Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2023 calenda	r year, or t	ax year	· beginnir	ng			10-01	, 2023,	and	endin				09-30	
В	Check if a	applicable:	C Name of	f organiz	ation									D Emp	loyer id	entification i	number
Н	Address		Georgia											58-	-6134	664	
Н	Name ch Initial ret							phone nu									
Н		urn/terminated	1180 We	_	_											2-3064	
	Amende					country, and	d ZIP or fo	reign posta	code				- [1	F Gro	up Exe	mption	
Ш	Applicati	on pending	Winder,	GA 3	0680										nber		
G	Account	ing Method:	X Cash	□ A	ccrual	Other (spe	ecify):						H C	heck	if the	e organizati	on is not
I	Website	: Geor	gia-Atc	lub.o	rg									•		ch Schedule	∌ B
J	Tax-exen	npt status (che	ck only one)	- X 5	01(c)(3)	501(c)	()((insert no.)	4947	′(a)(1) o	r 🗌	527	(F	Form 9	90).		
K	Form of	organization:	X Cor	poration	n 🗌 Tri	ust	□ F	Association	· [](Other:							
		s 5b, 6c, and 7															
(Pa	art II, col	umn (B)) are S	\$500,000 or	r more, f	file Form	990 instea	d of Form	1 990-EZ							. \$		123,912
	art I	Revenu	e, Expen	ises, a	and Ch	anges ir	າ Net A	ssets o	r Fund	Baland	ces	(see	the i	nstruc	ctions f	or Part I)	
		Check if t	he organi	zation	used Sc	:hedule O	to resp	ond to ar	y questic	n in thi	s Pa	rt I .					X
	1	Contributions	s, gifts, grar	nts, and	similar an	nounts rec	eived .								1		84,686
	2	Program ser	vice revenı	ue includ	ding gove	rnment fee	s and cor	ntracts .							2		
	3	Membership	dues and a	assessn	nents										3		26,055
	4	Investment in	ncome												4		11,394
	5a	Gross amou	nt from sale	of asse	ets other t	than invent	ory			5a							
	b	Less: cost or	other basi	s and sa	ales expe	nses				5b							
	С	Gain or (loss													5c		
	6	Gaming and	fundraising	events	:		• ,										
	а	Gross incom	e from gam	ing (att	ach Scher	dule G if g	reater tha	an									
ē		\$15,000).								6a							
Revenue	b	Gross incom	e from func	draising	events (n	ot including	g \$		(of contrib	ution	ıs					
Şe.		from fundrais		_	-			G if the									
_		sum of such	_							6b							
	С	Less: direct	-					-		6с							
	d	Net income of	-	-	_	_				nd subtra	act				-		
		line 6c)	. ,	-	-	•	•								6d		
	7a	Gross sales								1							
	b	Less: cost of	-	•													
	С	Gross profit	-												7c		
	8	Other revenu													8		1,777
	9	Total reven													9		123,912
_	10	Grants and s													10		
	11	Benefits paid					•								11		
	12	Salaries, oth													12		
es	13	Professional													13		
ens	14	Occupancy,													14		
Expenses	15	Printing, pub													15		7,225
	16	Other expen	-	_		_									16		85,333
	17	Total expen													17		92,558
-	18	Excess or (d													18		31,354
ठ	19	Net assets of	•				•					. .	• •		10		,554
ssel	.	end-of-year								-					19		342,732
Net Assets	20	Other change			-	•									20		17,077
Š	21	Net assets of													21		391,163
_		. 10: 433013 0	· ·uiiu bala	at	ond or ye	<u>~ 00111011</u>	10 111100 1	o unough	<u> · · · · </u>	<u></u>	• • •	• • •	• • •	• •			

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	Balance Sheets (see the instructions for Pa	rt II)				
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part II			[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			342,732	22	391,163
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			342,732	25	391,163
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B) m	ust agree with line 21)		342,732	27	391,163
Part	III Statement of Program Service Accompli	shments (see the ir	structions for Part I	II)		
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part I	∥		Expenses
What i	is the organization's primary exempt purpose? The GA	CC maintains th	e Appalachian	Trail	, ,	uired for section
D	ibo the avacuination's program comics accomplishment for	or analy of its three large			١ ,	c)(3) and 501(c)(4) nizations; optional for
	ibe the organization's program service accomplishments for asured by expenses. In a clear and concise manner, descr				other	• •
	ns benefited, and other relevant information for each progra	•	ca, the namber of			,
	The GATC maintains the Appalachian Tr		ī			
	publishes a monthly newsletter, leads					
	outreach and wilderness training.					
		nt includes foreign grant	s. check here		28a	88,994
29	(Craine C	g. g. a	5, 611, 661, 71, 71			30,551
	(Grants \$) If this amour	nt includes foreign grant	s check here		29a	
30	Colains & Thuis amoun	it includes foreign grant	3, 011001 11010	· · · · · · · <u> </u>	234	
30						
	(Cranto C	at in alcidos forsion grant	a abaali bawa		20-	
24	(Grants \$) If this amour Other program services (describe in Schedule O)	nt includes foreign grant			30a	
	, -					
	(O	. 4 : 1 1 4 :			24-	
		nt includes foreign grant			31a	00.004
32	Total program service expenses (add lines 28a through	h 31a)			32	88,994
	Total program service expenses (add lines 28a through List of Officers, Directors, Trustees, and	h 31a) Key Employees (li	st each one even if not	compensated-see th	32 e instr	uctions for Part IV
32	Total program service expenses (add lines 28a through	h 31a) Key Employees (li	st each one even if not uestion in this Part I	compensated-see th	32 e instr	uctions for Part IV
32	Total program service expenses (add lines 28a throught IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	Key Employees (li to respond to any que (b) Average	st each one even if not	compensated-see th	32 e instr	uctions for Part IV)
32	Total program service expenses (add lines 28a through List of Officers, Directors, Trustees, and	Key Employees (li to respond to any qu (b) Average hours per week	st each one even if not uestion in this Part I	compensated-see th	32 e instr	uctions for Part IV
32 Part	Total program service expenses (add lines 28a throught IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	Key Employees (li to respond to any que (b) Average	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	compensated-see th V (d) Health benefits, contributions to employe	32 e instr	uctions for Part IV
32 Part	Total program service expenses (add lines 28a throught IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	Key Employees (li to respond to any qu (b) Average hours per week	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/	compensated-see th V (d) Health benefits, contributions to employe benefit plans, and	32 e instr	uctions for Part IV)
32 Part	Total program service expenses (add lines 28a through total program service expenses (add lines 28a th	key Employees (li to respond to any quality (b) Average hours per week devoted to position	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	compensated-see th V (d) Health benefits, contributions to employe benefit plans, and deferred compensation	e instr	uctions for Part IV
32 Part See Ashl	Total program service expenses (add lines 28a through tivities List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title 990 OFOV ey Luke ctor	Key Employees (li to respond to any qu (b) Average hours per week	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	compensated-see th V (d) Health benefits, contributions to employe benefit plans, and	e instr	uctions for Part IV)
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Georgia Appalachian Trail Club

Part	·			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. L</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
270	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a b	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	376		
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912: ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	406		1,
•	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed: GA			
42a	The organization's books are in care of: Lorraine Brandvold Telephone no. 404-49	92-3	064	
	Located at: 1180 Wendy Way, Winder, GA ZIP+4 30680		.,	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	426	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			. [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	AAL		.,
С	completed instead of Form 990-EZ	44b 44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	776		Λ.
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		х

								Y	es	No
	the organization engage, directly or indirect	,, ,								
	andidates for public office? If "Yes," compl							46		Х
Part VI	Section 501(c)(3) Organization									
	All section 501(c)(3) organization	ns must answer ques	stions 47-4	19b and 52	2, and c	complete the	table	s for li	nes	
	50 and 51.									
	Check if the organization used S	chedule O to respon	id to any c	uestion in	this Pa	art VI				. 🔲
							1	Y	es	No
	the organization engage in lobbying activit	· · · · · · · · · · · · · · · · · · ·			_					
· - '	r? If "Yes," complete Schedule C, Part II .						t	47		Х
	ne organization a school as described in se		-				t	48		Х
	the organization make any transfers to an	·	_				t	49a		Х
	es," was the related organization a section	-						49b		
	nplete this table for the organization's five h	- :	- '				сеу			
emp	oloyees) who each received more than \$10	0,000 of compensation fro								
		(b) Average		eportable ensation		alth benefits, ons to employee	(e) E	Estimated a	moun	t of
	(a) Name and title of each employee	hours per week devoted to position		2/1099-MISC/ 9-NEC)		ans, and deferred mpensation	c	other compe	ensatio	on
			100	0 1120)		препосноп				
MONTE										
NONE										
f Tota	al number of other employees paid over \$1	00,000					1			
	nplete this table for the organization's five h		-	actors who e	ach recei	—— ived more than				
	0,000 of compensation from the organization	•								
	(a) Name and business address of each independe	ent contractor	(b) Type of service		(1	c) Comp	ensation		
NONE										
	al number of other independent contractors	· ·								
	the organization complete Schedule A? N	` , ` ,	•				=	r	-	
	npleted Schedule A							Yes	N	0
	es of perjury, I declare that I have examined this		_			-	wledge a	and belief	, it is	
true, correct,	and complete. Declaration of preparer (other tha	in officer) is based on all infor	mation of which	n preparer has	any know	/ledge.				
C:	Lorraine Brandvold									
Sign	Signature of officer					Date				
Here	Lorraine Brandvold, Trea	surer								
	Type or print name and title	Preparer's signature		Date		T	PTIN			
Deid					0001	Check if self-employed			_	
Paid	Carol Parr	Carol Parr		12-30-			₽ 00	85593	9	
Preparer					Firn	n's EIN				
Use Only							F.0.0	4005		
Movities IDC	Decatur GA 3003						-583 ⊽		٦.,	
iviay the IRS	discuss this return with the preparer show	ii above? See instructions		• • • • •				Yes L	<u>N</u>	_

List of Officers, Directors, Trustees, and Key Employees 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

i List all officers, directors, trustees, and key employees for the	year even ii they wer	e not compensated,		
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Turner				
Director	5.00	0	0	0
DITECTOL	3.00		0	<u> </u>
				1
	-			
		1		

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

Open to Public Inspection

Geor	eorgia Appalachian Trail Club 58-6134664								
Par	t I	Reason for Public Cha	r <mark>ity Status.</mark> (Al	I organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The o	rga	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one bo	x.)			
1	1 🔲 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospita				(A)(iii).			
4	Ī	A medical research organization or	perated in conjunct	tion with a hospital desci	ibed in se	ction 170((b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:	•	,		`			
5	П	An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	agovernme	ental unit described in		
		section 170(b)(1)(A)(iv). (Complete	•	, ,	,	5			
6	П	A federal, state, or local government	·	Lunit described in sectio	n 170(b)(1)(A)(v).			
7	X	An organization that normally received	· ·				rom the general public		
•		described in section 170(b)(1)(A)(•		0.0000000000000000000000000000000000000	a and a	iom the general public		
8	П	A community trust described in sec							
9	H	An agricultural research organization			nerated in	conjunctio	n with a land-grant coll	909	
3	ш	or university or a non-land-grant co						ege	
		university:	nege or agriculture	(See Instructions). Linter	uie name,	city, and s	late of the college of		
10		An organization that normally received	(as (1) mare than 2	22 1/20/ of its support fro	m contribu	tions mor	sharahin face, and grace		
10	ш	receipts from activities related to its	exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	5	
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less secti	oń 511 tax) from businesses		
44		acquired by the organization after	·	, ,, ,	•	,	11		
11	님	An organization organized and ope	•			٠,,,	•		
12	Ш	An organization organized and oper	•	•					T-
		one or more publicly supported org					, ,,	s). Chec	CK
		the box on lines 12a through 12d th					_		
а		Type I. A supporting organizat				-		ving	
		the supported organization(s) the		•		directors	or trustees of the		
_		supporting organization. You n	•						
b		Type II. A supporting organiza	•				•	-	
		control or management of the s		·	persons tha	at control o	r manage the supporte	d	
		organization(s). You must cor	•						
С		☐ Type III functionally integrate	ed. A supporting or	rganization operated in c	onnection	with, and	functionally integrated	with,	
		its supported organization(s) (s	•	•					
d			grated. A supporti	ng organization operate	d in conne	ction with	its supported organizat	ion(s)	
		that is not functionally integrate	•			•	ent and an attentivenes	s	
		requirement (see instructions).	•	•	•				
е		Check this box if the organization				• •	I, Type II, Type III		
		functionally integrated, or Type	•	integrated supporting of	rganization	ı .			
f		nter the number of supported organ							
g	F	rovide the following information abou	ut the supported or	ganization(s).			T		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)		r support (see nstructions)
				, , , , , , , , , , , , , , , , , , , ,			,		,
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

58-6134664 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	57,136	61,534	85,213	121,945	105,301	431,129
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	57,136	61,534	85,213	121,945	105,301	431,129
5	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)						
6	Public support. Subtract line 5 from line 4.						431,129
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	57,136	61,534	85,213	121,945	105,301	431,129
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	4,548	3,485	4,528	9,226	11,144	32,931
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						464,060
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	r.e					<u></u>
Secti	on C. Computation of Public Suppo	rt Percentag	9				
14	Public support percentage for 2023 (line 6	6, column (f), di	vided by line 1	1, column (f))		14	92.90 %
15	Public support percentage from 2022 Sch	iedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2023. If the organ	nization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organizatio	on		
17a	10%-facts-and-circumstances test - 20	23. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	stances test. 7	Γhe organizatio	n qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 20	22. If the organ	ization did not	check a box o	n l ine 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	stances test, ch	neck this box a	nd stop here.	Explain
	in Part VI how the organization meets the	facts-and-circu	umstances tes	t. The organiza	ition qualifies a	is a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions						

Schedule A (Form 990) 2023 EEA

58-6134664

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	1					
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
C 11	Net income from unrelated business						
11							
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	1			1		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1.6.41.6	<u> </u>		\(\(\alpha\)
14	First 5 years. If the Form 990 is for the or	_			-	•	
C4!	organization, check this box and stop her			<u> </u>		<u> </u>	· · · · · · L
	on C. Computation of Public Suppor			(6)		45	0/
15	Public support percentage for 2023 (line 8		•			15	<u>%</u>
16	Public support percentage from 2022 Sch			• • • • • • •		16	<u>%</u>
	on D. Computation of Investment Inc			u line 40 '	(f)\	47	
17	Investment income percentage for 2023 (I			-		17	<u>%</u>
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be	-	_	-			
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this bo		_			-	
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	neck this box a	ınd see instruc	tions 📙

Schedule B (Form 990)

Schedule of Contributors

2022

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

OMB No. 1545-0047

Name of the organization **Employer** identification number Georgia Appalachian Trail Club 58-6134664 Organization type (check one): Filers of: Section: Form 990 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Georgia Appalachian Trail Club

Employer identification number

58-6134664

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Georgia Tag Grants-AT Conservancy P.O. 807 Harpers Ferry WV 25425-0807	\$\$55,726	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USFS (Ridgerunners) 1755 Cleveland Highway Gainesville GA 30501	\$\$6,102	Person Reproll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

58-6134664 Georgia Appalachian Trail Club 01. Description of other revenue (Part I, line 8) Description Amount 1,777 Other revenue 02. Description of other expenses (Part I, line 16) Amount Description 59 Registrations fees 381 Travel 1,307 PayPal charges 1,090 Directors at large expense 22,994 Outreach program Conservation 209 Trails and shelter expense 24,534 2,760 Storage Merchandise 3,251 Officers expense Membership committee Functions expense 1,406 Information and education 16,313 1,353 Website 1,042 Liability insurance 730 Quickbooks Tax preparation fee 450 6,100 Tools

1,147

Activities committee

Schedule O (Form 990) 2023 Employer identification number Name of the organization Georgia Appalachian Trail Club 58-6134664 50 Donation 03. Other changes in net assets or fund balances (Part I, line 20) Description Amount Change in market value 17,077

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 10-01 , 2023, and ending 09-30 , 2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer EIN or SSN Georgia Appalachian Trail Club 58-6134664 Name and title of officer or person subject to tax Lorraine Brandvold, Treasurer Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12)..... 2a Form 990-EZ check here . . . 123,912 Form 1120-POL check here. . 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 990-PF check here . . . **b** Balance due (Form 8868, line 3c)......... Form 8868 check here Form 990-T check here 6a Form 4720 check here 7a **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here 8a Form 5330 check here Form 8038-CP check here. . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize Carol Parr CPA LLC 17200 to enter my PIN as my signature **ERO** firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. 📙 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 12-30-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 585754 48780 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Carol Parr 12-30-2024 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So