. Main Street Capron, IL 601012-0010	5,000
	Form 990, Part II, Line 22	\$ 170,000



Rails-to-Trails Conservancy Form 990, Part II, Line 42 - Depreciation Form 990, Part IV, Line 57 - Land, Buildings, and Equipment Year Ended September 30, 2006

52-1437006

A	S	S	E	T	S

ADDLID	Beginning of Year	Additions	Disposals	End of Year
Furniture and Equipment Leasehold Improvements	\$ 277,115 48,087	\$ 17,936	\$ (30,958)	\$ 264,093 48,087
Total	\$ 325,202	\$ 17,936	\$ (30,958)	\$ 312,180
ACCUMULATED DEPRECIATION	Beginning of Year	Current Year Depreciation	Disposals	End of Year
Accumulated Depreciation	\$ 270,161	\$ 31,978	\$ (30,958)	\$ 271,181
Total	\$ 270,161	\$ 31,978	\$ (30,958)	\$ 271,181
		Fix	xed Assets, Net	\$ 40,999

Note: Furniture and equipment are stated at cost and are being depreciated using the straight line method over three to five year periods, with no salvage value. Leasehold improvements are stated at cost and have been amortized using the straight line method over the useful life of the seven year lease.

Rails-to-Trails Conservancy

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees (Non-compensated)
Year Ended September 30, 2006 52-1437006

Title

<u>Name</u>	<u>11ue</u>
Heath J. Meriwether	Chairman
David Ingemie	Treasurer
Joe Barrow, Jr.	Vice Chairman
Rebecca Riley	Vice Chariman
Chip Angle	Board Member
James Bellas	Board Member
Jennie E. Gerard	Board Member
Peter Goldman	Board Member
Katherine Kraft	Board Member
Deborah Lathen	Board Member
Charles N. Marshall	Board Member
Tom Murphy	Board Member
Stephen Thomas	Board Member
Guy Williams	Board Member
•	

All of the individuals listed above are volunteers and are not compensated in their role as officers and directors of Rails-to-Trails Conservancy. The officers and directors provide 1 hour per week on average to attend board/committee meetings, etc. All of the officers and directors can be reached at the following corporate address of Rails-to-Trails Conservancy:

1100 17th. Street, NW Washington, DC 20036

Name



Form 8868 (Rev. 12-2004)	Page 2
• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a p ■ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	reviously filed Form 8868.
Part II Additional (not automatic) 3-Month Extension of Time - Must file	Original and One Copy.
Type or Name of Exempt Organization	Employer identification number
print. RAILS-TO-TRAILS CONSERVANCY	52-1437006
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
due date for 1100 17TH STREET, NW, 10TH FLOOR	·
return. See instructions. WASHINGTON, DC 20036	
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form	n 1041-A Form 5227 Form 8870
	n 4720 Form 6069
STOP: Do not complete Part II if you were not already granted an automatic 3-month extension	on a previously filed Form 8868.
The books are in the care of ► RAILS-TO-TRAILS CONSERVANCY Telephone No. ► 202-331-9696 FAX No. ►	
If the organization does not have an office or place of business in the United States, check this bo)X
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	nd EINs of all members the extension is for.
4 I request an additional 3-month extension of time until 5 For calendar year , or other tax year beginning OCT 1, 2005 a	nd ending SEP 30, 2006 .
	I return Change in accounting period
7 State in detail why you need the extension	NEGECCARY TO THE A COMP
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION	NECESSARY TO FILE A COMP
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less nonrefundable credits. See instructions	· ·
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estax payments made. Include any prior year overpayment allowed as a credit and any amount p previously with Form 8868	aid
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	
Signature Title Title	Date ►
Notice to Applicant - To Be Completed by the We have approved this application. Please attach this form to the organization's return.	ie IRS
We have not approved this application. However, we have granted a 10-day grace period from	the later of the date shown below or the due
date of the organization's return (including any prior extensions). This grace period is considered	
otherwise required to be made on a timely return. Please attach this form to the organization's We have not approved this application. After considering the reasons stated in item 7, we can	
file. We are not granting a 10-day grace period.	iot grant your request for all extension or time to
We cannot consider this application because it was filed after the extended due date of the re Other	turn for which an extension was requested.
By:	Date
Alternate Mailing Address - Enter the address if you want the copy of this application for an addition different than the one entered above.	onal 3-month extension returned to an address
Name RAFFA, P.C.	
Type Number and street (include suite, room, or apt. no.) or a P.O. box number 1899 L STREET, NW, SUITE 600	
City or town, province or state, and country (including postal or ZIP code) WASHINGTON, DC 20036	
	FOM: 38.8 F V 17-2004)