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Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2020 calendar year, or tax year beginning and er	nding		
B c	Check if Ipplicab	le: C Name of organization		D Employer identific	cation number
	Addre	AMERICAN HIKING SOCIETY			
	Name	Doing business as		51-02119	93
	Initial returr		loom/suite	E Telephone number	
	Final	8403 COLESVILLE ROAD, SUITE 1100		301-565-	
_	termii ated	, , , , ,		G Gross receipts \$	1,080,467.
	Amer	SILVER SPRING, MD 20910		H(a) Is this a group re	
	Appli tion pend			for subordinates	
	•	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or$	527	,	list. See instructions
		te: WWW.AMERICANHIKING.ORG	1	H(c) Group exemption	-
_		forganization: X Corporation Trust Association Other	L Year of	of formation: 19/6 N	State of legal domicile: VA
12	art I	Summary	ם שוארם		
S	1	Briefly describe the organization's mission or most significant activities: TO EM AND PRESERVE THE HIKING EXPERIENCE.	FOWER	ALL TO END	JI, SHAKE,
Activities & Governance	_		od of marr	than 25% of its not an	octo
ver	2	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		1.1	sets. 15
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			15
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9
itie	6	Total number of volunteers (estimate if necessary)			73
ctiv	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· · ·		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		919,541.	882,724.
Revenue	9	Program service revenue (Part VIII, line 2g)		311,986.	194,386.
Sevi	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,086.	3,340.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12.	17.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,232,601.	1,080,467.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,689.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		492,374.	532,328.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
цхр		Total fundraising expenses (Part IX, column (D), line 25) <b>85, 35</b>		534,788.	320,354.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		534,788.	856,371.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		205,439.	224,096.
JC SS	19	Revenue less expenses. Subtract line 18 from line 12		205,439. ginning of Current Year	
Net Assets or Fund Balances	20	Total associa (Dart V, line 16)		515,877.	End of Year 808,255.
Asse Bal	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		40,239.	108,171.
Net /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		475,638.	700,084.
		Signature Block		_, , , , , , , , , , , , , , , , , , ,	,

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

	KEVan Wars	10/5/2021
Sign	Signaturé of officer	Date
Here	KATHRYN VAN WAES, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	SEAN MCELWANEY	self-employed PUL608821
Preparer	Firm's name JM&M	Firm's EIN 52-1853933
Use Only	Firm's address ▶ 10500 LITTLE PATUXENT PARKWAY, SUITE 770	
	COLUMBIA, MD 21044	Phone no. $410 - 884 - 0220$
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2020)

	990 (2020) AMERICAN HIKING SOCIETY	51-0211993	Pa
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO EMPOWER ALL TO ENJOY, SHARE, AND PRESERVE THE HIKING	EXPERIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes	Ă
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a		ie\$ 21,	70
	ADVOCACY CAMPAIGNS AND EDUCATION THROUGH THE BLOG, PAPER		
	NEWSLETTER, AND SOCIAL MEDIA HELP EDUCATE THE HIKING PUP		
	ISSUES THAT MATTER MOST TO THEM AND CONNECT THEM TO THE		) ት'
	CONGRESS TO MAKE THEIR VOICES HEARD ON CRITICAL ISSUES,		1
	PROVIDE EDUCATION ON THE LATEST HIKING NEWS, HIKER SAFET		SR
	TOPICS. NEXTGEN TRAIL LEADERS SUPPORTS AND PROVIDES PROP		
	DEVELOPMENT FOR EMERGING LEADERS IN CONSERVATION AND EQU	JITY IN THE	
	OUTDOORS, WHO IN TERM BECOME ACTIVIST AMBASSADORS.		
4b	(Code: ) (Expenses \$ 221,683 • including grants of \$ 812 • ) (Revenue	140,	91
	MEMBER SERVICES ARE DESIGNED TO CONNECT MEMBERS TO OUR A		
	CAMPAIGNS, EDUCATIONAL MATERIALS, AND OUR MISSION OF EMP	POWERING ALL	Ъ
	ENJOY, SHARE, AND PRESERVE THE HIKING EXPERIENCE.		
1c	(Code: ) (Expenses \$ 110,201. including grants of \$ 2,400.) (Revenue	.e\$ 31,	76
	VOLUNTEER VACATIONS FOSTERS PUBLIC LAND STEWARDSHIP NAT		
		BUILD AND	
	MAINTAIN TRAILS. ALTERNATIVE BREAKS INTRODUCE COLLEGE-AC		
		EAK SCHOLARS	тна
	PROVIDES OUTDOOR LEADERSHIP AND STEWARDSHIP OPPORTUNITIE		
	WHOSE STUDENT BODY MIGHT NOT OTHERWISE HAVE THAT OPPORTU		
	HIKING SOCIETY'S NATIONAL TRAILS DAY SERVES AS A DAY TO		
	AROUND AND CONDUCT TRAIL SERVICE AND ADVOCACY THROUGH ON		
	EVENTS NATIONWIDE AND SOCIAL MEDIA CAMPAIGNS.	-IUE-GKOONT	,
	EVENIS NATIONWIDE AND SOCIAL MEDIA CAMPAIGNS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 681,540.		
		Form <b>S</b>	990 (
3200	2 12-23-20		
	2		
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Form	aan	(2020)	

Part IV Checklist of Required Schedules

AMERICAN HIKING SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 22
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- **
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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2020.04030 AMERICAN HIKING SOCIETY

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Form 990 (2	2020)		AMI	ERICAN	HIKING	SO
Part IV	Che	cklist d	of Requi	red Sche	dules (contin	ued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 26a million res, complete Schedule L, Part W	200		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
<u>.</u>	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		A X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 22
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		·	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
<b>.</b>	Enter the number reported in Dev 9 of Form 1000. Enter 0 if not any list bla		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a5Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	•		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c	Х	
032004	(gambing) withings to ph₂e withold.			(2020)
	4			/

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Form 990	(2020)	AMERICAN HIKING SOCIETY
Part V	Stat	tements Regarding Other IRS Filings and Tax Compliance (continued

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b> </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .	-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)  2 action (1047(-)(4) non-average table trusts to the argument of form 10412	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990 (	2020)
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#### AMERICAN HIKING SOCIETY

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

	Check if Schedule O contains a response or note to any line in this Part VI					[
Sec	tion A. Governing Body and Management					-
			1 -		Yes	1
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			l
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		4 -			l
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any oth	ner			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	)	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					Ι
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders,	or			1
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					t
	The governing body?	•	•	8a	x	1
h	Each committee with authority to act on behalf of the governing body?			8b	X	†
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00		1
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			5		1
			/		Yes	1
02	Did the organization have local chapters, branches, or affiliates?			10a	100	1
	If "Yes," did the organization have written policies and procedures governing the activities of such o			100		1
D				10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			11a	X	1
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filling	the lonn?	Па	- 23	┨
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	l
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	┨
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	- 22	┨
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			10	x	
	in Schedule O how this was done			12c	X	╉
	Did the organization have a written whistleblower policy?			13	X	╉
14	Did the organization have a written document retention and destruction policy?			14	^	╉
15	Did the process for determining compensation of the following persons include a review and approv		dent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				37	ļ
	The organization's CEO, Executive Director, or top management official			15a	X	4
b	Other officers or key employees of the organization			15b		4
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					l
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				ļ
	taxable entity during the year?			16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participa	ation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				l
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MD					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Sec	tion 501(c)(3	)s only	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (explain	n on Schedule	O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of inter	est policy, an	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and reco	rds 🕨			
	JOSH BRUEGGER - 301-565-6704					
			0			
	8403 COLESVILLE ROAD, SUITE 1100, SILVER SPRING, M	MD 2091				
2006	8403 COLESVILLE ROAD, SUITE 1100, SILVER SPRING, I 12-23-20	MD 2091		Form	9 <b>90</b>	۱ (
					990	

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	do not che box, unless officer and		rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHRYN VAN WAES	40.00							100 242	0	0
EXECUTIVE DIRECTOR	1 0 0			X				120,343.	0.	0.
(2) BRADLEY ELLIS	1.00								0	0
CHAIR	1 0 0	X		X				0.	0.	0.
(3) SARAH MORGAN	1.00								0	0
VICE CHAIR	1 0 0	X		X				0.	0.	0.
(4) JEFF SENTERMAN	1.00								0	0
SECRETARY	1 0 0	X		X				0.	0.	0.
(5) KEVIN THOMSON	1.00								0	0
TREASURER	1 0 0	X		X				0.	0.	0.
(6) JACK HESS	1.00			37				0	0	0
FORMER CHAIR	1 00	X		X			<u> </u>	0.	0.	0.
(7) SAVERIA TILDEN	1.00							0.	0	0
BOARD MEMBER	1 00	X	<u> </u>					0.	0.	0.
(8) SALLY KIDD	1.00	x						0.	0.	0.
BOARD MEMBER	1.00			—	<u> </u>	-	—	0.	0.	0.
(9) BRUCE MATTHEWS	1.00	x						0.	0.	0.
BOARD MEMBER	1.00			—	<u> </u>	-	—	0.	0.	0.
(10) DENNIS CROWLEY	1.00	x						0.	0.	0.
BOARD MEMBER	1.00			<u> </u>	<u> </u>	-	<u> </u>	0.	0.	0.
(11) MARIA BETTANCOURT BOARD MEMBER	1.00	x						0.	0.	0.
(12) WENDY MCCORMACK	1.00		-	<u> </u>		<u> </u>		0.	0.	0.
BOARD MEMBER AS OF MAY 2020	1.00	x						0.	0.	0.
(13) MARINEL M. DE JESUS	1.00		-	<u> </u>	<u> </u>		<u> </u>		••	
BOARD MEMBER	1.00	x						0.	0.	0.
(14) MATTHEW GRIFFIS	1.00		-	<u> </u>	<u> </u>		<u> </u>		••	
BOARD MEMBER	1.00	x						0.	0.	0.
(15) FRED LEFFLER	1.00	<u> </u>	-		-	$\vdash$			0.	<b>.</b>
BOARD MEMBER	1.00	x						0.	0.	0.
(16) MICHELLE JACKSON-SAULTER	1.00	<u> </u>		-		$\vdash$	-			
BOARD MEMBER		x						0.	0.	0.
										- 000 (2222)

032007 12-23-20

Form 990 (2020)

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

7

	990 (2020)		N HIKING								51-0	211	993	Pa	age <b>8</b>
Par	t VII Secti	on A. Officers, Directors, Tr		ploy I	ees			ghe	st C						
	(A) (B) Name and title Average hours per week					ss pe	ition more rson i	than is bot pr/trus	h an	(D) (E) Reportable Reportable compensation compensat from from relate			on amount o		
	(list any hours for related organizations below line)						Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensa om the anizati d relate nizatio	e ion ed
1b	Subtotal									120,343.		0.			0.
с	Total from	continuation sheets to Part ines 1b and 1c)	VII, Section A							0. 120,343.		0.			0.
2		er of individuals (including bu on from the organization	t not limited to th	nose	liste	ed al	oove	e) wł	סר or	eceived more than \$100	,000 of reportab	le			1
3	•	anization list any <b>former</b> office Yes, " complete Schedule J fo			-	•			Ŭ		-		3	Yes	No X
4	For any indi	vidual listed on line 1a, is the organizations greater than \$	sum of reportab	le co	omp	ensa	atior	n and	d otl				4		x
5	Did any per rendered to	son listed on line 1a receive of the organization? <i>If "Yes," co</i>	or accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	1	5		X
Sec 1	Complete t	bendent Contractors										npens	ation f	rom	
	the organiza	ation. Report compensation fo (A) Name and busine			endi DNF		vith	or w	ithir	n the organization's tax y ( <b>B)</b> Description of s		C	(C omper		 n
				111											
2		er of independent contractors		iot li	mite	d to		•	stec	above) who received n	nore than				
	\$100,000 o	f compensation from the orga	nization 🕨				(	)					Form	<b>990</b> (2	2020)

032008 12-23-20

		Check if Schedule O contains a respo			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue exclud from tax unde sections 512 - 5
	1 a	Federated campaigns 1a		4,248.				
		Membership dues 1b						
		Fundraising events 1c						
		Related organizations 1d						
		Government grants (contributions) 1e		72,000.				
		All other contributions, gifts, grants, and						
		similar amounts not included above <b>1f</b>		806,476.				
	a	Noncash contributions included in lines 1a-1f		33,480.				
	-	Total. Add lines 1a-1f			882,724.			
T				Business Code				
	2 a	MEMBERSHIP DUES	t	900099	140,917.	140,917.		
	b	VOLUNTEER VACATION	-	900099	31,760.	31,760.		
	с	HIKE THE HILL	-	900099	21,709.	21,709.		
	d		-					
	е		-					
	f	All other program service revenue	-					
		Total. Add lines 2a-2f	_		194,386.			
T	3	Investment income (including dividends, ir		1				
		other similar amounts)			3,340.			3,34
	4	Income from investment of tax-exempt bo						
	5	Royalties		🕨 🚺				
		(i) Real		(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		🕨				
		Gross amount from sales of (i) Securiti		(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
		and sales expenses 7b						
	с	Gain or (loss) 7c						
	d	Net gain or (loss)		🕨				
		Gross income from fundraising events (not		,				
	•	including \$ of						
		contributions reported on line 1c). See						
			8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising even	nts .					
		Gross income from gaming activities. See						
			9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities	<u> </u>	🕨				
.		Gross sales of inventory, less returns						
			10a					
1	b		10b					
		Net income or (loss) from sales of inventor	y	🕨				
T				Business Code				
	11 a	MISC. REVENUE	Ī	900099	17.			1
	b		-	İ				
	с		-	i				
	d	All other revenue	_	i				
		Total. Add lines 11a-11d		<b>&gt;</b>	17.			
<u>.</u>	12	Total revenue. See instructions			L,080,467.	194,386.	0.	3,35
					•			Form <b>990</b> (2

Form 990 (2020) AMERICAL Part VIII Statement of Revenue

AMERICAN HIKING SOCIETY

#### 51-0211993 Page 9

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

17622\_\_1

AMERICAN HIKING SOCIETY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,689.	3,689.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	120,343.	94,751.	11,519.	14,073
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	352,303.	277,384.	33,721.	41,198
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,849.	19,566.	2,371.	2,912 4,174
0 Payroll taxes	34,833.	27,243.	3,416.	4,174
1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,727.		10,727.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	81,386.	63,371. 3,945.	8,370.	9,645
2 Advertising and promotion	5,013.		481.	
3 Office expenses	77,041.	66,837.	4,590.	5,614
4 Information technology	5,783.	5,747.	19.	17
5 Royalties	46 081	20.020	4 600	0.00
6 Occupancy	46,271.	39,232.	4,703.	2,336
7 Travel	2,966.	2,603.	4.	359
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	07 000	07 041	0.0	<b>F C C</b>
9 Conferences, conventions, and meetings	27,900.	27,241.	90.	569
0 Interest				
1 Payments to affiliates	0 240	6 570	000	070
2 Depreciation, depletion, and amortization	8,348. 6,250.	6,570. 3,671.	800.	978
3 Insurance	0,200.	3,0/1.	2,033.	546
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a PROGRAM MATERIAL	33,480.	32,608.		872
b DUES AND SUBSCRIPTIONS	7,818.	7,082.	136.	600
c OTHER FUNDRAISING EXPEN	5,052.		4,179.	873
d TRAINING	1,908.		1,908.	
e All other expenses	411.		411.	
5 Total functional expenses. Add lines 1 through 24e	856,371.	681,540.	89,478.	85,353
<b>Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

10

17622\_\_1

16580929 793927 17622

AMERICAN HIKING SOCIETY

		Check if Schedule O contains a response or not		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		143,308.	1	128,211.
	2	Savings and temporary cash investments		269,860.	2	637,237.
	3	Pledges and grants receivable, net	F		3	
	4	Accounts receivable, net		62,097.	4	7,369.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
S	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		7,992.	9	10,579.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 28,620.			
	b	Less: accumulated depreciation		28,620.	10c	20,272.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets	E		14	
	15	Other assets. See Part IV, line 11	4,000.	15	4,587.	
	16	Total assets. Add lines 1 through 15 (must equa		515,877.	16	808,255.
	17	Accounts payable and accrued expenses		12,363.	17	14,771.
	18	Grants payable		18		
	19	Deferred revenue	27,876.	19	0.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form				
litie		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela	F		23	
	24	Unsecured notes and loans payable to unrelated	F		24	93,400.
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total lightlitics Add lines 17 through OF		40,239.	26	108,171.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		433,589.	27	658,035.
Ba	28	Net assets with donor restrictions		42,049.	28	42,049.
pur		Organizations that do not follow FASB ASC 9				
Ĕ.		and complete lines 29 through 33.				
o s	29	Capital stock or trust principal, or current funds		29		
set	30	Paid-in or capital surplus, or land, building, or eq		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	l l l l l l l l l l l l l l l l l l l		31	
Net	32	Total net assets or fund balances	F	475,638.	32	700,084.
_	33	Total liabilities and net assets/fund balances		515,877.	33	808,255.
						Form <b>990</b> (2020)

51-0211993 Page 11

Part X | Balance Sheet

Form	AMERICAN HIKING SOCIETY	51-	-0211993	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,080		
2	Total expenses (must equal Part IX, column (A), line 25)	2			71.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	475		38.
5	Net unrealized gains (losses) on investments	5		3	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	700	),0	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

16580929 793927 17622

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
--------------------------

Employer identification number
51-0211993

			ICAN HIKIN						1-0211993			
Par	tl	Reason for Public	Charity Status.	(All organizations must c	omplete th	his part.) S	See instruction	IS.				
The c	rgan	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative					ii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
• •		city, and state:		· · · · · · · · · · · · · · · · · · ·				<i>(,.</i>	,			
5			or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental i	init descrit	ned in			
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)										
6				pontal unit described in	nantion 17	70(6)(4)(4)	(14)					
	Х	A federal, state, or local gov An organization that norma						ha aanaral	nublic described in			
1	21	-	•	iniai part of its support i	rom a gov	ennenta		ne general	public described in			
•		section 170(b)(1)(A)(vi). (C										
8 l		A community trust describe						11				
<b>9</b>		An agricultural research org										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of	r the colleg	e or			
		university:										
<b>10</b>		An organization that norma										
		activities related to its exen							-	nt		
		income and unrelated busir		(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.			
r		See section 509(a)(2). (Cor	• •									
<b>11</b>		An organization organized a	•	,								
12		An organization organized a										
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section §	509(a)(3). (	Check the box in			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete line	s 12e, 12f, and	d 12g.				
а		<b>Type I.</b> A supporting orga	-									
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving			
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	vith its suppo	rted organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness			
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Ente	er the number of supported o	organizations									
g	Pro	vide the following informatior	n about the supporte		-							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instruction	ıs)		
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

2020.04030 AMERICAN HIKING SOCIETY

## Schedule A (Form 990 or 990 EZ) 2020 AMERICAN HIKING SOCIETY

51-0211993 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1202764.	1058361.	796,630.	919,541.	450,971.	4428267.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1202764.	1058361.	796,630.	919,541.	450,971.	4428267.	
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)						744,009.	
6	Public support. Subtract line 5 from line 4.						3684258.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1202764.	1058361.	796,630.	919,541.	450,971.	(f) Total 4428267.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,014.	1,024.	809.	1,291.	3,340.	7,478.	
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.)	992.	587.	629.		17.	2,225.	
11							2,225. 4437970.	
12		etc. (see instruction	ons)			12 1	,369,015.	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stor	here			-			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	83.02 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	86.44 %	
<b>16</b> a	33 1/3% support test - 2020. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟	
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨 🗌	
					Sche	dule A (Form 990	or 990-E7) 2020	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 AMERICAN HIKING SOCIETY

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (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 per- formed, or facilities furnished 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ű	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			<u> </u>			
7a	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1			
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here	-			-		
sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019		•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2020.</b> If the						
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2019.</b> If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organiz	ation ►
20	Private foundation. If the organizatio						
							m 990 or 990-EZ) 2020
				15			
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1

2

3a

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

032024 01-25-21

16580929 793927 17622

16 2020.04030 AMERICAN HIKING SOCIETY

Schedule A (Form 990 or 990-EZ) 2020

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

2

1

2

3

2a

2b

3a

3b

1 ...

No

No

Yes

Yes

1.4

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. 1	Type II S	Supporting	Organizations
--------------	-----------	------------	---------------

Part IV Supporting Organizations (continued)

			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Sec	ection D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a						
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard.						

#### Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c		The organization supported a	governmental entity	. Describe in Part VI how	you supported a governmen	tal entity (see instructions).
---	--	------------------------------	---------------------	---------------------------	---------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

16580929 793927 17622

17 2020.04030 AMERICAN HIKING SOCIETY

17622 1

## Schedule A (Form 990 or 990-EZ) 2020 AMERICAN HIKING SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for produc	ction or		
collection of gross income or for management, conservat	ion, or		
maintenance of property held for production of income (s	ee instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line	e 4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets	(see		
instructions for short tax year or assets held for part of ye	ear):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use a	ssets 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (	for greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from	line 3) 5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8,	column A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line	e 8, column A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless	subject to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's	first as a non-functionally integra	ted Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 AMERICAN HIKING SOCIETY

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
-	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

16580929 793927 17622

## Schedule A (Form 990 or 990 EZ) 2020 AMERICAN HIKING SOCIETY

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2016	AMOUNT:	\$ 992.			
2017	AMOUNT:	\$ 587.			
2018	AMOUNT:	\$ 			
2020	AMOUNT:	\$			
					rm 990 or 990-EZ)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

X 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

51-0211993

#### AMERICAN HIKING SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$43,260.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16580929 793927 17622

023452 11-25-20

22

Name of organization

Page 2
Employer identification number

51-0211993

#### AMERICAN HIKING SOCIETY

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$431,753.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020

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23 2020.04030 AMERICAN HIKING SOCIETY

16580929 793927 17622

Name of organization

Employer identification number

51-0211993

AMERICAN HIKING SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>5</u>	ONATED BOOT DISCOUNT CODES		
		\$13,260.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

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Page 4

	AN HIKING SOCIETY			51-0211993
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) thu completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	rough <b>(e) and</b> the following line e itable, etc., contributions of <b>\$1,000 o</b>	ntry For organiza	tions
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	 ft	
-	Transferee's name, address, and	ZIP + 4	Relatior	ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
—				
		(e) Transfer of g		
-	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ft	
-	Transferee's name, address, and	ZIP + 4	Relatior	ship of transferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
—				
	Transferee's name, address, and	(e) Transfer of g ZIP + 4		ship of transferor to transferee

(Form 990 or 990-EZ)     Complete if the organization is exempt from income Tax Under section 501(c) and section 527     Complete if the organization is described below.      Attach to Form 990 or Form 990-EZ, Part V, line 40 (Political Campaign Activities), then     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations: Complete Part IA and B. Do not complete Part IA.     Section 501(c) (3) organizations that have 100 Fem 5786 (dection under section 501(h): Complete Part IB.     Section 501(c) (3) organizations that have 100 Fem 5786 (dection under section 501(h): Complete Part IB.     Section 501(c) organizations that have 100 Fem 5786 (dection under section 501(h): Complete Part IB.     Section 501(c) (3) organizations that have 100 Fem 5786 (dection under section 501(h): Complete Part IB.     Section 501(c) (3) organizations that have 100 Fem 5786 (dection under section 501(c) or is a section 527 organization.     There instructions, hen     Section 501(c) (4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization.     Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.     Provide a description of the organization is exempt under section 501(c) (3).     Enter the amount of any excise tax incurred by organization anderse under section 501(c) (3).     Enter the amount of any excise tax incurred by organization anderse under section 527 organizations to velocid and particle form 120-POL, in a fact there are and on Form 120-POL, in a fact there and on form 120-POL, in a fact there are and on form 120-POL, in a	(Form 990 or 990-EZ)       Por Organizations Exempt From Income Tax Under section 501(c) and sections 527       Department of the Tensury International Sections Of Complete 1 the organization is described below. Mattach to Form 990 or Porm 990-EZ.       Department of the Tensury International Sections Of Complete 1 the organization and the latest information.       Department of the Tensury International Sections Of Complete Parts IA and B. Do not complete Part I C.       Section 501(c) (organizations: Complete Parts IA and B. Do not complete Part IA. Do not complete Part IB.       Section 501(c) (organizations: Complete Part IA and C. Debow. Do not complete Part IB.       Section 501(c) (organizations that have field Form 5768 (election under section 501(f)): Complete Part IB.       Section 501(c) (organizations that have field Form 5768 (election under section 501(f)): Complete Part IB.       Debatic Part IB.         • Section 501(c) (organizations: Complete Part IIB.       Name of organizations answered "Ves," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 37 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (See separate instructions or Section 527 (Section 501(c)), or (B) organization is exempt under section 501(	SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
Dependment of the Treasury Internal Revenue Service         Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.         Open to Public Inspection           If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then         • Section 501(c) (other than section 501(c)(3) organizations: Complete Part IA only.         • Section 501(c) (other than section 501 hg): Complete Part IA and PL De not complete Part IA.           • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(f)): Complete Part IIA. Do not complete Part IIA.         • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(f)): Complete Part IIA. Do not complete Part IIA.           • Section 501(c)(3), or (g) organizations: Complete Part III.         • Section 501(c)(3), organizations: Complete Part III.           • Section 501(c)(3), organizations: Complete Part III.         • Section 501(c)(3), organizations: Complete Part III.           • Section 501(c)(3), organizations: Complete Part III.         • Section 501(c)(3), organizations: Complete Part III.           • Porticia Campaign activity expenditures:         • Section 501(c)(3), organizations: Complete Part III.           • Porticia Campaign activity expenditures:         • Section 501(c)(2).         • Section 501(c)(2).           • Porticia Campaign activity expenditures:         • Section 501(c)(2).         • Section 501(c)(2).           • Porticia Campaign activity expenditures:<	Department of the freeze year         Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Instructions and the latest information.         Open to Public Inspection           If the organization answered "Yes," on Form 990-EZ, Part V, line 46 (Political Campaign Activities), then         Section 501(c) (open izations: Complete Parts IA and B. Do not complete Part IA.         Section 507 (c) (30 organizations: Complete Parts IA and C below. Do not complete Part IB.         Section 507 (c) (30 organizations that have fleed Form 5768 (election under section 501(f)): Complete Part IB.         Section 507 (c) (30 organizations that have fleed Form 5768 (election under section 501(f)): Complete Part IB.         Section 507 (c) (30 organizations that have FOT filed Form 5768 (election under section 501(f)): Complete Part IB.         Section 501 (c) (30 organizations that have NOT filed Form 5768 (election under section 501(f)): Complete Part IB.         Non complete Part IB.           Section 501 (c) (3) organizations that have NOT filed Form 5768 (election under section 501(f)): Complete Part IB.         Non complete Part IB.           Name of organization         MERTICAN HINTING SOCIETY         Employer identification number 51 - 0211993           Part I-B         Complete if the organization is exempt under section 501(c) or is a section 527 organization.         S           1         Provide a description of the organization is exempt under section 501(c) (3).         S         S           2         If the organization is exempt under section 501(c) (3).         S         S         S <t< td=""><td>(Form 990 or 990-EZ)</td><td></td><td></td><td>-</td><td>-</td><td>7</td><td>2020</td></t<>	(Form 990 or 990-EZ)			-	-	7	2020
Beachment of the Instancy     Social Stresson      Social Stressocial      Social Stresson      Social Stresson      Social Stres								
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then         • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-A.         • Section 501(c)(3) conganizations: Complete Parts I-A and C. below. Do not complete Part I-B.         • Section 501(c)(3) organizations: Complete Part I-A only.         If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then         • Section 501(c)(3) organizations that have IGE Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.         • Section 501(c)(3) organizations that have IGE Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.         • Section 501(c)(4), (6), or (6) organizations: Complete Part III.         Name of organization         • Section 501(c)(4), (6), or (6) organizations: Complete Part III.         Name of organization         • MERICAN HIKING SOCIETY         Part I-A       Complete If the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization number section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization for section 527 exempt function activities.       \$         2       Enter the amo	If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then         • Section 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IC.         • Section 501(c)(3) organizations: Complete Part IA only.         If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then         • Section 501(c)(3) organizations that have ING Election under section 501(h): Complete Part II-B.         • Section 501(c)(3) organizations that have ING Election under section 501(h): Complete Part II-B. Do not complete Part II-A.         • Section 501(c)(3) organizations that have ING Filed Form 5768 (election under section 501(h): Complete Part II-B. Do not complete Part II-A.         • Section 501(c)(4), (5), or (6) organizations: Complete Part II.         • Name or organization         • Section 501(c)(4), (5), or (6) organizations: Complete Part II.         Name or organization         • Porvide a description of the organization is exempt under section 501(c) or is a section 527 organization.         • Provide a description of the organization is exempt under section 501(c)(3).         • Fort He amount of any excise tax incurred by the organization under section 501(c)(3).         • Enter the amount of any excise tax incurred by the organization for section 501(c)(3).         • Enter the amount of any excise tax incurred by the organization for section 501(c)(3).         • Enter the amount of any excise tax incurred by the organization		-	-			0-L2.	
<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> <li>Section 502 (c) (d) ther than section 501 (c)(3) organizations: Complete Part I-A and C below. Do not complete Part I-B.</li> <li>Section 502 organization: Complete Part I A only.</li> <li>If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then <ul> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.</li> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part II.</li> </ul> Name organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name organization: AMERICAN HIKING SOCIETY Entl-FA Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Erret rue amount of any excles tax incurred by the organization under section 4955 \$ s 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? b) "Yes   No A Was a correction mader? b) I'Yes,' describe in Part IV. 2 Complete if the organization is exempt under section 501(c)(a), secept section 501(c)(3). 1 Erret rue amount of any excles tax incurred by the organization managers under section 501(c)(a), secept section 501(c)(3). 1 Erret rue amount of any excles tax incurred by the organization for section 527 exempt function activities \$ s 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. 8 Outh organization file Form 1120-POL for this year?<td>• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.   • Section 501(c)(d) ther than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.   • Section 501(c)(3) organizations: Complete Part I-A only.   If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then   • Section 501(c)(3) organizations that have NOT field Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B.   • Section 501(c)(4), (5), or (6) organizations: the mave NOT field Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B.   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization of the organization is exempt under section 501(c)(c) or is a section 527 organization.   1 Provide a description of the organization is exempt under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization under section 4955   &gt; \$   2 Foltical campaign activities   • Yes   • Ves    • Ves   • Ves <td></td><td></td><td></td><td></td><td></td><td>nian Activ</td><td></td></td></li></ul>	• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.   • Section 501(c)(d) ther than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.   • Section 501(c)(3) organizations: Complete Part I-A only.   If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then   • Section 501(c)(3) organizations that have NOT field Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B.   • Section 501(c)(4), (5), or (6) organizations: the mave NOT field Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B.   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization of the organization is exempt under section 501(c)(c) or is a section 527 organization.   1 Provide a description of the organization is exempt under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization under section 4955   > \$   2 Foltical campaign activities   • Yes   • Ves    • Ves   • Ves <td></td> <td></td> <td></td> <td></td> <td></td> <td>nian Activ</td> <td></td>						nian Activ	
<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> <li>Section 527 organization answered "Yes," on Form 990. Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.</li> <li>Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.</li> <li>If the organization answered "Yes," on Form 990. Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 90-EZ, Part V, line 35c (Proxy Tax) (See s</li></ul>	<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> <li>Section 527 organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part IV, line 5 (Proxy Tax) (See separate instructions), then</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> <li>Name of organization</li> <li>AMERICAN HIKING SOCIETY</li> <li>Section 501(c)(4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization.</li> <li>Provide a description of the organization is direct and indirect political campaign activities in Part IV.</li> <li>Political campaign activities</li> <li>Section 501(c)(3).</li> <li>Enter the amount of any excise tax incurred by organization under section 4955</li> <li>Section 501(c)(3).</li> <li>It her organization is exempt under section 4955</li> <li>Section 501(c)(3).</li> <li>Enter the amount of any excise tax incurred by the organization under section 4955</li> <li>Section 501(c)(3).</li> <li>It her organization is exempt under section 501(c)(3).</li> <li>Enter the amount of any excise tax incurred by the organization under section 4955</li> <li>Section 501(c)(3).</li> <li>Enter the amount of any excise tax incurred by the organization for section 527 exempt function activities</li> <li>Section 501(c)(3).</li> <li>Enter the amount of the filling organization is exempt under section 501(c)(c).</li> <li>Enter the amount of the filling organization is exempt under section 501(c)(c).</li> <li>Enter the amount of the filling organization is exempt under section 501(c)(c).</li> <li>Enter the amount of the filling organization is exempt under section 501(c)(c).</li> <li>Enter the amount of the filling organization is ex</li></ul>					e 46 (Political Campa	aign Acti	vities), then
• Section 527 organizations: Complete Part IA only.   If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then   • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B.   • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B.   • Section 501(c)(4), organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B.   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part II.   Name organization   • AMERICAN HIKING SOCIETY   • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.   1   • Provide a description of the organization is exempt under section 4955   • S   • Volunteer hours for political campaign activities   • Part I-B   Complete if the organization is exempt under section 4955   • S   • S   • S   • There the amount of any excles tax incurred by the organization managers under section 501(c)(3).   • Enter the amount of any excles tax incurred by organization managers under section 501(c), except section 501(c)(3).   • Enter the amount of any excles tax incurred by organization for section 501(c), except section 501(c)(3).   • Enter the amount of any excles tax incurred by organization for section 527 exempt function activities   • S   • The the amount of any excles tax incurred by organ	<ul> <li>Section 527 organizations: Complete Part IA only.</li> <li>If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> <li>Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h): Complete Part II-B. Do not complete Part II-B.</li> <li>Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h): Complete Part II-B. Do not complete Part II-B.</li> <li>Section 501(c)(4) (5), or (6) organizations: Complete Part III.</li> <li>Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> <li>Name of organization</li> <li>MERICAN HIKING SOCIETY</li> <li>Political campaign activity expenditures</li> <li>Yes</li> <li>Younter hours for political campaign activities</li> <li>I brow for political campaign activities</li> <li>I there the amount of any excise tax incurred by the organization under section 4955</li> <li>S</li> <li>If the organization incurred a section 4955 tax, did if file Form 4720 for this year?</li> <li>Yes</li> <li>No</li> <li>If Yes, 'describe in Part IV.</li> <li>Part I-C</li> <li>Complete if the organization is exempt under section 501(c), except section 501(c)(3).</li> <li>I there the amount of any excise tax incurred by organization for section 527 exempt function activities</li> <li>S</li> <li>S</li> <li>I there the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3).</li> <li>I there the amount of the filling organization is exempt under section 501(c), except section 501(c)(3).</li> <li>I there the amount directly expended by the filling organization for section 527 exempt function activities</li> <li>S</li> <li>Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, ine 17</li></ul>		-			Do not complete Part	I-B	
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then   • Section 501(c)(3) organizations that have filed Form 5786 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A.   • Gesction 501(c)(3) organizations that have NOT filed Form 5786 (election under section 501(h)): Complete Part II-B. On tot complete Part II-A.   If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   Employer identification number   5 1 - 0211993 <b>Part I-A</b> Complete if the organization is exempt under section 501(c) or is a section 527 organization.   1   1   Provide a description of the organization is exempt under section 501(c)(3).   1   1   1   Provide a description of the organization is exempt under section 501(c)(3).   1   1   1   Provide a description of any excise tax incurred by the organization number section 501(c)(3).   1   1   1   1   Portical campaign activities is neurred by the organization managers under section 501(c), except section 501(c)(3).   1   1   1   1   0   1   0   1   1   1   1   <	If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then         • Section 501(c)(3) organizations that have filed Form 5786 (election under section 501(f)): Complete Part II-A. Do not complete Part II-A.         If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then         • Section 501(c)(3), organizations: Complete Part III.         Name of organization         AMERICAN HIKING SOCIETY         Part I-A       Complete if the organization's direct and indirect political campaign activities in Part IV.         Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization under section 501(c)(3).         2       Enter the amount of any excise tax incurred by the organization under section 501(c), except section 501(c)(3).         1       There organization incurred a section 4255       \$         2       Enter the amount of any excise tax incurred by the fill organization for section 501(c), except section 501(c)(3).         1       Enter the amount of any excise tax incurred by the fill organization for section 527       \$         2       Enter the amount directy expended by the filling organization	.,			and the and o below.	Do not complete i art	TD.	
<ul> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-Å. Do not complete Part II-Å.</li> <li>Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-Å. Do not complete Part II-Å.</li> <li>Section 501(c)(4), (5), or (6) organization assured "Yes," on Form 990, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instruction studies as excented section 990 (Figura 120) (See section 501(c) (G).</li> <li>1 Enter the amount of any excise tax incurred by organization managers under section 501(c)(3).</li> <li>1 Enter the amount of any excise tax, incurred by reganization for section 527 (See section 501(c)(3).</li> <li>1 Enter the amount directly expended by the filing organization for sectio</li></ul>	• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A.   • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A.   • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A.   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   • MERICAN HIKING SOCIETY   • Povide a description of the organization's direct and indirect political campaign activities in Part IV.   • Political campaign activity expenditures   • Volunteer hours for political campaign activities   • Volunteer hours for political campaign activities   • Section 501(c)(3).   • Enter the amount of any excise tax incurred by organization under section 4955   • S   • If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   • Ves   • No   • If 'Yes' describe in Part IV.   Part I-C   Complete if the organization is exempt under section 501(c)(3).   • Enter the amount diracty expended by organization managers under section 4955   • S   • If the organization is exempt under section 501(c)(-, except section 501(c)(3).   • Enter the amount directy expended by the filling organization for section 527 exempt function activities   • S    • If the organization's funds. contribut	•		•	m 990-EZ. Part VI. lir	ne 47 (Lobbving Activ	vities), th	en
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.   If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   Employer identification number   AMERICAN HIKING SOCIETY   51-0211993   Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.   1   Provide a description of the organization is exempt under section 501(c)(3).   1   1   Provide a description of the organization is exempt under section 501(c)(3).   1   1   1   Provide a description of any excise tax incurred by the organization under section 4955   2   2   3   Volunteer hours for political campaign activities     S <b>Part I-B Complete if the organization is exempt under section 4955  \$  <b>S</b>     1   4   4   4   4   0   1   1   1   1   2   2    2   2    4   4   4   4    4   4   4   4   4   4    4   4 </b>	<ul> <li>Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization nanewerd "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> <li>Name of organization</li> <li><u>AMERICAN HIKING SOCIETY</u></li> <li><u>Fart I-A</u> Complete if the organization is exempt under section 501(c) or is a section 527 organization.</li> <li>Provide a description of the organization is exempt under section 501(c)(3).</li> <li>Part I-B Complete if the organization is exempt under section 4955</li> <li>S</li> <li>Volunteer hours for political campaign activities</li> <li>Part I-B Complete if the organization is exempt under section 4955</li> <li>S</li> <li>Ether the amount of any excise tax incurred by the organization under section 4955</li> <li>S</li> <li>I there organization incurred a section 4955 tax, idi it file Form 4720 for this year?</li> <li>Wa was a correction made?</li> <li>Yes No</li> <li>b f''res," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).</li> <li>I Enter the amount of the filing organization for section 527 exempt function activities</li> <li>S</li> <li>S</li> <li>Total exempt function activities</li> <li>S</li> <li>S</li> <li>Total exempt function extended by the filing organization for section 527 exempt function activities</li> <li>S</li> <li>S</li> <li>S ther the amount of the Form 1120-POL, for this year?</li> <li>S</li> <li>S</li> <li>S</li> <li>S</li> <li>S</li> <li>Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.</li> <li>S</li> <li></li></ul>	-					-	
Tax) (See separate instructions), then            • Section 501(c)(4), (5), or (6) organizations: Complete Part III.          Name of organization           Employer identification number         51-0211993          Part I-A          Complete if the organization is exempt under section 501(c) or is a section 527 organization.          1          Provide a description of the organization's direct and indirect political campaign activities in Part IV.          2          Political campaign activity expenditures          3          Volunteer hours for political campaign activities             Part I-B          Complete if the organization is exempt under section 501(c)(3).          1          Enter the amount of any excise tax incurred by the organization under section 4955          2          Enter the amount of any excise tax incurred by organization managers under section 4955          3          If the organization incurred a section 4955 tax, did it file Form 4720 for this year?          4          Was a correction made?          b If "Yes," describe in Part IV.          Part I-C          Complete if the organization is exempt under section 501(c), except section 501(c)(3).          1          Enter the amount of the filing organization for section 527 exempt function activities          5	Tax) (See separate instructions), then         • Section 501(c)(4), (5), or (6) organizations: Complete Part III.         Name of organization         AMERICAN HIKING SOCIETY         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         bif 'Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities         2       Enter the amount of the filing organization's funds contributed to other organization's funds. Section 527 exempt function activities         3       Total exempt function		-	-			-	
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization     AMERICAN HIKING SOCIETY     Employer identification number     51-0211993 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.      Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures     Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).      Enter the amount of any excise tax incurred by the organization number section 4955     Enter the amount of any excise tax incurred by organization managers under section 4955     Enter the amount of any excise tax incurred by organization managers under section 4955     Enter the amount of any excise tax incurred by organization managers under section 4955     Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3).     I Enter the amount directly expended by the filing organization for section 527 exempt function activities     S     Enter the amount of the ling organization is exempt under section 501(c), except section 501(c)(3).     Enter the amount of the filing organization for section 527 exempt function activities     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b     Did the filing organization lister and on Form 1120-POL, line 17b     Complete if the organization is encount paid from the filing organization is a separate segregated fund or a political action committee (PAC). It additional space is needed, provide information in Part IV.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from filing organization, as a separate segregated fund or a political organization     filing organization is encered approved to a separate political organization funds. If none, enter-0.	Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization <u>AMERICAN HIKING SOCIETY     S1-0211993 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.      Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).      Enter the amount of any excise tax incurred by the organization under section 4955     S 2 Enter the amount of any excise tax incurred by organization managers under section 4955     S 3 If the organization incurred a section 4955 \$ 3 If the organization is exempt under section 501(c), except section 501(c)(3).      Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3).      Enter the amount of enter IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).      Enter the amount directly expended by the filing organization for section 527 exempt function activities     S 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.     S 4 Did the filing organization like Form 1120-POL for this year?     S 4 Did the filing organization like 4, enter the amount paid from the filing organizations for directly delivered to a separate political organization's funds. Also enter the amount of political company and directly delivered to a separate political organization's funds. If none, enter 0.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from filing organization. </u>	If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	Tax) (See separate ii	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
Name of organization       Employer identification number 51-0211993         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         2       Enter the amount of any excise tax incurred by the organization managers under section 4955         3       I the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955         5	Name of organization       Employer identification number 51-0211993         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         b If 'Yes,' describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities         2       Enter the amount directly expended by the filing organization for section 527         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.         4       Did the filing organization file Form 1120-POL for this year?         4       Did the filing organization file form 1120-POL for this year?         5       Enter the names, addresses and employer	Tax) (See separate inst	tructions), then					
AMERICAN HIKING SOCIETY       51-0211993         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization under section 4955         5       5         2       Enter the amount of any excise tax incurred by organization managers under section 4955         5       5         3       If the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2       Enter the amount directly expended by the filing organization for section 527 political organizations to which the filing organization is unds. Also enter the amount of political canonization studies. For each organization is funds contributed to other organization studies ton a se	AMERICAN HIKING SOCIETY       51-0211993         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization managers under section 4955         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         bif "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527       \$         2       Enter the amount of the filing organization if unds contributed to other organization section 527       \$         3       Total exempt function expenditures. Add lines 1 and 2. Enter there and on Fo		), or (6) organiza <sup>.</sup>	tions: Complete Part III.				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization under section 4955         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4a Was a correction made?       Yes         bf trYes, "describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527         2       Enter the amount of the filing organization is exempt and on Form 1120-POL, line 17b.         1       Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separa	Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         b If "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b         4       Did the filing organization lised, enter the amount paid from the filing organization made payments. For each organization lised, enter the amount paid from the filing organization's funds. Also enter the amount of political corganization in Part IV.         6       Enter the names, addr	Name of organization				E		
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4a Was a correction made?       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities       \$         3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b       \$         4 Did the filing organization file Form 1120-POL for this year?       \$         5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's pontical organization's funds. If none, enter -0	4a Was a correction made?       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities       \$         3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b       \$         4 Did the filing organization file Form 1120-POL for this year?       \$         5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of political organization.							
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funds. If none, enter -0 promptly and directly delivered to a separate political organization.	funds. If none, enter -0 promptly and directly delivered to a separate political organization.	(a) Name	<i>.</i>					
political organization.	political organization.						-0 I	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

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26 2020.04030 AMERICAN HIKING SOCIETY

Schedule C (Form 990 or 990-EZ) 2020 AMERICAN HIKING SC
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	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	ad Earm 5769 /al	action under
Pa	section 501(h)).		eu Form 5706 (ei	
AC		gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exces	, ,		
BC	heck 🕨 🛄 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	4,206.	
b	Total lobbying expenditures to influence a lea	gislative body (direct lobbying)	19,889.	
с		d 1b)	24,095.	
d	<b>O</b> /I		832,276.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	856,371.	
f	Lobbying nontaxable amount. Enter the amo		153,456.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	38,364.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j		er line 1h or line 1i, did the organization file Form 4720	Г	Yes No
	reporting section 4911 tax for this year?		L	YesNo

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Exponditures During 4-Vear Averaging Period

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> Total	
2a Lobbying nontaxable amount	190,783.	175,746.	177,716.	153,456.	697,701.	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,046,552.	
<b>c</b> Total lobbying expenditures	3,750.	14,354.	22,052.	24,095.	64,251.	
<b>d</b> Grassroots nontaxable amount	47,696.	43,937.	44,429.	38,364.	174,426.	
e Grassroots ceiling amount (150% of line 2d, column (e))					261,639.	
f Grassroots lobbying expenditures		1,519.	3,535.	4,206.	9,260.	

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

#### Schedule C (Form 990 or 990-EZ) 2020 AMERICAN HIKING SOCIETY

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(1	o)
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g h	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		<b>2</b> b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		4		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group	list): Part II-	A. lines 1	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

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**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



	Name	of	the	organization	
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 ~	Maintain	in a D	anar		in a d	<b>Funda</b>	~
 Α	MERICA	N H	IKIN	IG S	SOCI	ETY	

Employer identification number 51-0211993

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	<b>(b)</b> F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea	ation or education)	f a historica	ally important land area
	Protection of natural habitat	Preservation of	f a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			a
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organizat	tion during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing con	iservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation pasor	nents during the year
'	Anount of expenses incurred in monitoring, inspecting, man	and enorcing conserva	ation easer	nents during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17(	)(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
-	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	Ũ		
Par		f Art, Historical Treasures, or C	Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement	and baland	e sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance	of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance sh	neet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	► \$
	(ii) Assets included in Form 990, Part X		🕨	► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, pro	vide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2020
032051	12-01-20	29		

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

Sche	dule D (Form 990) 2020 AMERICA	N HIKING SO	OCIETY			51-02	21199	3 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Ot	her S	Similar Ass	ets(contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e sign	ificant use of it	s		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	xempt	t purpose in Pa	rt XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other sim	ilar as	sets	_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		L	Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes"	on Foi	rm 990, Part IV	, line 9, o	r	
<b>1</b> a	Is the organization an agent, trustee, custod		•						٦
	on Form 990, Part X?					L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		ſ		A		
-						10	Amoun	τ	
	Beginning balance					1c			
	Additions during the year					1d 1e			
	Distributions during the year Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.					······			]
Par									_
	· · ·	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Fou	r years	back
1a	Beginning of year balance	51,336.	42,049.	42,509	<u> </u>	275,512			936.
	Contributions					80,000		180,	000.
	Net investment earnings, gains, and losses	678.	9,287.					1,	014.
	Grants or scholarships					159,540		80,	000.
е	Other expenditures for facilities								
	and programs			460		153,463		23,	438.
f	Administrative expenses								
g	End of year balance	52,014.	51,336.	42,049		42,509	•	275,	512.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment  81.0000	%							
С	Term endowment  19.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the c	organization			
	by:							Yes	No
	(i) Unrelated organizations								<u>X</u>
	(ii) Related organizations								X
	If "Yes" on line 3a(ii), are the related organiza						<b>3</b> b		
	Describe in Part XIII the intended uses of the		wment funds.						
Fai	t VI Land, Buildings, and Equipm				V line	10			
	Complete if the organization answere								
	Description of property	(a) Cost or ot basis (investm			deprec	mulated ciation	( <b>d)</b> Boo	k value	e
1a	Land								
	Buildings								
	Leasehold improvements			İ					
	Equipment								
	Other		2	8,620.		8,348.	2	0,2	72.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				0,2	
						Schedul	e D (Forr	n 990)	2020

16580929 793927 17622

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See	Form 990, Part X, line 25.

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

Sche	dule D (Form 990) 2020 AMERICAN HIKING SOCIETY			51-	0211993 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,123,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	350.		
b	Donated services and use of facilities		43,176.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	43,526.
3	Subtract line 2e from line 1			3	1,080,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,080,467.
_				-	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With		Retu	
Pa	t XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents Witł</b> a.	n Expenses per	Retu	ırn.
Pa 1	t XII Reconciliation of Expenses per Audited Financial Staten	n <b>ents Witł</b> a.	n Expenses per	Retu	
	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	n Expenses per		ırn.
1	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With a. 2a	n Expenses per		ırn.
1 2	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 2a	n Expenses per		ırn.
1 2	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	n Expenses per		ırn.
1 2	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	n Expenses per		ırn. 899,547.
1 2 a b c	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	43,176.	1 2e	<b>rn.</b> 899,547. 43,176.
1 2 b c d	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	43,176.	1	ırn. 899,547.
1 2 b c d e	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	43,176.	1 2e	<b>rn.</b> 899,547. 43,176.
1 2 b c d e 3	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d	43,176.	1 2e	<b>rn.</b> 899,547. 43,176.
1 2 b c d 3 4	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	43,176.	1 2e	<b>rn.</b> 899,547. 43,176.
1 2 b c d e 3 4 a b	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           4a           4b	43,176.	1 2e	rn. <u>899,547.</u> <u>43,176.</u> <u>856,371.</u> 0.
1 2 d c 3 4 a b c 5	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	43,176.	1 2e 3	<b>rn.</b> 899,547. 43,176.

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

PART V, LINE 4:

THE SOCIETY'S ENDOWMENTS CONSIST OF TWO INDIVIDUAL ENDOWMENT FUNDS CALLED LIFE MEMBER ENDOWMENT, AND GALEN ROWELL ENDOWMENT THAT WAS ESTABLISHED TO PROVIDE FINANCIAL STABILITY AND SUPPORT FOR NATIONAL TRAILS INITIATIVES. THE ENDOWMENT FUNDS WERE CREATED FROM CONTRIBUTIONS RESTRICTED BY DONORS FOR THE ESTABLISHMENT OF THE ENDOWMENTS.

PART X, LINE 2:

THE SOCIETY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES
O32054 12-01-20
Schedule D (Form 990) 2020
32

16580929 793927 17622

2020.04030 AMERICAN HIKING SOCIETY

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THAT NEED TO BE RECORDED.

Schedule D (Form 990) 2020

032055 12-01-20

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

20

Department of the Treasury
Internal Revenue Service

Dort

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

Attach to Form 990

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

Inspection Employer identification number 51-0211993

20

Name of the	organization
-------------	--------------

## AMERICAN HIKING SOCIETY

Pa	TT Types of Property							
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of de	torminir		
		annlicable	contributions or	amounts reported on	noncash contribu		•	S
	_		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			20.000				
5	Clothing and household goods	Х		32,608.	F.WA			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		400	0.00				
25	Other (HIKING MATERI)	Х	472	8/2.	COST			
26	Other ()							
27	Other ()							
28	Other  ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				37
	exempt purposes for the entire holding period?					30a	_	X
b	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032141 11-23-20

16580929 793927 17622

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### NUMBER OF CONTRIBUTIONS CONSISTS OF THE TOTAL QUANTITY OF ITEMS

RECEIVED.

Part II

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 51-0211993

AMERICAN HIKING SOCIETY

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

THE FORM 990 IS REVIEWED BY THE ENTIRE BOARD PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED AT BOARD MEETINGS AND REVIEWED

BY MANAGEMENT. EACH DIRECTOR HAS A DUTY TO PLACE THE INTEREST OF THE

ORGANIZATION FOREMOST IN ANY DEALINGS INVOLVING THE ORGANIZATION AND HAS A

CONTINUING RESPONSIBILITY TO COMPLY WITH THE REQUIREMENTS OF THIS POLICY.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PRESIDENT'S AND OTHER

COMPENSATION AND BENEFITS USING COMPARABLE AND OTHER DATA. LAST EMPLOYEES'

REVIEW WAS DONE IN 2020 FOR ALL STAFF AND IN EARLY 2021 FOR THE EXECUTIVE DIRECTOR.

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

COPIES OF THE ORGANIZATIONAL DOCUMENTS, APPLICATION FOR EXEMPTION, AND FORM 990S ARE PROVIDED UPON REQUEST. THE ORGANIZATION ALSO POSTS ITS FORMS 990 ON ITS WEBSITE. OTHER ORGANIZATIONS ALSO OBTAIN AND POST THE ORGANIZATION'S

FORMS 990 ONLINE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

2020.04030 AMERICAN HIKING SOCIETY

36