

Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order:
- Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | |
|------------|--|------------|--|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) [Article Two, pg. 1](#)
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law [Article Twelve, pg 3](#)
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011



**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
HIKE FOR MENTAL HEALTH, INC.		Tom Kennedy	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
474 Ottawa Avenue	C-21	45-4085310	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Hasbrouck Heights, NJ 07604		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 603 801-5662	
a Name: Leo Walker		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.hikeformentalhealth.org			
b Organization's email: (optional) leo.walker@hikeformentalhealth.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		12 / 05 / 2011	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1** Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **Yes** **No**
- 2** Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. **Yes** **No**
- 3** Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. **Yes** **No**
- 4a** Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. **Yes** **No**
- b** Have you been funded? If "No," explain how you are formed without anything of value placed in trust. **Yes** **No**
- 5** Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. **Yes** **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1** Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Article Two of Cert. of Incorp.
- 2a** Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b** If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Article Twelve (12) of Certificate of Incorporation
- 2c** See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a** List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Leo R. Walker	President, Board of Directors	4 Canary Court Springfield, VT 05156	none
Tom P. Kennedy	Vice President, Board of Dir.	474 Ottawa Avenue C-21 Hasbrouck Heights, NJ 07604	none
Nancy A. Kozanecki	Secretary, Board of Directors	3705 Pine Branch Drive Pearland, TX 77581	none

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. Yes No

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No

b Do you or will you approve compensation arrangements in advance of paying compensation? Yes No

c Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? **Yes** **No**
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? **Yes** **No**
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. **Yes** **No**
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
-
- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
-
- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. **Yes** **No**
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. **Yes** **No**
-
- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. **Yes** **No**
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. **Yes** **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b** Describe any written or oral arrangements you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f** Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1a** In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b** In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2** Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3** Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1** Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2** Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1** Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a** Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b** Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a** Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b** Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c** List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) **Yes** **No**

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Yes** **No**
-
- 12a** Do you or will you operate in a **foreign country or countries?** If "Yes," answer lines 12b through 12d. If "No," go to line 13a. **Yes** **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. **Yes** **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. **Yes** **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. **Yes** **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. **Yes** **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. **Yes** **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. **Yes** **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. **Yes** **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. **Yes** **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|-------------------------------------|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From <u>1/11</u> To <u>12/11</u>	(b) From <u>1/12</u> To <u>12/12</u>	(c) From <u>1/13</u> To <u>12/13</u>	(d) From To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	\$3,600	\$26,738	\$221,057		
	2 Membership fees received	\$0	\$0	\$0		
	3 Gross investment income	\$0	\$0	\$0		
	4 Net unrelated business income	\$0	\$0	\$0		
	5 Taxes levied for your benefit	\$0	\$0	\$0		
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	\$0	\$0	\$0		
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	\$0	\$0	\$0		
	8 Total of lines 1 through 7	\$3,600	\$26,738	\$221,057		
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	\$0	\$0	\$972		
	10 Total of lines 8 and 9	\$3,600	\$26,738	\$222,029		
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	\$0	\$0	\$0		
	12 Unusual grants	\$0	\$0	\$0		
	13 Total Revenue Add lines 10 through 12	\$3,600	\$26,738	\$222,029		
Expenses	14 Fundraising expenses	\$200	\$1,990	\$21,649		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	\$0	\$17,000	\$165,000		
	16 Disbursements to or for the benefit of members (attach an itemized list)	\$0	\$0	\$0		
	17 Compensation of officers, directors, and trustees	\$0	\$0	\$0		
	18 Other salaries and wages	\$0	\$0	\$0		
	19 Interest expense	\$0	\$0	\$0		
	20 Occupancy (rent, utilities, etc.)	\$0	\$0	\$0		
	21 Depreciation and depletion	\$0	\$0	\$0		
	22 Professional fees	\$0	\$0	\$0		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	\$1,268	\$2,483	\$5,083		
24 Total Expenses Add lines 14 through 23	\$1,468	\$22,573	\$197,881			

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End: **2011**

Assets		(Whole dollars)
1	Cash	\$3,600
2	Accounts receivable, net	\$0
3	Inventories	\$0
4	Bonds and notes receivable (attach an itemized list)	\$0
5	Corporate stocks (attach an itemized list)	\$0
6	Loans receivable (attach an itemized list)	\$0
7	Other investments (attach an itemized list)	\$0
8	Depreciable and depletable assets (attach an itemized list)	\$0
9	Land	\$0
10	Other assets (attach an itemized list)	\$0
11	Total Assets (add lines 1 through 10)	\$3,600
Liabilities		
12	Accounts payable	\$1,468
13	Contributions, gifts, grants, etc. payable	\$0
14	Mortgages and notes payable (attach an itemized list)	\$0
15	Other liabilities (attach an itemized list)	\$0
16	Total Liabilities (add lines 12 through 15)	\$1,468
Fund Balances or Net Assets		
17	Total fund balances or net assets	\$2,133
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	\$3,600
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. **Yes** **No**
- b** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2** Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. **Yes** **No**
- 3** Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. **Yes** **No**
- 4** Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? **Yes** **No**
- 5** If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a** 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b** 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
 - c** 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d** 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

.....
 (Signature of Officer, Director, Trustee, or other authorized official)

.....
 (Type or print name of signer)

.....
 (Date)

.....
 (Type or print title or authority of signer)

For IRS Use Only

.....
 IRS Director, Exempt Organizations

.....
 (Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. **Yes** **No**

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1** Have your annual gross receipts averaged or are they expected to average not more than \$10,000? **Yes** **No**
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2** Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3** Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please
Sign
Here**



(Signature of Officer, Director, Trustee, or other
authorized official)

Leo R. Walker

(Type or print name of signer)

January 9, 2012

(Date)

President, Board of Directors

(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev. 6-2006)

Additional Information

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

HIKE FOR MENTAL HEALTH, INC.

EIN 45-4085310

Section IV. The primary activity of HIKE for Mental Health consists of organizing and operating fund-raising hikes on the Appalachian Trail. This activity requires approximately 90% of our time.

In 2012, this activity will be conducted on the section of the Appalachian Trail in New Jersey. Attached are printed pages from our website showing the details of the 2012 hike schedule and details about the planned hikes.

In future years, we intend to expand to additional sections of the Appalachian Trail. We have not yet determined which sections will be opened in which year. Our intent is to add 2 additional sections in 2013. In addition, we will increase our hike schedule each year, with 1-2 weeks of hikes in 2012 and 3 weeks of hikes in 2013.

The hikes will be conducted by HIKE for Mental Health board members as well as by volunteers who agree to serve as trail directors. The trail directors, like other hikers on the hike, will be required to collect sponsors for their hikes. The sponsorship funds raised through these hikes provide the funding necessary to operate the organization as well as the funds we distribute for scientific research into the causes, treatments, and cures of mental illness and the preservation of the Appalachian Trail.

Approximately 5% of our time is spent in selecting recipient 501(c)(3) organizations for our charitable distributions and for making and overseeing those distributions. We will distribute 100% of net funds raised, after accounting for operating expenses, to our charitable purposes. 80-90% of these net funds will be distributed to 501(c)(3) organizations that support scientific research into the causes, cures, and treatments of mental illness and 10-20% will be distributed to 501(c)(3) organizations that preserve the Appalachian Trail. The distributions will be conducted by the Board of Directors of HIKE for Mental Health, Inc. Distributions will be made in the 4th quarter of each year. This activity is core to our exempt purpose of supporting scientific research into the causes, cures, and treatments of mental illness and of preserving the Appalachian Trail.

The remaining 5% of our time is spent on organizational administrative needs – maintaining financial records, board of directors meetings, regulatory compliance needs, maintaining our website, etc.

All business is conducted under our corporate name, HIKE for Mental Health, Inc. We have no aka's or dba's.

Part V

Section 1b: Please see the response to Part IV, in particular the description of the distribution of funds to recipient 501(c)(3) organizations.

Part VIII

Section 4a: Please see the response to Part IV, in particular the description of our fund-raising hikes, which are our primary planned fund raising activity. The funds raised from those hikes will be accepted via our website from sponsors making donations to sponsor hikers' participation in these hikes.

In addition, our website has a "donate" feature that allows someone to make a donation to our organization without sponsoring a hiker.

We may also sell HIKE for Mental Health logo-ed t-shirts, hats, or other similar promotional products, should we find there is interest in such items. We would sell them via our website and/or as part of the opening and/or closing for our hikes.

Section 4d: Our fundraising efforts in 2012 (sponsorship hikes along the Appalachian Trail as described above) will be focused in the State of New Jersey. However, as our hikers approach friends and family for sponsorships, they are not restricted to any particular State in these personal appeals for sponsorship.

We will fundraise only for our organization, and no other organization will fundraise for us.

Section 13b: Our distributions to other 501(c)(3) organizations that support scientific research into the cures, causes, and treatments of mental illness or that support preservation of the Appalachian Trail are central to our exempt charitable work of supporting this type of activity.

Section 13d: For 2012, we intend to distribute funds to the Brain and Behavior Research Foundation and to the Appalachian Trail Conservancy. We have no relationship with either organization, outside of our intention to distribute funding to them.

Section 13e: We will keep detailed financial records of the funds distributed to the recipient organizations, including the name, date, and amount of the distribution. These distributions will be explicit in our financial statements and the notes thereto. We will also have bank statements reflecting the transactions.

Section 13f: The determination of which 501(c)(3) organizations will receive our distributions will be made by the Board of Directors at its annual meeting in January. We do not intend to entertain application forms or grant proposal. Instead, the Board of Directors will conduct independent research to identify registered 501(c)(3) organizations whose core mission aligns with our charitable purposes. From this listing, we will conduct an assessment using a pre-established set of criteria that includes factors such as the degree of alignment with our exempt purpose, the quality of the organization in terms of governance, efficacy, and use of funds, and the degree to which our distribution will impact their ability to execute their mission. From that assessment, the Board will make selection(s) for that year.

Section 13g: Because we will make distributions only to registered 501(c)(3) organizations, we will monitor performance of the organization through their annual reports, financial filings, and other regulatory filings. These reviews will be conducted annually and will be documented in the minutes of our annual Board of Directors meeting. We may also hold periodic meetings with the recipient organizations as deemed appropriate by the Board of Directors.

Part IX

Line 9: Revenues are from sales of HIKE for Mental Health logo-ed t-shirts, hats, and other promotional items.

Line 15: 2012 planned distributions

Brain & Behavior Research Center \$15,300
Appalachian Trail Conservancy \$1,700

2013 planned distributions

501(c)(3) organization(s) for mental health research..... \$148,500
501(c)(3) organization(s) for Appal. Trail preservation \$16,500

Line 23: Other Expenses are General & Management expenses (incorporation and filing fees, website hosting fees, liability insurance).



*Share the joy of hiking.
Bring hope to those battling mental illness.*

About Our Hikes

At **HIKE for Mental Health**, we love hiking, especially on the Appalachian Trail. And we want to do some good in the world along the way. Our hikes are designed to do both.

1. **Hikers have a great time hiking sections of the AT**, usually as part of small groups doing a day hike or section hike together. We start and end together each day, but along way, everyone hikes their own hike. We have an experienced trail director on each hike to serve as a resource, but the hikes are by no means “guided.” Each hiker is free to hike his or her own hike at whatever pace and timing suits. Because of our approach, hikers of all levels are welcome. Novices join in to learn more about hiking on the AT. Experienced hikers use the hikes to complete new sections of the AT. Everyone enjoys the camaraderie.
2. **And everyone who hikes with us also wants to help make a difference.** While hiking often brings a sense of restoration and peace to our hikers, for many people battling mental illness the road to peace of mind is not so easy. These hikes are fund-raisers, primarily to help support scientific research to alleviate the suffering of mental illness, and secondarily to preserve of the AT itself.



A lunch break on a recent hike.

- Hikes require a donation from each hiker of between \$500-1,500 depending on hike length. This is not a hiking fee – 100% of the donation goes to the charitable work of **HIKE for Mental Health**.
- Hikers raise the donations by collecting sponsorships from friends, family, colleagues, and local community organizations in the months preceding the hike.
- **HIKE for Mental Health** provides all the tools to make collecting the donations easy and painless.

Interested in learning more? Check out our schedule of [upcoming hikes here](#). Or read the [hike FAQ's here](#).

If you can't hike yourself but want to sponsor a hiker, [click here](#).



[home](#) | [about us](#) | [contact us](#) | [media kit](#) | [links](#)

Search HIKE



*Share the joy of hiking.
Bring hope to those battling mental illness.*

Hiking Events



From the Delaware Water Gap to the New York border, the Appalachian Trail reveals with every step why New Jersey is called the Garden State. Join us for a one-day, three-day, or six-day hike.

Section	Duration	Distance	Dates	More Info
Delaware Water Gap to Culvers Gap An easy to moderate hike. Highlights include the southern most glacial pond on the AT and the highest waterfall in the state.	3 days	27.8 miles	Aug. 10-12	Map and details
Unionville to Culvers Gap Stunning panoramic views await along the Kittatinny Ridge on this pleasant, moderate hike.	3 days	24.3 miles	Aug. 10-12	Map and details
Unionville to Culvers Gap RELAY HIKE Same hike as above, with 3 people each doing a one-day relay leg - no overnight in the woods required.	1 day each	24.3 miles	Aug. 10, 11, 12	Map and details
Delaware Water Gap to Greenwood Lake Your chance to thru-hike the entire length of the Appalachian Trail in the Garden State.	6 days	78.7 miles	Aug. 12-17	Map and details
Delaware Water Gap to Culvers Gap An easy to moderate fall foliage hike. Highlights include the southern most glacial pond on the AT and the highest waterfall in the state.	3 days	27.8 miles	Oct. 12-14	Map and details
Unionville to Culvers Gap Stunning autumn views await along the Kittatinny Ridge on this pleasant, moderate hike.	3 days	24.3 miles	Oct. 12-14	Map and details
Unionville to Culvers Gap RELAY HIKE Same hike as above, with 3 people each doing a one-day relay leg - no overnight in the woods required.	1 day each	24.3 miles	Oct. 12, 13, 14	Map and details



[home](#) | [about us](#) | [contact us](#) | [media kit](#) | [links](#)

Search HIKE



*Share the joy of hiking.
Bring hope to those battling mental illness.*

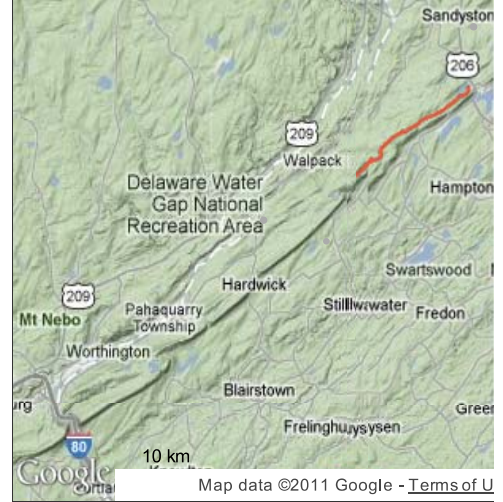
Delaware Water Gap to Culvers Gap (3 days)

This three day section hike encompassing the southern-most section of the Appalachian Trail in the Garden State. It begins at Delaware Water Gap on the PA-NJ border and traverses the beautiful Kittatinny Ridge, with views to the west of the Pocono Plateau and to the east of the Great Valley.

Along the way, we pass beaver ponds, glacial lakes, fire towers, the highest waterfalls in the state, and a 30 ft. sheer rock face dubbed *The Devil's Wall* by some locals.

Camping is at the Mohican Outdoor Center the first night and above Buttermilk Falls on the second night.

Join us August 10-12 or September 12-14 to explore this amazing section of the AT.



Distance:	27.8 miles
Sponsorship level:	\$1,200
Hike dates:	August 10-12 September 12-14

See details for: [Day 1](#) | [Day 2](#) | [Day 3](#)

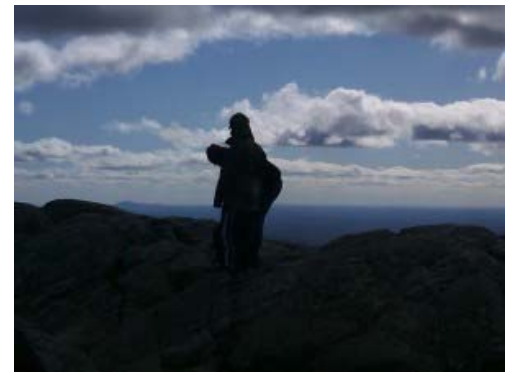
REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 1

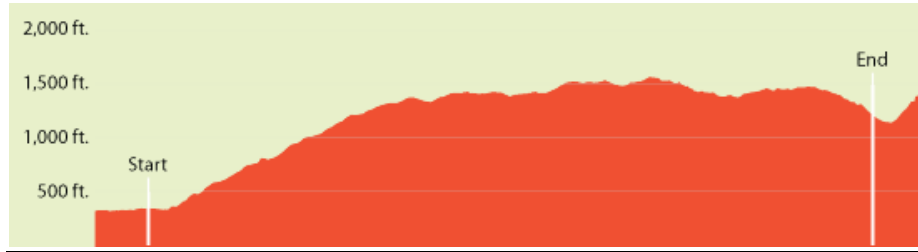
The Trail runs along Dunnfield Creek then rises 1,000 ft. in less than 3 miles as we ascend to the ridge of Kittatinny Mountain on route to beautiful Sunfish Pond, the southern-most glacier-carved pond on the AT.

After following the northern shore of the pond, we proceed along Raccoon Ridge, with opportunities for views east and west, and reach our destination for the day, Catfish Pond and the Mohican Outdoor Center.



Placeholder image

Section:	Delaware Water Gap to Mohican Outdoor Center
Distance:	10.1 miles
Overnight:	There is tent camping at the Mohican Outdoor Center for a nominal fee. There are also bunk-houses with running water, kitchens, and indoor bathrooms for \$29/night/person, with advance reservations required.
Food, water, supplies:	Food and supplies are available in the village of Delaware Water Gap before the hike starts. The Delaware Water Gap Information Center has water and restrooms, and there is a water pump in the parking lot at the beginning of the hike. Food and water are also available at the Mohican Outdoor Center.



Section elevation from Delaware Water Gap to the Mohican Outdoor Center

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 2

We leave the Mohican Outdoor Center via the Rattlesnake Swamp Trail and re-join the Trail at the edge of an escarpment with panoramic views on the Great Valley.

After passing Catfish Fire Tower, a 60 foot tower offering 360 views of the Kittatinny range, we continue north along the ridgeline, passing a small beaver pond, views of the Pocono Plateau and Wallpack Valley, and a short side trail overlooking Crater Lake.

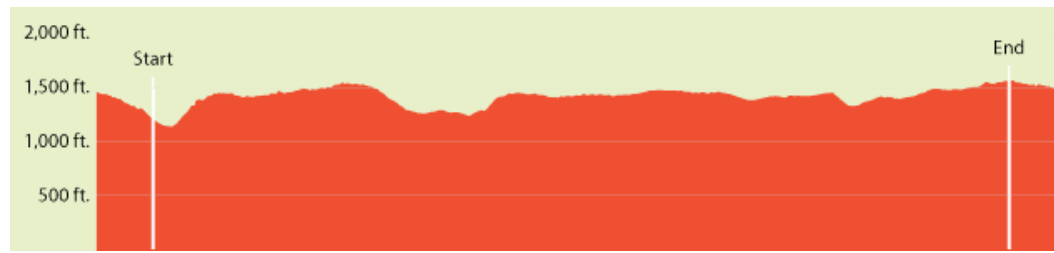
About a mile after Crater Lake, we reach our destination for the evening, a camp site at the junction of the Buttermilk Falls Trail.

Anyone wanting an extra challenge after camp is set up can hike the steep 1.6 mile side-trail down to the highest waterfalls in the Garden State.

Once a thriving summer colony, the cottages on Crater Lake were leveled in the 1960's and 1970's by a federally-mandated hydroelectric project that would have flooded the entire valley.

The project was eventually scrapped in the 1980's under intense local opposition, and the land was converted into the 70,000 acre Delaware Water Gap National Recreation Area, the largest federal recreation area in the East.

Section:	Mohican Outdoor Center to Buttermilk Falls Trail
Distance:	10.0 miles
Overnight:	We will stay in a back-country tent site near the junction with the Buttermilk Falls Trail.
Food, water, supplies:	Food and water are available at the Mohican Outdoor Center at the start of the day. There is a water pump at the Blue Mountain Lakes Road crossing, about 7 miles into the day's hike.



Section elevation from the Mohican Outdoor Center to Buttermilk Falls Trail

REGISTER

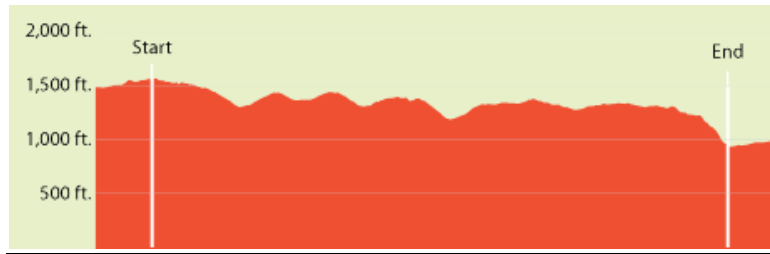
[Return to Top](#) | [Schedule of Hike](#)

Day 3

The trail continues along the ridge line, passing over the rocky summit of 1,492 ft. Rattlesnake Mountain, across a stream in a gap in the ridge and past Bird Mountain.

As we descend the ridgeline to our final destination in Culvers Gap, we are treated to more views of the Pocono Plateau, a shale and sandstone mountain range that houses more than a third of Pennsylvania's 75 major waterfalls.

Distance:	7.7 miles
Section:	Buttermilk Falls Trail to Culvers Gap
Overnight:	Not applicable.
Food, water, supplies	Food and water are available at a store and a restaurant not far from the trail terminus.



Section elevation from Buttermilk Falls Trail to Culvers Gap

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

If you have additional questions you can check out the [hiking FAQ's](#), or [contact us](#).



*Share the joy of hiking.
Bring hope to those battling mental illness.*

Unionville to Culvers Gap (3 days)

Although this section hike includes stunning panoramic views and passes by the highest point in the Garden State, it is a relatively moderate and very pleasant three day hike.

Much of this section hike is within the boundaries of High Point State Park, which occupies 14,000 mostly wooded acres on Kittatinny Mountain. On the National Register of Historic Places, it is home to three of the A.T. famous stone and wood shelters, built in the 1930's.

We will hike this section on August 10-12 and again on October 12-14, when the foliage should be spectacular.

Note: This section hike can be done as a 3 day hike by a single person or, for those not wishing to spend a night out in the woods, it can be relay-hiked by a team of three people. [Click here](#) for more information about [relay-hiking](#).



Distance:	24.3 miles
Sponsorship level:	\$1,200 for section hiker \$500/person for a 3 person relay team
Hike dates:	August 10-12 October 12-14

See details for: [Day 1](#) | [Day 2](#) | [Day 3](#)

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 1

The Trail follows an abandoned railroad grade until it crests a hill then descends steeply in switchbacks down a series of stone steps and, at 2.5 miles, crosses Vernie Swamp on more than 100 bog bridges, or puncheons.

Another half mile brings us to Wolf Pit Hill, so named when there was a bounty of wolves in the early 1800's. From this vantage point, there are views south to High Point Monument and north to Pochuck Mountain.

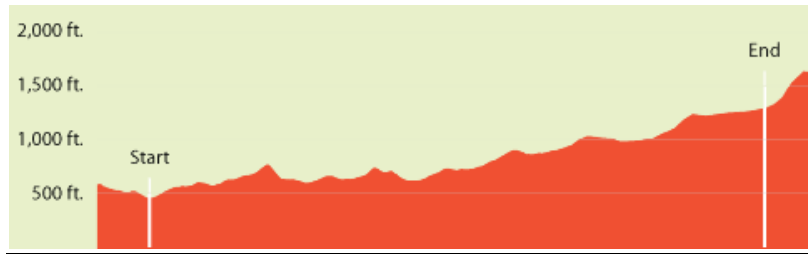
The next several miles amble through pastures, farmland, forests, and fields, along stone walls and over streams.

The destination for the day is High Point Shelter, a stone-walled shelter with a wooden floor built in 1936 by the Civilian conservation Corps.



Placeholder image

Section:	Unionville to High Point Shelter
Distance:	8.2 miles
Overnight:	The destination for the day is High Point Shelter, a stone-walled shelter with a wooden floor built in 1936 by the Civilian conservation Corps.
Food, water, supplies:	Food and supplies are available in Unionville, NY near the beginning of this hike. There is water on the trail near High Point Shelter.
Relay hike:	Relay hikers will exit at the road to High Point Monument.



Section elevation from Unionville to High Point Shelter

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 2

Shortly after departing High Point Shelter, the Trail reaches a wooden observation platform on a rise near High Point Monument. From this vantage point, there are 360 degree views that take in the Kittatinny Valley, Pochuck Mountain, Wawayanda Mountain, the Delaware Water Gap, Lake Marcia, the Catskill Plateau the Pocono Mountains, High Point Monument and, on a very clear day, the New York City skyline on the southeast horizon. Breathtaking!

From this stunning viewpoint, the Trail continues along the Kittatinny Ridge in High Point State Park, offering a series of viewpoints of Sawmill Lake, the Poconos, and Lake Rutherford.

High Point Monument, at just over 1,800 ft., marks the highest elevation in the state of New Jersey.

Section:	High Point Shelter to Mashipacong Shelter
Distance:	7.3 miles
Overnight:	We will overnight at Mashipacong Shelter, a classic stone and wood AT shelter.
Food, water, supplies:	Restrooms and water are available near the beginning of this section, at High Point State Park headquarters. Otherwise, there is no reliable water on this section of the trail without descending a half mile off the ridge on a couple of side trails.
Relay hike:	Relay day-hikers join this hike in the morning near High Point Monument and finish at Deckertown Turnpike, a quarter mile before we reach the Mashipacong Shelter.



Section elevation from High Point Shelter to Mashipacong Shelter

REGISTER

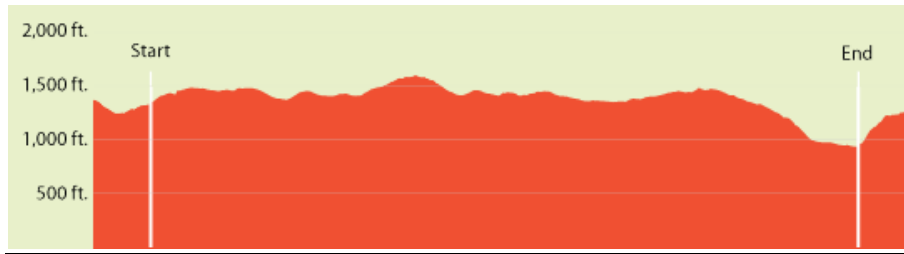
[Return to Top](#) | [Schedule of Hike](#)

Day 3

We follow the up's and down's of the Trail through woodland, across stone walls and over the outlet from a swamp, reaching the summit of Sunrise Mountain at about 3 and half miles. There we are again treated to panoramic views of the New Jersey Highlands, the Wallkill Valley, Delaware River and the Poconos.

More views await us at the Culver Fire Tower and on the Trail before and after it. Another hour's hike brings us to our exit point for this hike in Culvers Gap.

Distance:	8.8 miles
Section:	Mashipacong Shelter to Culvers Gap
Overnight:	Not applicable.
Food, water, supplies:	Restrooms are available near the pavilion on the summit of Sunrise Mountain. Food and supplies are available a short drive from Culvers Gap where we end this section hike.
Relay hike:	Relay day-hikers will hike in at the Deckertown Turnpike in the morning and finish with the group at Culvers Gap.



Section elevation from Mashipacong Shelter to Culvers Gap

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

If you have additional questions you can check out the [hiking FAQ's](#), or [contact us](#).



[home](#) | [about us](#) | [contact us](#) | [media kit](#) | [links](#)

Search HIKE



*Share the joy of hiking.
Bring hope to those battling mental illness.*

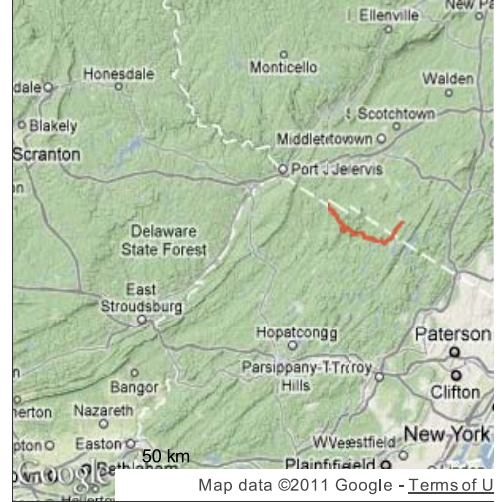
Delaware Water Gap to Greenwood Lake

A challenging six-day, nearly 80 mile thru-hike of the entire length of the Appalachian Trail in the Garden State! Section hikers will be challenged by the daily mileage (building up to a 17 miles day on day 4) and the terrain.

The rewards, however, are great. Beyond claiming the title of Garden State AT thru-hikers, you will enjoy dramatic views of the Great Valley, exhilarating ridge walks along Kittatinny Mountain, panoramic views from near High Point, and a tremendous variety of countryside that includes forests, fields, farmlands, and more.

This dramatic week-long section hike holds many rewards, including the knowledge that through your sponsors you are supporting research that will help those who battle mental illness to find the simple joy of living.

This hike runs only once in 2012, on August 12-17.



Distance:	78.7 miles
Sponsorship level:	\$1,500
Hike dates:	August 12-17

See details for: [Day 1](#) | [Day 2](#) | [Day 3](#) | [Day 4](#) | [Day 5](#) | [Day 6](#)

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 1

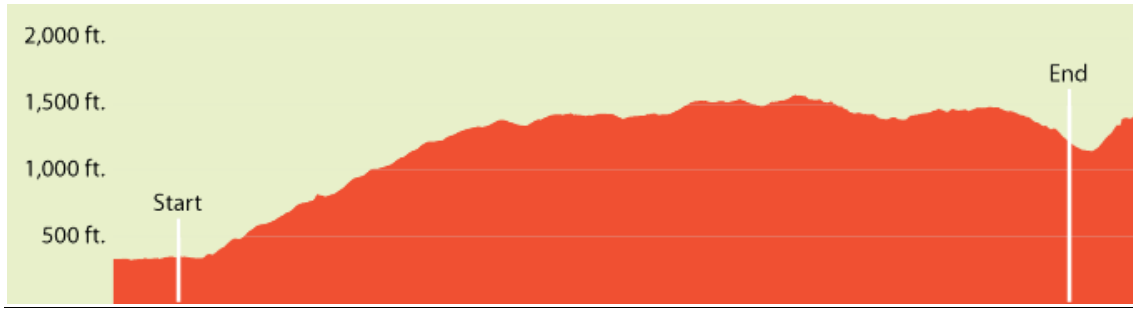
The Trail runs along Dunnfield Creek then rises about 1,000 ft. in less than 3 miles as we ascend to the ridge of Kittatinny Mountain on route to beautiful Sunfish Pond, the southernmost glacier-carved pond on the AT.

After following the northern shore of the pond, we proceed along Raccoon Ridge, with opportunities for views east and west, and reach our destination for the day, Catfish Pond and the Mohican Outdoor Center.



Placeholder image

Section:	Delaware Water Gap to Mohican Outdoor Center
Distance:	10.2 miles
Overnight:	There is tent camping at the Mohican Outdoor Center for a nominal fee. There are also bunk-houses with running water, kitchens, and indoor bathrooms for \$29/night/person, with advance reservations required.
Food, water, supplies:	Food and supplies are available in the village of Delaware Water Gap before the hike starts. The Delaware Water Gap Information Center has water and restrooms, and there is a water pump in the parking lot at the beginning of the hike. Food and water are also available at the Mohican Outdoor Center.



Section elevation from Delaware Water Gap to Mohican Outdoor Center

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 2

We leave the Mohican Outdoor Center via the Rattlesnake Swamp Trail and re-join the Trail at the edge of an escarpment with panoramic views on the Great Valley.

After passing Catfish Fire Tower, a 60 foot tower offering 360 views of the Kittatinny range, we continue north along the ridgeline, passing a small beaver pond views of the Pocono Plateau and Wallpack Valley, and a short side trail overlooking Crater Lake.

We pass an intersection with the Buttermilk Falls Trail, continues along the ridge line over the rocky summit of 1,492 ft. Rattlesnake Mountain, across a stream in a gap in the ridge and past Bird Mountain before reaching Brinks Road Shelter.

Want a bit more mileage? Hike down the steep 1.6 mile Buttermilk Falls Trail to take in the highest waterfalls in the Garden State.

Section:	Mohican Outdoor Center to Brinks Road Shelter
Distance:	14.0 miles
Overnight:	We will camp at the Brinks Road Shelter, built in 1970.
Food, water, supplies:	Food and water are available at the Mohican Outdoor Center at the start of the day. There is a water pump at the Blue Mountain Lakes Road crossing, about 7 miles into the day's hike. There is a spring near Brinks Road Shelter, as well as a privy.



Section elevation from Mohican Outdoor Center to Brinks Road Shelter

REGISTER

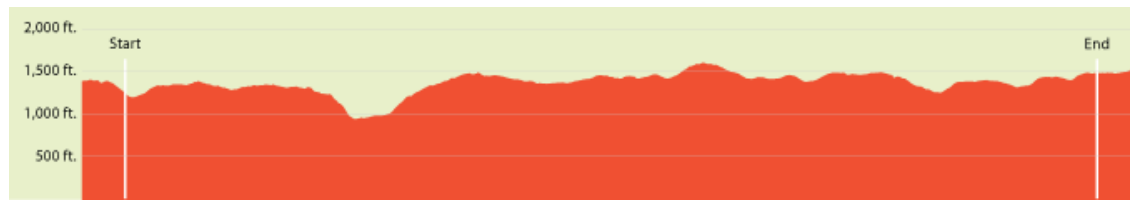
[Return to Top](#) | [Schedule of Hike](#)

Day 3

The trail descends from the ridge line, cutting through Culvers Gap with more views of the Pocono Plateau, a shale and sandstone mountain range that house more than a third of Pennsylvania's 75 major waterfalls.

More views await us at the Culver Fire Tower and on the Trail before and after it. After summiting Sunrise Mountain for more views, we continue to follow the up's and down's of the Trail through woodland, across stone walls and over the outlet from a swamp, enter High Point State Park and eventually reaching a side trail that takes us to Rutherford Shelter.

Distance:	15.7 miles
Section:	Brinks Road Shelter to Rutherford Shelter
Overnight:	We will overnight at Rutherford Shelter, a log structure with a wooden floor built in 1967.
Food, water, supplies:	Restrooms are available near the pavilion on the summit of Sunrise Mountain. There is water from a spring near Rutherford Shelter.



Section elevation from Brinks Road Shelter to Rutherford Shelter

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

Day 4

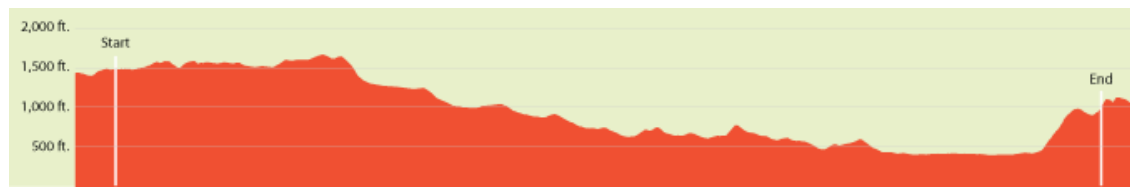
The Trail continues along the ridge for a couple of miles before descending to the High Point State Park headquarters, then climbing again to a wooden observation platform with breath-taking 360 degree views of the Kittatinny Valley, Pochuck Mountain, Wawayanda Mountain, the Delaware Water Gap, Lake Marcia, the Catskill Plateau, the Pocono Mountains, High Point Monument and, on a very clear day, the New York City skyline on the southeast horizon!

The next several miles amble through pastures, farmland, forests, and fields, along stone walls and over streams. From Wolf Pit Hill, so named when there was bounty of wolves in the early 1800's, there are views south to High Point Monument and north to Pochuck Mountain.

The Trail crosses Vernie Swamp on more than 100 bog bridges, or puncheons, then ascends gradually at first then steeply on switchbacks before following an abandoned railroad, weaving back and forth of the NJ-NY state line, and arrives at Pochuck Mountain Shelter.

Shortly before our stopping point for the day, the Trail passes on dikes through Walkill River National Wildlife Refuge, home to a great variety of wetland-loving birds and other wildlife.

Distance:	17.2 miles
Section:	Rutherford Shelter to Pochuck Mountain Shelter
Overnight:	Pochuck Mountain Shelter was constructed in the late 1980's.
Food, water, supplies:	Restrooms and water are available at High Point State Park headquarters early in the hike. There is no water at Pochuck Mountain Shelter.



Section elevation from Rutherford Shelter to Pochuck Mountain Shelter.

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

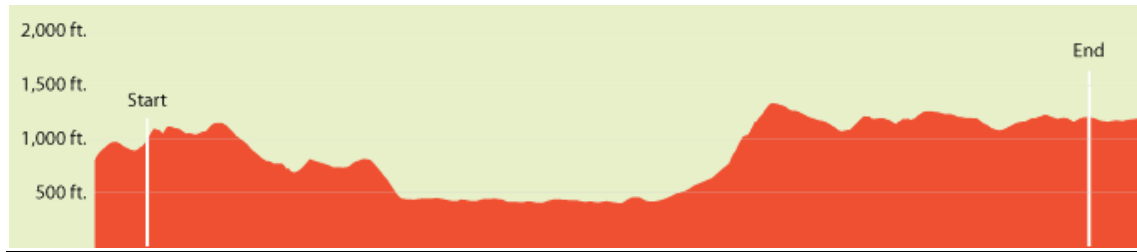
Day 5

Leaving Pochuck Mountain Shelter, the Trail summits 1,194 ft. Pochuck Mountain then descends, crossing Pochuck Creek on a suspension bridge and Pochuck Swamp on a nearly 4,000 boardwalk.

Shortly, the one-mile rocky climb of Wawayanda Mountain begins, an effort that is rewarded with spectacular views just before the crest from PinWheel Vista. To the north, you can see the Shawangunks and Catskills while south and west are dramatic Pochuck Mountain, the Kittatinny Ridge, and the Vernon Valley.

Descending again, the Trail then rises and levels off, crossing through High Breeze Farm, through more wetland on puncheons and arrives at the short side trail to Wawayanda Shelter.

Distance:	11.6 miles
Section:	Pochuck Mountain Shelter to Wawayanda Shelter
Overnight:	We will spend the nights at Wawayanda Shelter, erected in 1990.
Food, water, supplies:	There is water available at Wawayanda park headquarters, a half mile from Wawayanda Shelter.



Section elevation from Pochuck Mountain Shelter to Wawayanda Shelter

REGISTER

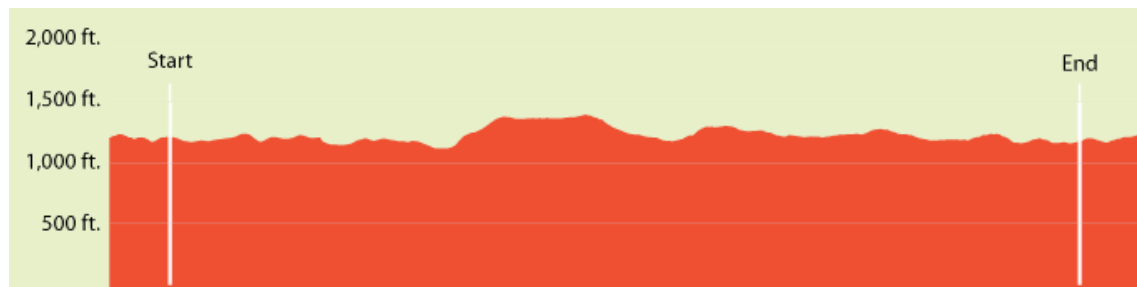
[Return to Top](#) | [Schedule of Hike](#)

Day 6

The Trail proceeds generally east for several miles, crossing numerous old farm and logging roads from the eighteenth and nineteenth centuries when the furnaces from area iron mines consumed much of the surrounding forest.

We then turn sharply north and cross the NY-NJ state line for the final time on this hike before following the ridge of Bellvale Mountain, with views of the Ramapo Hills and Greenwood Lake and arrive at the hike terminus at the north end of Greenwood Lake.

Distance:	10.0 miles
Section:	Wawayanda Shelter to Greenwood Lake
Overnight:	Not applicable.
Food, water, supplies:	Food and supplies are available a few miles from the trail terminus in Bellvale and Greenwood Lake.



Section elevation from Wawayanda Shelter to Greenwood Lake

REGISTER

[Return to Top](#) | [Schedule of Hike](#)

If you have additional questions you can check out the [hiking FAQ's](#), or [contact us](#).