Signature Block

ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266

OMB No. 1545-0047

Form 990

Department of the Treasury

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.

2022

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

Open to Public Inspection

Internal Revenue Service A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023 C Name of organization D Employer identification number B Check if applicable: HUDSON HIGHLANDS LAND TRUST INC O Address change 13-3528266 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite O Application pending (845) 424-3358 City or town, state or province, country, and ZIP or foreign postal code GARRISON, NY 10524 G Gross receipts \$ 2,049,324 Name and address of principal officer: **H(a)** Is this a group return for KATRINA SHINDLEDECKER ☐Yes ✓No subordinates? **PO BOX 226 H(b)** Are all subordinates GARRISON, NY 10524 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: WWW.HHLT.ORG L Year of formation: 1989 M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► **Summary** 1 Briefly describe the organization's mission or most significant activities: HUDSON HIGHLANDS LAND TRUST, INC. (HHLT) PROTECTS AND PRESERVES THE NATURAL RESOURCES, RURAL CHARACTER AND SCENIC BEAUTY OF THE HUDSON HIGHLANDS. OUR VISION IS FOR THE HUDSON HIGHLANDS TO REMAIN FOREVER A PLACE OF UNDIMINISHED NATURAL ABUNDANCE, SCENIC BEAUTY AND HISTORICALSIGNIFICANCE - SHARED AND PROTECTED BY ENGAGED COMMUNITIES FOR THE Activities & Governance BENEFIT OF ALL 2 Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . . . 26 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . 10 85 **6** Total number of volunteers (estimate if necessary) . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,835,520 1,027,817 Program service revenue (Part VIII, line 2g) . . 0 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,397,457 665,474 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9.630 -3,177 3,242,607 1,690,114 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3). . . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 439,643 652,749 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 54,937 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 364,472 352,172 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 804,115 1,004,921 **19** Revenue less expenses. Subtract line 18 from line 12 685,193 2,438,492 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 12,513,391 14,061,260 21 Total liabilities (Part X, line 26) . 643,323 630,140 22 Net assets or fund balances. Subtract line 21 from line 20 . . . 11,870,068 13,431,120

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2024-03-19 Signature of officer Sign Here KATRINA SHINDLEDECKER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if 2024-03-19 P01039460 **Paid** self-employed Firm's name

UHY ADVISORS NORTHEAST INC Firm's EIN 🕨 14-1555429 **Preparer** Use Only Firm's address NONE HUDSON CITY CENTRE SUITE 204 Phone no. (518) 828-1565 HUDSON, NY 12534 Yes \quad No May the IRS discuss this return with the preparer shown above? See Instructions. For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022) Cat. No. 11282Y Page 2 Form 990 (2022) Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: THE HUDSON HIGHLANDS LAND TRUST, INC. (HHLT) PROTECTS AND PRESERVES THE NATURAL RESOURCES, RURAL CHARACTER AND SCENIC BEAUTY OF THE HUDSON HIGHLANDS. OUR VISION IS FOR THE HUDSON HIGHLANDS TO REMAIN FOREVER A PLACE OF UNDIMINISHED NATURAL ABUNDANCE, SCENIC BEAUTY AND HISTORICAL SIGNIFICANCE SHARED AND PROTECTED BY ENGAGED COMMUNITIES FOR THE BENEFIT OF ALL Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ✓ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 220,522 including grants of \$) (Revenue \$ LAND CONSERVATION (ACQUISITIONS): HHLT ADVANCES THE CONSERVATION AND PRESERVATION OF THE NATURAL RESOURCES, OPEN SPACES, AND SCENIC BEAUTY OF THE HUDSON HIGHLANDS FOR THE BENEFIT OF THE PUBLIC. AT SEPTEMBER 30, 2023, HHLT HELD 94 CONSERVATION EASEMENTS PROTECTING 2,594 ACRES OF LAND AND OWNED AN ADDITIONAL 978 ACRES, INCLUDING GRANITE MOUNTAIN PRESERVE, CANOPUS CREEK PRESERVE, A PORTION OF A FORMER GOLF COURSE, A FORMER FARM/CAMP, AND LAND ACQUIRED ON BEHALF OF AND TO BE CONVEYED TO NYS OFFICE OF PARKS RECREATION, AND HISTORIC PRESERVATION. WE HAVE ALSO HELPED OTHER LAND TRUSTS AND STATE AGENCIES CONSERVE THOUSANDS MORE ACRES. ALL OF HHLT'S LAND CONSERVATION SERVICES ARE PROVIDED FOR THE BENEFIT OF THE RESIDENT PUBLIC AND SEVERAL MILLION VISITORS TO THIS FEDERALLY RECOGNIZED REGION. (Code:) (Expenses \$ 282,520 including grants of \$) (Revenue \$ STEWARDSHIP AND NATURAL RESOURCES PROTECTION: HHLT IS INVOLVED IN A VARIETY OF PROGRAM INITIATIVES FOCUSED ON STEWARDSHIP AND NATURAL RESOURCES PROTECTION. THE LAND TRUST MANAGES ITS CONSERVATION EASEMENT INTERESTS THROUGH MONITORING AND ENFORCEMENT. STEWARDSHIP OF THE LAND THEY OWN ALSO INCLUDES ACTIVITIES TO PRESERVE AND ENHANCE CONSERVATION VALUES, AND TO FACILITATE PUBLIC ACCESS, WHERE APPLICABLE. IN ADDITION TO (1) ACTIVE STEWARDSHIP AND DEFENSE OF OUR CONSERVATION EASEMENT PORTFOLIO, AND (2) INVESTING IN THE ECOLOGICAL INTEGRITY OF THE LAND WE OWN, HHLT WORKS WITH OUR PARTNERS TO ADDRESS ISSUES AS DIVERSE AS INVASIVE SPECIES MANAGEMENT, DRINKING WATER PROTECTION, BIODIVERSITY CONSERVATION, AND SAFEGUARDING RESILIENT/CONNECTED NATURAL AREAS. 223,756 (Code:) (Expenses \$ including grants of \$) (Revenue \$ OUTREACH AND EDUCATION: THROUGH THE ORGANIZATION'S OUTREACH EVENTS AND PROGRAMS, HHLT SEEKS TO CREATE PUBLIC AWARENESS ON A NUMBER OF ISSUES (INCLUDING LAND CONSERVATION, FLORA/FAUNA BIODIVERSITY, CLIMATE RESIENCE, AND CONNECTIVITY), AND CELEBRATES THE NATURAL SPLENDOR ÒF THE HUDSON HIGHLANDS WITH COMMUNITY MEMBERS OF ALL AGES. OUR OUTREACH PROGRAMMING AÍMS TO INSTILL A SENSE OF THE IMPORTANCE OF STEWARDSHIP IN RESIDENTS AND VISITORS TO THE HUDSON HIGHLANDS, THROUGH A DIVERSE ARRAY OF ACTIVITIES AND EVENTS. MAJOR OUTREACH PROGRAMS INCLUDE: FREE WEBINARS AND TRAINING, HIKES AND VOLUNTEER DAYS ON CONSERVED PROPERTIES, AND PARTNERSHIPS WITH TRAIL GROUPS TO EDUCATE THE MANY VISITORS TO OUR AREA ABOUT OUR NATURAL RESOURCES. 67,843 (Code:) (Expenses \$ including grants of \$) (Revenue \$ PUBLIC POLICY & PLANNING: HHLT WORKS WITH LOCAL MUNICIPALITIES ON PLANNING INITIATIVES TO DOCUMENT THEIR IMPORTANT NATURAL RESOURCES AND BELOVED OPEN SPACES, THEN HELP THEM PLAN WAYS TO ACHIEVE AN OPTIMAL BALANCE BETWEEN PROTECTION AND DEVELOPMENT. THIS IS ACCOMPLISHED THROUGH THINGS LIKE COMMUNITY PRESERVATION PLANS, NATURAL RESOURCE AND OPEN SPACE INVENTORIES, AS WELL AS WATER RESOURCE STUDIES THAT CAN BE USED AS TOOLS TO GUIDE MUNICIPAL PLANNING. FURTHER, HHLT ALSO FOUNDED AND COORDINATES THE "NEW YORK HIGHLANDS NETWORK" A 16-MEMBER COALITION OF LAND TRUSTS AND GOVERNMENT AGENCIES THAT CONSERVE LAND THROUGHOUT THE NEW YORK HIGHLANDS. Other program services (Describe in Schedule O.)

(Expenses \$ 67,843 including grants of \$) (Revenue \$) ----- Page 3 -----

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Pai	t IV Checklist of Required Schedules		1	1
	To the experientian described in earlier FO1/a)/2) or 4047/a)/1) (ather them a private foundation)? If "Vec " consolate		Yes	No
-	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I $^{\text{CS}}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ $	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	204		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

200	1	
21		No

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Par	Checklist of Required Schedules (continued)			
			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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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? If "Yes," complete Schedule L, Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	No

			i i		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?		1c	Yes	
			F	orm 99 0	(2022)

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	990 (2022) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page !
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
D	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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:			
a	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

to the the amount of reserves on hand b if Yes, 'has it flied a Form 720 to report these payments for indoor tanning services during the tax year? b if Yes, 'has it flied a Form 720 to report these payments?!/ 'No, 'provide an explanation in Schedule 0. 14b. 15 is the organization subject to the section 4960 tax on payments(s) of more than \$1,000,000 in remuneration or excess \$1 ff Yes, 's exist in instructions and file Form 4720. Schedule N. 16 is the organization and educational institution subject to the section 4968 excise tax on net investment income?			, ,	ı	
b If "Nes," has it filled a Form 720 to report these psyments? If "Nes," provide an explanation in Schedule O. 15 is the organization subject to the section 9500 tax on payment(s) of more than \$1,000,000 in remuneration or excess payment(s) during the year? 16 Is the organization and file form 4720, Schedule N. 17 Yes," complete Form 4720, Schedule N. 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule N. 19 Section \$01(c)(21) organizations. bit the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49537. 19 Section \$01(c)(21) organizations. bit the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49537. 19 Section \$0.00000000000000000000000000000000000		Enter the amount of reserves on hand]		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractivities opprendix power lay superativities and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
paradruúe payment(s) during the year? If 'Yes,' complete Form 1720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 1720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49537. 18 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 79 below, and for a "No" response 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body or the governing body depeated broad authority to an excutive committee or similar committee, explain in Schedule O. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organizationship with any other officer, director, trustee, or key employees to a management company or other person? 4 Did the organization have members in schockholders? 5 Did the organization have members a stockholders? 6 Did the organization have members a stockholders? 7 Did become that the governing body? 8 Did the organization have members, stockholders, or other persons who had the power to elect or app			14b		
If "Yes," complete Form 4720, Schedule 0. 17 Section STIL(*21) organizations. Did the trust, or any disrusilified or other person engage in any activities that if "Yes," complete Form 6069. Page 6 Form 990 (2022) Form 990 (parachute payment(s) during the year?	15		No
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			10b		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 5 Did the officers or key employees of the organization 12a 12a 12b 12b 12c		form?	11a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization's CEO, Executive Director, or top management official 15 Did the organization of the deliberation and decision?					
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		Yes Yes	
Did the organization have a written whistleblower policy?		Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on		Yes	
Did the organization have a written document retention and destruction policy?			\vdash	Yes	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official			14	Yes	
b Other officers or key employees of the organization		Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
			15a	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		No
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	I I		

	taxable entity during the year?		. :				•			. 16a	No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	ax law,								
Se	ection C. Disclosure										
17	List the states with which a copy of this F	orm 990 is requ	uired t	o be filed▶	NY						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe				A, if					ection	
19	Own website Another's website Describe in Schedule O whether (and if so policy, and financial statements available	o, how) the orga	anizati		•				•	rest	
20	State the name, address, and telephone			who possesses 0524 (845) 424			janiza	tion	's books and reco	rds:	
	PRAIRING SHINDLEDECKER TO BOX 220	O GARRISON,	, 141 10	7324 (043) 424	. 55.	50				F	orm 990 (2022)
				Page 7 —							
				rage /							
	990 (2022)	<u> </u>		. 17							Page 7
Par	t VII Compensation of Officers, I and Independent Contractor		ustee	s, Key Emp	loye	ees	, HIG	nes	st Compensate	ea Employee	! S,
	Check if Schedule O contains a res	sponse or note t	to any	line in this Par	t VII				<u></u>		🗆
	ection A. Officers, Directors, Trustomplete this table for all persons required to										
of col L who ithe o L of rep organ See t	List all of the organization's current office mpensation. Enter -0- in columns (D), (E), ist all of the organization's current key end ist the organization's five current highest received reportable compensation (box 5 organization and any related organizations. List all of the organization's former officers cortable compensation from the organizationist all of the organization's former directorization, more than \$10,000 of reportable the instructions for the order in which to list the check this box if neither the organization in (A) Name and title	and (F) if no comployees, if any compensated ef Form W-2, box s, key employees and any relators or trustees compensation from the persons all	smpen See 1 Smployex 6 of Ses, or heted org that com the bove. Drganiz Pos one of	sation was paid the instructions ees (other that Form 1099-MIS highest comper ganizations. received, in the e organization	dd. s for n an SC, a nsate and neck peckor	defii offii and/ ed el pacit any d an mo	inition cer, di or bo mploy cy as a relative curre tha both a	rees for eed co	"key employee." for, trustee or key of Form 1099-NEG who received mo mer director or tr organizations. officer, director, o (D) Reportable	employee) C) of more than re than \$100,0 rustee of the	
(1) N/	ANCY BERNER	2.00	Φ			Φ	ensated				
·····	RPERSON		Х		Х				0	0	0
. ,	MES CROSS ESQ	1.00	Х		Х				0	0	0
	CHAIR										
	JDOLPH RAUCH ETARY	1.00	х		х				0	0	0
(4) TO	DM CAMPANILE	1.00									

1.00

1.00

1.00

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TREASURER

DIRECTOR

DIRECTOR

DIRECTOR

(5) JEFFREY BUNZEL

(6) SEAMUS CARROLL

(7) MICHAEL CLARKE

	1.00		\vdash		Ì	Ì	
(8) CHRISTOPHER DAVIS		Х			0	0	0
DIRECTOR	•	^					O .
(9) ANGELICA PATTERSON	1.00						
DIRECTOR		Х			0	0	0
	1.00						
(10) PHOEBE GEER		х			0	0	0
DIRECTOR							
(11) JAMES HARTFORD	1.00						
DIRECTOR		Х			0	0	0
(12) PASCALE HUTZ	1.00						
DIRECTOR		Х			0	0	0
	1.00						
(13) HENRY KINGSLEY		Х			0	0	0
DIRECTOR							
(14) DANIEL J KRAMER ESQ	1.00						
DIRECTOR		Х			0	0	0
(15) ANDREW SIDAMON-ERISTOFF	1.00						
DIRECTOR		Х			0	0	0
(16) DOUGLAS S LAND	2.00						
DIRECTOR		Х			0	0	0
	1.00		\vdash				
(17) CLAUDIO MARZOLLO	1.00	Х			0	0	0
DIRECTOR	-	^			Ĭ		Ü

Form **990** (2022)

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Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) ED MCGOWAN PHD DIRECTOR	1.00	x						0	0	0
(19) THADDEUS PITNEY DIRECTOR	1.00	×						0	0	0
(20) FREDERIC RICH ESQ DIRECTOR	1.00	×						0	0	0
(21) WILLIAM SCHUSTER PHD DIRECTOR	1.00	x						0	0	0
(22) BENTE STRONG DIRECTOR	1.00	x						0	0	0
(23) ANNE SYMMES DIRECTOR	1.00	x						0	0	0
(24) BONNIE TURNER DIRECTOR	1.00	x						0	0	0
(25) GLENNON WATSON LS DIRECTOR	1.00	x						0	0	0
(26) LISSA YOUNG PHD	1.00	X						0	0	0

	LIUK								.	
	KRISTIN SORENSON	1.00	x I				0	0		0
	CTOR		·				ů,			
	KATRINA SHINDLEDECKER	40.00		х		11	88,500	0		3,000
	UTIVE DIRECTOR			^		1.	18,300			3,000
				-						
	Sub-Total		•	•						
	Total from continuation sheets to P	-	•	-						
d.				•		138,500		0		3,000
2	Total number of individuals (including of reportable compensation from the		se listed above) w	ho recei	ved more	than \$100	,000			
									Yes	No
3	Did the organization list any former	officer director or trus	stee kev emplovee	or high	est comr	nensated e	mnlovee on			
•	line 1a? If "Yes," complete Schedule			-				3		No
4	For any individual listed on line 1a, is	the cum of renertable	s componention and	d other a	omnones	tion from	·h o	-		110
4	organization and related organization						.rie			
	individual							4		No
_	Did any person listed on line 12 reso	VO OF DOOM!!! COMPONS	ation from any unr	olated o	rannizati	an an indivi	dual for	 		
5	Did any person listed on line 1a received services rendered to the organization							1 _ 1		
	Services remarked to the organization	res, complete se	inedure 5 for Sacri p					5		No
	ection B. Independent Contract									
1	Complete this table for your five high from the organization. Report compe	est compensated inde	pendent contractor	s that re	eceived m	nore than \$	100,000 of co	mpensa	ition	
	nom the organization. Report compe	(A)	ar year enamy with	OI WICH	in the org	garnzacions	(B)		(C	`
	Name	and business address				Descrip	tion of services		Compen	
								$-\!\!+\!\!$		
								-		
								-+		
	Total number of independent contractor		mited to those liste	d above) who red	ceived mor	e than \$100,0	00 of		
	compensation from the organization 🕨	0								
								F	orm 99 0	0 (2022)
			—— Page 9 ——							
Form	990 (2022)									Page 9
	art VIII Statement of Revenue									ruge J
	Check if Schedule O contain		n any line in this D	art VIII						
	Check ii Schedule o contain	s a response of note to	(A)	11. VIII .	(B)	· · ·	(C)		· ·	
			Total reven	ue	Relate		Unrelated			
					exem		Officiated		(D) Rever	
					_		business		Rever excluded	iue from
					functi	ion			Rever excluded under s	iue from sections
	Federated campaigns 1a				_	ion	business		Rever excluded	iue from sections
	Federated campaigns 1a				functi	ion	business		Rever excluded under s	iue from sections
Cont	ributions,				functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and	ributions, Grants Membership dues 1b	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe	ributions, Grants Membership dues 1b	<u> </u>			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe	ributions, Grants, Membership dues 1b				functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe	ributions, Grants Membership dues 1b	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio	ributions, Grants Membership dues 1b erAmt lar Light draising events . 1c	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio	ributions, Grants Membership dues 1b erAmt lar Empgraising events 1c 79,627	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio	ributions, Grants Membership dues	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio	ributions, Membership dues 1b PrAmt lar EMEMORIAN IN INC. 79,627 Related organizations 1d Government grants (contributions) 1e	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio d	ributions, Grants Membership dues 1b erAmt lar EMEGRAPH TOP 100 TO	·			functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio d	ributions, Grants Membership dues				functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio d	ributions, Membership dues 1b PrAmt lar Ty9,627 Related organizations 1d Government grants (contributions) 1e 500 All other contributions, gifts, grants,				functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio d	ributions, Grants Membership dues				functi	ion	business		Rever excluded under s	iue from sections
Cont Sifts and Othe Simi Arfio d	ributions, Grants Membership dues 1b PrAmt Har Fundariasing events 1c 79,627 Related organizations 1d Government grants (contributions) 1e 500 All other contributions, gifts, grants, and similar amounts not included above 1f				functi	ion	business		Rever excluded under s	iue from sections
Control Contro	ributions, Grants Membership dues 1b PrAmt Har EMEDITARY TOP,627 Related organizations 1d Government grants (contributions) 1e 500 All other contributions, gifts, grants, and similar amounts not included above 947,690				functi	ion	business		Rever excluded under s	iue from sections
Control Contro	ributions, Grants Membership dues 1b PrAmt Har Fundariasing events 1c 79,627 Related organizations 1d Government grants (contributions) 1e 500 All other contributions, gifts, grants, and similar amounts not included above 947,690 Noncash contributions included in lines 1a 15.6				functi	ion	business		Rever excluded under s	iue from sections
Control Contro	ributions, Grants Membership dues 1b PrAmt Har Fundariasing events 1c 79,627 Related organizations 1d Government grants (contributions) 1e 500 All other contributions, gifts, grants, and similar amounts not included above 947,690 Noncash contributions included in lines 1a 15.6				functi	ion	business		Rever excluded under s	iue from sections
control Sifes and Dithe Similar Arfio	ributions, Grants Membership dues 1b PrAmt Har EMERITARY Related organizations	1,027	7,817		functi	ion	business		Rever excluded under s	iue from sections

2	а							
9								
en	,							
2								
dce	:							
Ser	1							
E	·							
Program Service Revenue	3							
å								
	f All other program							
	g Total. Add lines 2			bound ather				
	3 Investment income similar amounts) .	(Inc	uding dividends, in	terest, and other	205,459			205,459
	4 Income from invest	men	t of tax-exempt bor	nd proceeds				
	5 Royalties			▶				
		١,	(i) Real	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental							
	expenses	6b						
- [c Rental income or (loss)	6с						
	d Net rental income	or (loss)					
			(i) Securities	(ii) Other				
	7a Gross amount from sales of	7a	400,317	406,766				
	assets other	-	400,317	400,700				
ne	than inventory Less: cost or							
Ven	other basis and sales expenses	7b	55,419	291,649				
æ								
er	Gain or (loss)	7 c	2 , 2		460.015		ii	460.015
Other Revenue	d Net gain or (loss) a Gross income from fu			<u> </u>	460,015			460,015
Ī	(not including \$		79,627 of					
	contributions reporte See Part IV, line 18		-	7,200				
	b Less: direct expen	Ses	8a	12,142				
	c Net income or (los				-4,942			-4,942
							<u> </u>	
9	a Gross income from See Part IV, line 19	gami						
	b Less: direct expen		<u> </u>					
	c Net income or (los		L	s				
		,	ا ا					
1	OaGross sales of inverteurns and allowed	entor						
			104					
	b Less: cost of good		L					
-	c Net income or (los	S) II	om sales or invento	ry • Business Code				
	11a AMORTIZATION (N NO	OTES		1,765	1,765		
	b							
Othe	r f evenueMiscAmt		-					
	2.23000							
	d All other revenue							
	e Total. Add lines 1	1a-1	1d	•	1 705			
	Total variance C	in	otructions		1,765			

1,690,114

1,765

660,532 Form **990** (2022)

Page 10 -

Form 990 (2022) Page **10**Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 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	138,500	113,570	12,465	12,465
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	405,147	303,434	74,235	27,478
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,650	13,538	2,815	1,297
9 Other employee benefits	48,063	36,867	7,665	3,531
10 Payroll taxes	43,389	33,281	6,919	3,189
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,596		31,596	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	821		821	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	165,668	156,926	5,985	2,757
12 Advertising and promotion				
13 Office expenses	23,351	16,892	4,850	1,609
14 Information technology				
15 Royalties				
16 Occupancy	26,683	20,713	4,087	1,883
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	7,126	7,015		111
20 Interest	5,031	5,031		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,861	2,961	616	284
23 Insurance	17,261	14,693	2,568	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	20,526	20,330	134	62
b PROPERTY TAXES	17,550	17,550		
c TRAINING AND EDUCATION	11,210	11,210		
d SPONSORSHIPS AND PARTNE	10,000	10,000		

All other expenses	11,488	10,630	587	271
Total functional expenses. Add lines 1 through 24e	1,004,921	794,641	155,343	54,937
Joint costs. 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).				
				Form 990 (2022

Form 990 (2022) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX . (B) Beginning of year End of year 351.514 252.019 1 Cash-non-interest-bearing . 814,768 909,108 2 Savings and temporary cash investments 2 29,084 3 Pledges and grants receivable, net . 3 Accounts receivable, net . . 4 4.022 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... 6 198,089 Notes and loans receivable, net . 7 199,854 Inventories for sale or use . 8 12,571 9,499 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 4,693,041 basis. Complete Part VI of Schedule D 38 181 10b 4.862.238 4 654 860 b Less: accumulated depreciation 10c 6,240,327 8,026,854 11 11 Investments—publicly traded securities . 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 . 13 14 14 Intangible assets 4,800 5,044 15 Other assets. See Part IV, line 11 15 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . . 12,513,391 16 14,061,260 20,723 52,140 17 Accounts payable and accrued expenses 17 18 18 Grants payable . 19 47,600 19 3,000 Deferred revenue . . Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to any current or former officer, director, trustee, key 22 employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 575,000 25 575,000 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 643.323 630.140 26 26 **Total liabilities.** Add lines 17 through 25 . . Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 11,735,265 27 Net assets without donor restrictions 27 13,217,688 134,803 213,432 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . 29 Paid-in or capital surplus, or land, building or equipment fund . 30

31

32

33

13,431,120

14.061.260

11,870,068

12,513,391

31

32 33 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances . .

	Page 12 ————				
Form	990 (2022)				Page 12
Par					Page 12
ı aı					
	Check if Schedule O contains a response or note to any line in this Part XI	Ė		· ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,690,114
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,004,921
3	Revenue less expenses. Subtract line 2 from line 1	3			685,193
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		11	,870,068
5	Net unrealized gains (losses) on investments	5			875,858
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 in 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		13	,431,120
Par	YII 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 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		3-	Vaa	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
				orm 99	0 (2022)
	990 (2022)				
Ad	ditional Data		Retur	n to Fo	orm
	Software ID:				
	Software Version:				
orn	1 990, Special Condition Description:				

Special Condition Description

ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

		ne organization					Employer identific	ation number
HUDS	ON HIG	HLANDS LAND TRUST INC					13-3528266	
	rt I	Reason for Public					See instructions.	
The o	rganiz	ation is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check o	nly one box.)		
1		A church, convention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ibed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co	d for the benefi mplete Part II.)	t of a college or univer	sity owned or op	perated by a gove	ernmental unit describ	oed in section
6		A federal, state, or local			scribed in sectio	on 170(b)(1)(A	.)(v).	
7	✓	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descri	ribed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10	non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organize	ed and operated	d exclusively to test for	public safety. S	ee section 509	(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q.							
а		Type I. A supporting or organization(s) the pow-	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the sup must complete Part I	rganization sup porting organiz	ervised or controlled in ation vested in the san				
c		Type III functionally supported organization(integrated. A s	supporting organization				ted with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A supporting organi n generally must satisf	zation operated fy a distribution i	in connection wit requirement and	th its supported organ	
е		Check this box if the org	anization recei	ved a written determin	ation from the II		pe I, Type II, Type III	functionally
f	Entor	integrated, or Type III n the number of supported	•		•			
g g		de the following informati					· · · · · · · · <u> </u>	
		de the following informati Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
		work Reduction Act Not or 990-EZ.	ice, see the I		Cat. No. 11285	5F	Schedule	A (Form 990) 2022
				Pag	ge 2 ———			
Scher	ابناء Δ	(Form 990) 2022						Page 7

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Page 2

Part II

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	871,646	882,589	943,192	1,835,520	1,027,817	5,560,764
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	871,646	882,589	943,192	1,835,520	1,027,817	5,560,764
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						2,093,545
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						3,467,219
	Section B. Total Support lendar year		T	I	1	I	<u> </u>
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	871,646	882,589	943,192	1,835,520	1,027,817	5,560,764
8	Gross income from interest, dividends, payments received on	122 401	107.910	92,964	135,073	205 450	673,796
	securities loans, rents, royalties and income from similar sources	132,481	. 107,819	92,904	155,075	205,459	073,790
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,234,560
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	<u> </u>
13	First 5 years. If the Form 990 is for the	he organization's	first, second, third	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here					▶□	
_ 5	Section C. Computation of Public						
14	Public support percentage for 2022 (lin					14	55.610 %
15	Public support percentage for 2021 Scl 3 33 1/3% support test—2022. If the					15	55.860 %
108	and stop here. The organization quali						
t	1						
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	:— 2022. If the or s-and-circumstan	ganization did not ces" test, check th	check a box on lings box and stop h	ne 13, 16a, or 16b 1ere. Explain in Pa	o, and line 14 is 10 art VI how the orga	% or more, anization
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets to	t— 2021. If the on the "facts-and-circ	rganization did no cumstances" test,	ot check a box on I check this box and	ine 13, 16a, 16b, d stop here. Expla	or 17a, and line 1 ain in Part VI how	5 is 10% or the organization
18	meets the "facts-and-circumstances" Private foundation. If the organization	test. The organiza on did not check a	ation qualifies as a a box on line 13, 1	a publicly supporte .6a, 16b, 17a, or 1	ed organization 17b, check this box	and see	▶∪
	instructions		<u></u>				▶ U Form 990) 2022
						Schedule A (FORM 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)		r age S
	(Complete only if you the organization fails	checked the bo	x on line 10 of	Part I or if the o	rganization faile		er Part II. If
	Section A. Public Support	Т		1		_	
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .					1	
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose				<u> </u>	<u>1 </u>	<u> </u>
3		9					
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						

5	to or experiued on its benair								
	The value of services or facilities								
	furnished by a governmental unit to								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year.								
3	Add lines 7a and 7b Public support. (Subtract line 7c			+					
	from line 6.)								
Se	ction B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
r f	iscal year beginning in)	(.,	(-,	(-,	(-)	(0) -0	(-,		
,	Amounts from line 6 Gross income from interest,								
•	dividends, payments received on								
	securities loans, rents, royalties and								
_	income from similar sources Unrelated business taxable income		+						
b	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
2	Add lines 10a and 10b. Net income from unrelated business								
1	activities not included on 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.)								
3	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd, fourth, or fift	n tax vear as a sec	tion 501(c)(3) or	ganizat	ion, che	eck
	this box and stop here								
Se	ction C. Computation of Public	Support Perce	entage						
5	Public support percentage for 2022 (lin	ne 8, column (f) o	divided by line 13	, column (f)) .		15			
,	Public support percentage from 2021 S	Schedule A, Part I	III, line 15			16			
						_			
Se	ction D. Computation of Invest	ment Income	Percentage						
	ction D. Computation of Invest Investment income percentage for 20			y line 13, columr	(f))	17			
'		22 (line 10c, colu	ımn (f) divided b			17			
,	Investment income percentage for 20 . Investment income percentage from 2	22 (line 10c, colu 021 Schedule A,	ımn (f) divided b Part III, line 17			18	ne 17 i	s not	
,	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the	22 (line 10c, colu 021 Schedule A, organization did	imn (f) divided b Part III, line 17 not check the bo		line 15 is more that	18 an 33 1/3%, and li		s not	
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a	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	22 (line 10c, colu 021 Schedule A, organization did il stop here. The e organization did	imn (f) divided b Part III, line 17 not check the bo organization qua I not check a box	x on line 14, and diffies as a public on line 14 or lin	line 15 is more the y supported organ e 19a, and line 16	18 an 33 1/3%, and lization	Þ /3% an	- 🗆	.8 is
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a b	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	22 (line 10c, coluitorial schedule A, organization did stop here. The eorganization dictand stop here.	mm (f) divided b Part III, line 17 not check the bo organization qua I not check a box The organization	x on line 14, and lifies as a public on line 14 or lin qualifies as a pu	line 15 is more that y supported organ e 19a, and line 16 blicly supported or	18 an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% an 	d line 1	
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a b	Investment income percentage for 20 : Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3% , check this box and 33 1/3% support tests—2021. If the not more than 33 1/3% , check this box	22 (line 10c, coluitorial schedule A, organization did stop here. The eorganization dictand stop here.	mm (f) divided b Part III, line 17 not check the bo organization qua I not check a box The organization	x on line 14, and lifies as a publicl on line 14 or lin qualifies as a pu 19a, or 19b, che	line 15 is more that y supported organ e 19a, and line 16 blicly supported or	18 an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% an 	d line 1	
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a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the state describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Face of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the describe in Part VI in the Second Complete of the Second C	22 (line 10c, coluitor, co	or Part I. If you continued by the properties of Part I. If you continued by the properties of Part I. If you continued by the properties of part I. If you continued by the properties of you checked by the properties of part I. If you continued by the properties of you checked by the properties of you checked by the properties of your checked by the properties of the pr	x on line 14, and ilifies as a publicl on line 14 or lin qualifies as a pu 19a, or 19b, che hecked box 12a, x 12c, of Part I, one organization's ated. If designate an IRS determine	line 15 is more that y supported organ a 19a, and line 16 blicly supported or eck this box and seck th	18 an 33 1/3%, and life ization		d line 1	2 022 age 4
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ecor	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Two," describe in Part VI how the se describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported in the organization have a supported in section 509(a)(1) or (2).	22 (line 10c, coluitor, co	omn (f) divided by Part III, line 17 not check the boorganization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you can be somplete Part V.) teed by name in the stions are designationship, explain. That does not have organization determined to the stide of th	x on line 14, and allifies as a publicity on line 14 or line 14 or line qualifies as a publicity of 19a, or 19b, checked box 12a, x 12c, of Part I, or line organization's ated. If designation at the second of the	line 15 is more that y supported organ to 19a, and line 16 blicly supported or eck this box and seck t	an 33 1/3%, and life ization		d line 1	2 022 age 4
a eco	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Set 12d, of Part I, complete Set 12d, of Part I, complete Section A. All Supporting Organization (Two," describe in Part VI how the state of the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	22 (line 10c, coluitor, co	omn (f) divided by Part III, line 17 not check the boorganization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you can be somplete Part V.) teed by name in the stions are designationship, explain. That does not have organization determined to the stide of th	x on line 14, and allifies as a publicity on line 14 or line 14 or line qualifies as a publicity of 19a, or 19b, checked box 12a, x 12c, of Part I, or line organization's ated. If designation at the second of the	line 15 is more that y supported organ to 19a, and line 16 blicly supported or eck this box and seck t	an 33 1/3%, and life ization		d line 1	2 022 age 4
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a eco	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Par	22 (line 10c, coluitor, con did not check con did not check con did not check coluitor, coluitor	omn (f) divided by Part III, line 17 not check the bo organization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you of you checked box complete Part V.) ted by name in that does not have organization detection dization qualified.	x on line 14, and allifies as a publicity on line 14 or line 14 or line 14 or line 14 or line 19a, or 19b, checked box 12a, x 12c, of Part I, or line organization's lated. If designation and that the standard that the standard section 50 under section 50 under section 50	line 15 is more that y supported organ to 19a, and line 16 blicly supported or eck this box and seck t	an 33 1/3%, and life ization		d line 1	2022 age 4
b b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set2d, of Part I, complet	22 (line 10c, colu- 1021 Schedule A, organization did is stop here. The e organization did is and stop here. On did not check organizations A and C. It is A and D, and continuing related organization to corganization design organization design of the corganization design of the corganization design organization design o	part III, line 17 not check the boorganization qual not check a box. The organization a box on line 14, Page 4 Page 4 of Part I. If you confine the part I. It is the part I was	x on line 14, and dilifies as a publicl on line 14 or lin qualifies as a pu 19a, or 19b, che 19a, or 19b, che hecked box 12a, x 12c, of Part I, when and that the standard VI when and that VI when and that VI when and the standard VI when the standard VI	line 15 is more that y supported organ is 19a, and line 16 blicly supported or eck this box and seck t	an 33 1/3%, and life ization		d line 1	2022 ige 4

	The state of the s	<u> </u>		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
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.	10a		
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).			
	Schedule A		990)	2022
		(,	
	Page 5			
Sche	dule A (Form 990) 2022)246 E
	rt IV Supporting Organizations (continued)			Page 5
Fai	Supporting Organizations (continued)		Yes	No
	Health and the control of the control of the control of the following and the following and the control of the		res	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 on lines 11b and 11c below, the governing body of a supported organization?			
b	governing body of a supported organization?	11a		
_	governing body of a supported organization? A family member of a person described on 11a above?	11a 11b		
С	governing body of a supported organization?	11a		
c Se	governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b		
c Se	governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11a 11b	Yes	No
Se	governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b	Yes	No
	governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Exection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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	11a 11b	Yes	No
	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c	Yes	No
1	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c	Yes	No
2	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	11a 11b 11c	Yes	No
2	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c	Yes	No
2	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	11a 11b 11c		

	supporting organization was vested in the same persons that controlled or managed to	ne sup	porteu organization(s).	1		
S	Section D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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 el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	xplain in Part VI how the	2			
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					
1	Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.		, , , , , , , , , , , , , , , , , , ,			
	b The organization is the parent of each of its supported organizations. Complete	e line :	3 below.			
	c			e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part V	/I identify those supported how the organization was	2a	Tes	
b Did the activities described on 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.			2b		
	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, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations</i>					
	supported organizations? It res, describe in Part VI. the role played by the organiza-	ation n	Schedule A	3b	لبيا	
_	edule A (Form 990) 2022 art V Type III Non-Functionally Integrated 509(a)(3) Supporting O	Irgani	izations		P	Page 6
				<i>(</i> 7) 0		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization.				e 	
	Section A - Adjusted Net Income		(A) Prior Year	()	rent Year onal)	r
1	Net short-term capital gain	1				
2	,	2				
3		3				
4		4				
		5				
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curr (optio	ent Year onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	,					
	c Fair market value of other non-exempt-use assets	1c				
	,	1c 1d				

2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom 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, lin	ne 8, Column A)	1			
2	Enter 85% of line 1	· · · · · · · · · · · · · · · · · · ·	2			
3	Minimum asset amount for prior year (from Section B,	line 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, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-ir	ntegrate	ed Type III supp	orting	organization (see
	,				Scl	nedule A (Form 990) 2022
		Page 7				
Sched	dule A (Form 990) 2022					Page 7
	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting ()rgani	zations (con	tinued)	
	tion D - Distributions		<i>-</i>			Current Year
1 .	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported of	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizatio	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 1	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is responsi	ive (<i>pro</i>	vide	8	
	Distributable amount for 2022 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
10	·			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	lerdistribution Pre-2022	s	Distributable Amount for 2022
1 D	Distributable amount for 2022 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). see instructions.					
3 E	excess distributions carryover, if any, to 2022:					
а	From 2017					
b	From 2018					
	From 2019					
	From 2021					
	otal of lines 3a through e				+	
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see					
	instructions) emainder. Subtract lines 3g, 3h, and 3i from line 3f.				+	
	stributions for 2022 from Section D, line 7:				+	
	•					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount				1	

c Remainder. Subtract lines 4a and 4b from line 4.	I	l	
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	ort IV, Section B, lines 1 and 3 3b; Part V, line 1; Part V, Sec	2; Part IV, Section C, line 1; tion B, line 1e; Part V
F	acts And Circumstances Tes	st	
Return Reference	E	Explanation	
		•	Schedule A (Form 990) 2022

efile Public Visual Render ObjectId: 202410799349300526 - Submission: 2024-03-19 TIN: 13-3528266 Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Internal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for the latest information. Name of the organization **Employer identification number** HUDSON HIGHLANDS LAND TRUST INC 13-3528266 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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, 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 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Page 2

1	J	 J.	۷,	ے ر	$^{\circ}$

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	- _	\$ NESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
_		\$	Payroll
		Ψ	Noncash
		4.)	(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
		Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule B	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
	GHLANDS LAND TRUST INC	13-3528266	
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

_				\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
- (5)				\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
- (a)	(1)		1	(c)	(4)
No. from Part I	(b) Description of noncash p	property given		or estimate) nstructions)	(d) Date received
(a)			-	(c)	
No. from Part I	(b) Description of noncash p	property given		or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
		Page 4			Schedule B (Form 990) (2022)
Name of ord	3 (Form 990) (2022) ganization			Employer ident	Page 4 ification number
	GHLANDS LAND TRUST INC			13-3528266	(40) (1-14) (1-14)
	Exclusively religious, charitable, etc., contr than \$1,000 for the year from any one contr organizations completing Part III, enter the year. (Enter this information once. See institute Use duplicate copies of Part III if additional spa	ibutor. Complete columns (a) total of exclusively religious, cructions.) ► \$	through (e) a charitable, e	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift	Relationship	p of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held
-		(a) Transfer of sift			
-	Transferee's name, address, and Z	(e) Transfer of gift IP 4	Relationship	p of transferor to	transferee
(a)	(b) Purpose of gift	(c) Use of nift		(d) Nascrint	tion of how aift is hold

Part I	(a) i dipodo di giit			(a) Boosiphon of non-gire londa
. <u>=</u>	Transferee's name, address, and	ZIP 4	r) Transfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
· <u>=</u>	Transferee's name, address, and	(€ ZIP 4	r) Transfer of gift Relation	nship of transferor to transferee
				Schedule B (Form 990) (2022)

Additional Data

Return to Form

ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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-C.

OMB No. 1545-0047

2022

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		ction 501(c)(3)) organizations:	Complete Parts I-A and C be	elow. Do not complete Part I-I	В.
	Section 527 organizations: Co	omplete Part I-A only. 'es" on Form 990, Part IV, Lin o	0.4 or Form 990 E7 Part \	/L line 47 (Labbying Activit	ice) than
		ns that have filed Form 5768 (e			
• S	Section 501(c)(3) organizatio	ns that have NOT filed Form 57	68 (election under section 5	01(h)): Complete Part II-B. D	o not complete Part II-A.
		es" on Form 990, Part IV, Line	e 5 (Proxy Tax) (see separa	ate instructions) or Form 99	90-EZ, Part V, line 35c
	xy Tax) (see separate instru	uctions), then organizations: Complete Part III			
	ne of the organization	organizations. Complete Fait in	·	Employer id	lentification number
	SON HIGHLANDS LAND TRUST II	NC			
				13-3528266	
Parl	: I-A Complete if the	organization is exempt u	under section 501(c) o	or is a section 527 orga	nization.
1	"political campaign activitie				s for definition of
2	Political campaign activity 6	expenditures. See instructions .		>	\$
3	Volunteer hours for politica	l campaign activities. See instru	uctions		
Part	I-B Complete if the	organization is exempt u	under section 501(c)(3	3).	
1	Enter the amount of any ex	cise tax incurred by the organi	zation under section 4955	>	\$
2	Enter the amount of any ex	ccise tax incurred by organization	on managers under section 4	1955	\$
3	If the organization incurred	l a section 4955 tax, did it file F	form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV	, -			
Parl	t I-C Complete if the	organization is exempt ι	ınder section 501(c),	except section 501(c)(3).
1	Enter the amount directly e	expended by the filing organizat	ion for section 527 exempt	function activities 🕨	\$
2		ng organization's funds contrib			
					\$
3	·	nditures. Add lines 1 and 2. En		•	\$
4	Did the filing organization f	ile Form 1120-POL for this ye	ar?		☐ Yes ☐ No
5	organization made paymen of political contributions red	s and employer identification not ts. For each organization listed ceived that were promptly and	, enter the amount paid fron directly delivered to a separa	n the filing organization's fun ate political organization, suc	ds. Also enter the amount
	fund or a political action co	mmittee (PAC). If additional sp	ace is needed, provide infori	mation in Part IV.	
(a)	Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, er	n's political contributions
1					
2					
3					
4					
5					
5					
or Pa	aperwork Reduction Act Notic	e, see the instructions for Form 9	990.	Cat. No. 50084S	Schedule C (Form 990) 2022

Page 2

	36CHOH 301(H)).					
A	Check if the filing organization belongs to an expenses, and share of excess lobbying	- ' '	in Part IV each af	filiated group me	ember's name	, address, EIN,
В	Check if the filing organization checked box A Limits on Lobbying (The term "expenditures" means	g Expenditures			a) Filing anization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)			10,061	
b	Total lobbying expenditures to influence a legislative	, ,,			10,001	
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,			10,061	
d	Other exempt purpose expenditures				·	
е	Total exempt purpose expenditures (add lines 1c and	d 1d)			10,061	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in bo	th		2,012	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxal	ole amount is:			
	Not over \$500,000	20% of the amount on line 1	e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000).		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,0	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000	0.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1f	.)			503	
h	Subtract line 1g from line 1a. If zero or less, enter -0				9,558	
i	Subtract line 1f from line 1c. If zero or less, enter -0				8,049	
j	If there is an amount other than zero on either line is section 4911 tax for this year?					☐ Yes <a>✓ No
		enditures During 4-1	ear Averagin	g Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<u>2a</u>	Lobbying nontaxable amount	24	26	180	2,0	2,242
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,363
С	Total lobbying expenditures	120	130	900	10,0	061 11,211
d	Grassroots nontaxable amount	6	7	45	5	503 561
е	Grassroots ceiling amount (150% of line 2d, column (e))					842
f	Grassroots lobbying expenditures	120	130	900	10,0 Schedule C	11,211 C (Form 990) 2022
		———— Page 3 —				
		. 490 0				
C - l-	- dula C (Farma 000) 2022					_
	edule C (Form 990) 2022 art II-B Complete if the organization is o		- F01(a)(2) -	and has NOT 6	:lad	Page 3
F	art II-B Complete if the organization is on Form 5768 (election under section under se		11 301(C)(3) a	iliu ilas NOT i	iieu	
			description of th	م امامام	(a)	(b)
	each "Yes" response on lines 1a through 1i below, provity.	ovide in Part IV a detailed	description of the	e lobbying	Yes No	Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
a	Volunteers?					
a b)?		
c			= :	-		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements:	?				

f	Grants to other organizations for lobbying purposes?		 		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	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)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				—
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r section		
				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 expenditures from the prior year?		3		
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	III-A	, line 3, i	5	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	-			
_	expenses for which the section 527(f) tax was paid).				
a	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures. See Instructions	5			
Pa	rt IV Supplemental Information		u.		
	vide 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); I ructions), and Part II-B, line 1. Also, complete this part for any additional information.	art II-	A, lines 1 a	nd 2 (se	e
	Return Reference Explanation				
PART	THE ORGANIZATION'S EXECUTIVE DIRECTOR AND PUBLIC POLICY COORDINA LEGISLATORS, ELECTED MUNICIPAL OFFICIALS, AND THEIR STAFF THROUGH TO ADVOCATE FOR ENVIRONMENTAL LEGISLATION AND PROTECTIONS - INCI AND FULL FUNDING AND REAUTHORIZATION OF THE FEDERAL HIGHLANDS OF DEDICATED TO CONSERVING LAND ACROSS THE 4-STATE HIGHLANDS REGION OTHER MISSION FOCUSED LEGISLATION.	LETTE UDING ONSEF	RS AND PH G THE NY B RVATION AC	ONE CA OND AC T,	
		Sched	ule C (For	n 990)	2022
Ac	lditional Data		Return t	o Forn	n

Software ID:

Software Version:

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ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

	ne of the organization SON HIGHLANDS LAND TRUST INC				Employe	r identificatior	number
HUL	ON HIGHLANDS LAND TROST INC				13-35282	66	
Pa	t I Organizations Maintaining Donor Advi				or Accoun	ts.	
	Complete if the organization answered "Ye						
_	Total mount and of moun	(a) Dono	r advis	ed funds	(b) l	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 advisor organization's property, subject to the organization's ex					_	Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, o	r for a	ny other purpose			Yes 🗆 No
Pai	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990,	Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the orga						
	✓ Preservation of land for public use (e.g., recreation	n or education)		Preservation of ar	n historically	important land	area
	✓ Protection of natural habitat			Preservation of a	certified hist	oric structure	
	✓ Preservation of open space			Treservation of a	cerenica moe	one structure	
_		avalified concernati	on con	stribution in the fe	um of a conc	amuatian	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservati	OII COI	itribution in the io		eld at the End	of the Year
а	Total number of conservation easements				2a		94
b	Total acreage restricted by conservation easements				2b		2,594.00
c	Number of conservation easements on a certified histori	ic structure included	l in (a)		2c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d	Number of conservation easements included in (c) acqu		٠,,		2d		-
_	historic structure listed in the National Register	, ,	,				
3	Number of conservation easements modified, transferred tax year \blacktriangleright 0	ed, released, exting	uished	or terminated by	the organiza	ation during the	
4	Number of states where property subject to conservation	on easement is locat	ed 🕨		1		
5	Does the organization have a written policy regarding the	he periodic monitori	na, ins	spection, handling	of violations	i.	
	and enforcement of the conservation easements it hold	s?				Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of vi	olation	s, and enforcing c	onservation		
_	Amount of expenses incurred in monitoring, inspecting,	handling of violatio	nc an	d enforcing conse	rvation easer	ments during th	e vear
7	b \$ 25,919	, manding of violatio	iis, aii	a emoreing conser	rvation easei	ments during th	e year
8	Does each conservation easement reported on line 2(d)) above satisfy the r	equire	ments of section 1	70(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?					Yes	□ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	servation easements e footnote to the org	in its	revenue and expe	nse stateme	nt, and	
Par	III Organizations Maintaining Collections	of Art, Historic			ner Simila	r Assets.	
	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS				nt and halan	ce sheet works	of art
1a	historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	olic exhibition, educa	ition, c	r research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:						
() Revenue included on Form 990, Part VIII, line 1				🕨 :	\$	
)Assets included in Form 990, Part X						
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	ical treasures, or oth	ner sim	nilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1	-				\$	
						-	
b	Assets included in Form 990, Part X				🟲:		

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, F	Histori	cal Tı	eas	ures, or	Other	Similar A	ssets (continued)
3		the organization's acqu (check all that apply):	uisition, accessior	n, and other	records,	check a	any of	the fo	ollowing t	hat are a	significant	use of it	s collection
а		Public exhibition				d		Loar	n or excha	ange pro	grams		
b		Scholarly research				е		Othe	er				
С		Preservation for future	generations										
4	Provid Part X	de a description of the c	organization's coll	lections and	l explain	how the	y furth	er th	e organiz	ation's e	xempt purpo	ose in	
5	Durin assets	g the year, did the orga s to be sold to raise fun	nization solicit or ds rather than to	receive doi be maintai	nations o ned as pa	f art, hi	storica e orga	l trea nizati	sures or o ion's colle	other sin	nilar 	□ Y	es 🗆 No
Pai	t IV	Escrow and Custo Complete if the org line 21.			" on For	m 990,	, Part	IV, li	ne 9, or	reporte	ed an amou	ınt on F	Form 990, Part X,
1a		organization an agent, led on Form 990, Part X										□ Y (es 🗆 No
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	ete the fo	llowing	table:				<u> </u>	mount	
С	Begin	ning balance							ŀ	1c			
d	Additi	ons during the year								1d			
е	Distri	butions during the year								1e			
f	Endin	g balance								1f			
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	rt X, line	21, for	escrow	or cu	ustodial a	ccount li	ability?	□ Y (es 🗆 No
b	If "Ye	s," explain the arranger	ment in Part XIII.	Check here	e if the ex	xplanati	on has	been	provided	d in Part	XIII		
Pa	rt V	Endowment Fund	_	ranad IIVaal	" an Fau	000	Daut	T\ / :	na 10				
		Complete if the org	ganization answ	(a) Currer			, Part rior yea		(c) Two ye	ears back	(d) Three ye	ars back	(e) Four years back
1a	Beginn	ing of year balance .		(a) carrer	ne year	(-)	, ca	•	(6))	cars sucre	(4)cc /c	aro bacit	(C) : oa: years suck
b	Contrib	outions											
c	Net inv	estment earnings, gain	s, and losses										
		or scholarships											
е	Other e	expenditures for facilitie ograms											
f	Admini	strative expenses .											_
g	End of	year balance											
2		de the estimated percer I designated or quasi-er	-	ent year end	d balance	(line 1g	g, colui	nn (a	a)) held a	s:	1		
a		anent endowment											
b		endowment											
С		ercentages on lines 2a,	 2b. and 2c shou	ld equal 100	0%.								
За	Are th	nere endowment funds ization by:	•	•		ion that	are h	eld ar	nd admini	stered fo	or the		Yes No
	(i) Ur	nrelated organizations										3	a(i)
	(ii) R	elated organizations .										3	a(ii)
b		s" on 3a(ii), are the rela	-		•			? .				· <u>L</u>	3b
4		ibe in Part XIII the inte			n's endov	wment f	unds.						
Pai	t VI	Land, Buildings, a Complete if the ord			" on For	m 000	Dart	T\/ li	no 11a	See For	m 000 Da	rt V lir	no 10
	Descri	ption of property	(a) Cost or oth (investme	ner basis	(b) Cost						depreciation		(d) Book value
1a	Land						4,65	50,221					4,650,221
b	Buildin	gs											
С	Leaseh	old improvements					4	12,820)		38,181		4,639
d	Equipm	nent											
						_				_			
Tota	I. Add	lines 1a through 1e. (Co	olumn (d) must e	equal Form 9	990, Part	X, colu	mn (B)), line	10(c).)		٧		4,654,860

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	. Part IV.	line 11b.See For	m 990. Part X	. line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of vo	aluation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (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 For		
(a) Description of investment		(b) Book value		nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See For	m 990, Part X	
(a) Description				(b) Book value
(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, (a) Description of liability	Part IV, I	ine 11e or 11f.Se	ee Form 990, I	Part X, line 25. (b) Book value
(1) Federal income taxes				(-) (

. caciai moomo taxeo			-	
RTGAGE NOTES PAYABLE				575,000
II. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			F	575,000
iability for uncertain tax positions. In Part XIII, provide the text of the footno	te to the o	rganization's financial sta	tements	that reports the
anization's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	e text of the footnote has	been pr	ovided in Part XIII 🔽
			Sched	ule D (Form 990) 2022
Page 4				
edule D (Form 990) 2022				Page 4
art XI Reconciliation of Revenue per Audited Financial Stat	ements	With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990,			_	
Total revenue, gains, and other support per audited financial statements			1	2,656,440
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	875,858		
Donated services and use of facilities	2b			
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d	91,288		
Add lines 2a through 2d			2e	967,146
Subtract line 2e from line 1			3	1,689,294
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b .	4a	821		
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	821
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	1,690,115
rt XII Reconciliation of Expenses per Audited Financial Sta			Returr	1.
Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 12a.	1	1 005 200
Total expenses and losses per audited financial statements			-	1,095,388
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 25	1		
Donated services and use of facilities	2a			
Prior year adjustments	2b			
Other losses	2c 2d	91,288		
· · · · · · · · · · · · · · · · · · ·	Zu	91,200	30	01 200
Add lines 2a through 2d			2e 3	91,288
Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	1,004,100
	4=	021		
Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	821		
Other (Describe in Part XIII.)			4.	021
Add lines 4a and 4b			4c	1 004 021
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 10.)		5	1,004,921
		F B / Post - 21 - 121 - 2	\/ !:	4. P
Irt XIII Supplemental Information			v line	+; Part X, line 2; Part XI,
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			v,c	
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			• • • • • • • • • • • • • • • • • • • •	

THE HUDSON HIGHLANDS LAND TRUST INC.'S (HHLT) GOAL IS TO ENSURE THE STEWARDSHIP AND DEFENSE OF ITS CONSERVATION EASEMENT PORTFOLIO. CULTIVATING A GOOD RELATIONSHIP AND ENSURING ROUTINE COMMUNICATION WITH LANDOWNERS IS A CRITICAL COMPONENT OF HHLT'S CONSERVATION EASEMENT STEWARDSHIP AND DEFENSE STRATEGY. INVITING LANDOWNERS TO JOIN HHLT'S STEWARDSHIP STAFF FOR THE ANNUAL SITE VISIT (OR ANY OTHER VISIT) IS ONE WAY WE LOOK TO STRENGTHEN COMMUNICATIONS AND A SENSE OF PARTNERSHIP. HHLT EMPLOYS A TWO PRONG STRATEGY FOR CONSERVATION EASEMENT MONITORING. IN THE SPRING, WE REVIEW RECENT (LEAF OFF) AERIAL IMAGERY OF EACH

	CONSERVED PROPERTY TO ENSURE THAT THERE HASN'T BEEN A SIGNIFICANT CHANGE OVER THE WINTER. THEN IN THE SUMMER AND AUTUMN, HHLT STAFF CONDUCT A SITE VISIT TO EACH PROPERTY. THE REMOTE MONITORING INCLUDED (I) REVIEW OF THE CONSERVATION EASEMENT, (II) REVIEW OF PREVIOUS MONITORING REPORTS AND COMMUNICATIONS WITH LANDOWNERS, (III) REVIEW OF AERIAL IMAGERY FROM NEARMAP US INC. DATED APRIL 2023 AND COMPARED TO IMAGERY FROM APRIL 2022. TO REVIEW THE IMAGERY, HHLT UPLOADED BOUNDARIES OF EACH PROPERTY TO THE NEARMAP WEB-INTERFACE, AND ZOOMED IN TO THE CLOSEST EXTENT POSSIBLE WHILE STILL MAINTAINING IMAGE RESOLUTION. HHLT STAFF FOLLOWED THE BOUNDARIES OF THE PROPERTY, AND THEN REVIEWED THE INTERIOR OF EACH PROPERTY INCLUDING BUILDING ENVELOPES, STRUCTURES, KNOWN RISKS TO THE PROPERTY, AND INTERIOR FORESTED LAND. IN MOST INSTANCE IT COULD BE CONFIRMED WITH HIGH CERTAINTY THAT THERE HAD BEEN NO CHANGE ON A CONSERVATION EASEMENT PROPERTY (SINCE 2022) OR THAT ANY ALTERATIONS MADE WERE IN-LINE WITH THE TERMS AND PURPOSES OF THE CONSERVATION EASEMENT (E.G. TREE /VEGETATION PLANTINGS). IN OTHER INSTANCES IT WAS NOT POSSIBLE TO ADEQUATELY OBSERVE A HISTORIC ISSUE THAT MAY IMPACT THE PROPERTY'S CONSERVATION VALUES OR ASSESS A KNOWN RISK ON A PROPERTY (E.G. MOTORIZED VEHICLE USE) WITH THE AERIAL IMAGERY, PROMPTING THE NEED TO PRIORITIZE THE ANNUAL SITE VISIT.
PART X, LINE 2:	THE LAND TRUST HAS EVALUATED ANY UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DETERMINED UNCERTAIN TAX POSITIONS, IF ANY, ARE NOT MATERIAL TO THE FINANCIAL STATEMENTS, ACCORDING TO FASB ASC 740-10. PENALTIES AND INTEREST ASSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED. NONE OF THE LAND TRUST'S RETURNS ARE CURRENTLY UNDER EXAMINATION
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CONTRIBUTIONS IN-KIND
PART XII, LINE 2D - OTHER ADJUSTMENTS:	IN-KIND SERVICES
SCHEDULE D, PART II, LINE 5	THE LAND TRUST DOES NOT RECORD EASEMENTS AT FAIR MARKET VALUE. EASEMENTS ARE CARRIED AT ZERO BOOK VALUE PRIMARILY BECAUSE A TYPICAL CONSERVATION EASEMENT PROVIDES THE LAND TRUST WITH NO AFFIRMATIVE RIGHTS EXCEPT TO MONITOR AND ENFORCE THE EASEMENT. GENERALLY, LAND CONSERVATION EASEMENTS RESTRICT THE USE OF THE UNDERLYING PROPERTY, ARE MEANT TO BE HELD IN PERPETUITY, AND ARE NOT SEPARATELY MARKETABLE. COSTS INCURRED BY THE LAND TRUST FOR CONSERVATION EASEMENT STEWARDSHIP AND CONSERVATION EASEMENT ENFORCEMENT AND TO PURCHASE DEVELOPMENT RIGHTS ARE EXPENSED IN THE PERIOD INCURRED IN THE STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES.
	Schodule D (Form 000) 2022

Schedule D (Form 990) 2022

Additional Data

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ObjectId: 202410799349300526 - Submission: 2024-03-19

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

TIN: 13-3528266 OMB No. 1545-0047

partment of the Treasury ernal Revenue Service	.		990 or Form 990-EZ.	.f	Inspection
ame of the organization	► Go to www	v.irs.gov/Form990 for i	instructions and the latest in		dentification number
JDSON HIGHLANDS LANI	O TRUST INC			13-3528266	
Part I Fundraising	Activities. Complete i	f the organization	answered "Yes" on F	orm 990. Part IV. line	17.
•	I filers are not required	-			
Indicate whether the	organization raised funds t	hrough any of the fo	ollowing activities. Check	all that apply.	
Mail solicitations		e	Solicitation of nor	-government grants	
Internet and ema	il solicitations	f	Solicitation of gov	ernment grants	
Phone solicitation	S	g	Special fundraisin	g events	
I In-person solicita	tions				
	have a written or oral agree ed in Form 990, Part VII) o				Yes 🗌 No
If "Yes," list the 10 h to be compensated a	ighest paid individuals or entite teast \$5,000 by the organ	ntities (fundraisers) lization.	pursuant to agreements		
Name and address of ir or entity (fundraise		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
		+			
		1 .			
tal					
List all states in which licensing.	the organization is registere	ed or licensed to soli	icit contributions or has l	oeen notified it is exemp	t from registration or
:===========		=======================================		=======================================	:
Paperwork Reduction Ac	t Notice, see the Instruction	s for Form 990 or 99	0-EZ. Cat. No.	50083H	Schedule G (Form 990) 202
			ao 3		
		——— Ра	ge 2 ————		
edule G (Form 990) 20	າາ				Pag

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		ANNUAL BENEFIT	(2.2.2.4.b	(tatal guardian)	col. (c))
		(event type)	(event type)	(total number)	
1115210					
nue					
Revenue					
ď					
	1 Gross receipts	86,827			86,827
	2 Less: Contributions	79,627			79,627
	line 2)	7,200		<u> </u>	7,200
	4 Cash prizes				
es	5 Noncash prizes				
eus	6 Rent/facility costs				
쯊	7 Food and beverages				
Direct Expenses	8 Entertainment				
ä	9 Other direct expenses	12,142			12,142
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	12,142
	11 Net income summary. Subtract line 10			•	-4,942
Pai	t III Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
le	,	() 5:	(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Rev					
S	1 Gross revenue				+
enses	2 Cash prizes				
×	3 Noncash prizes				
ğ	4 Rent/facility costs				
Direct Exp					
	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %	_
	6 Volunteer labor	☐ No	□ No	No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organizati	on conducts gaming activi	ities:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lic	censes revoked, suspende	d or terminated during the	e tax year?	
b	If "Yes," explain:				

Sche	dule G	(Form 990) 2022			Page 3						
11	Does	the organization conduct ga	aming activities with nonmembers?	· · □ Yes	No						
12			neficiary or trustee of a trust or a member of a partnership or other entity gaming?		. DNo						
13	Indica	ate the percentage of gamin	ng activity conducted in:		. — III						
а	The o	rganization's facility .		13a	%						
b	An ou	tside facility		13b	%						
14	Enter	the name and address of the	ne person who prepares the organization's gaming/special events books and reco	ords:							
	Name										
15a		ss 🖊 the organization have a con	ntract with a third party from whom the organization receives gaming								
b	If "Yes," enter the amount of gaming revenue received by the organization \(\brace \\$ \) and the amount of gaming revenue retained by the third party \(\brace \\$ \)										
С	If "Yes	If "Yes," enter name and address of the third party:									
	Name										
	Addre	ss									
16	Name	•	\$								
	Description of services provided										
		Director/officer	☐ Employee ☐ Independent contractor								
17	Manda	atory distributions:									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?										
b			required under state law distributed to other exempt organizations or spent tactivities during the tax year > \$		_ No						
Par	t IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruct									
		Return Reference	Explanation								
		Schedule G (Form 990) 2022									
Ad	ditio	onal Data		Return	to Form						

Software ID: Software Version: **Return to Form**

ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266

Schedule L

(Form 990)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest infor								mation.			Open to Public Inspection		
Name of the organization HUDSON HIGHLANDS LAND TRUST INC		Alc.						Employer identification				number			
HODSON HIGHLANDS LAND TROST INC								13-3528266							
						n 501(c)(4), a rt IV, line 25a).			
			lified person			between disq				Descrip					
<u> </u>		•		. ,	<u> </u>	organizatior	i '		transaction				'es	No	
												+			
2 Enter the a 4958										r sectio	\$				
3 Enter the a		•	From Inte	,		e organization	· · ·		•		\$				
Cor	mplete if the	e orgar	nization answ on Form 990,	ered "Yes" o	n Form 990-E	Z, Part V, line	38a, or Fo	rm 990, P	art IV,	line 26	; or if t	he org	anizati	on	
(a) Name of interested person	Relation with	(b) ationship with anization	(c) Purpose of loan	(d) Loan to or from		(e) Original principal amount	(f) Balan due		by		(h) Approved or committee?		(i) Writte agreemer		
	organiza			То	From	amount		Yes	No	Yes	No	Yes	ı	No	
			<u> </u>												
otal .						▶ \$									
) Name of inte	rested pers		o) Relationsh terested pers organiza	on and the	(c) Amour	nt of assistanc	(u)	Type of as	ssistan		(e) Pu	Tpose	or assis	, tance	
r Paperwork Rec	duction Act	Notice,	see the Instr	uctions for Fo	orm 990 or 990	0-EZ.	Cat. No. 500	156A			Schedu	ule L (F	orm 99	90) 202	
						ge 2 ——									
hedule L (Form	•	ansac	tions Invo	lving Inte	rested Per	cone								Page	
						1 990, Part I	V, line 28a								
(a) Name of interested person			(b) Relationship between interested person and the organization		(c) Amount of transaction		(d) Description of transaction			tion	n (e) Sharing of organization's revenues?				
\ CI ENNO	TCON			CURRENT	2400		47 -0-	CLIBY (=) :-	NC C	D) #65		IDEE	Yes	No	
(1) GLENNON WATSON			CURRENT BOARD DIRECTOR		1/,/25		SURVEYING SERVICES, AMEN AND RESTATED CONSERVATION EASEMENT, SALE OF ROSENB			ON		No			
2) CHRISTOPHER BUCK				FORMER BOARD DIRECTOR		25,626		OFFICE SPACE RENTAL						No	
-	-		formation ormation for r	esponses to	questions on	Schedule L (s	see instructi	ons).							
	n Referenc			., 50 00		= (0	Explanati	•							

TAKE 1 SECRETOR WATSON	FOUR TRANSACTIONS(1) SURVEY AND STAKING OF A 26 ACRE PROPERTY ADJACENT TO GRANITE MOUNTAIN PRESERVE (2) SURVEY OF A BUILDING ENVELOPE ON THE VROOMAN 30 ACRE PROPERTY PRIOR TO HHLT'S SALE OF THE PARCEL AND THE ASSOCIATED CONSERVATION EASEMENT ENCUMBERING THE LAND(3) SURVEY AND STAKING OF THE AXINN CONSERVATION EASEMENT PROPERTY LINE TO DETERMINE IF A NEIGHBOR WAS ENCROACHING ON TO THE LAND ENCUMBERED BY HHLT(4) SURVEY AND STAKING OF A 9+ ACRE PROPERTY HHLT PURCHASEDTHE TOTAL AMOUNT HHLT PAID FOR THIS WORK WAS \$17,725.GLENNON WATSON, A BOARD MEMBER, WAS CO-FOUNDER OF THE FIRM AND WHILE RETIRED AND ACTING IN A CONSULTANT CAPACITY, HE HAS FAMILY MEMBERS EMPLOYED IN LEADERSHIP ROLES AT THE FIRM.
PART IV, LINE 2 - CHRISTOPHER BUC	BEGINNING MAY 1, 2012, HHLT LEASED OFFICE SPACE FROM AN ENTITY WHOLLY OWNED BY CHRISTOPHER BUCK, A FORMER BOARD DIRECTOR OF HHLT. TOTAL RENT PAID IN FISCAL 2023 WAS \$25,626. HHLT RENTS THE OFFICE SPACE AT FAIR MARKET VALUE AS DOCUMENTED BY A LICENSED REAL ESTATE BROKER. HHLT ALSO MAINTAINED A SECURITY DEPOSIT AS REQUIRED BY THE LEASE AGREEMENT. THE AGREEMENT WAS RENEWED IN MAY 2021 FOR THREE ADDITIONAL YEARS.

Schedule L (Form 990) 2022

Additional Data Return to Form

ObjectId: 202410799349300526 - Submission: 2024-03-19

TIN: 13-3528266OMB No. 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2022

Open to Public Inspection

Name of the organization HUDSON HIGHLANDS LAND TRUST INC Employer identification number

13-3528266

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	HHLT'S PROCESS FOR BOARD REVIEW OF THE FORM 990, BOTH IN WRITTEN POLICY AND IMPLEMENTATION, BEGINS WITH THE STAFF AND CERTIFIED PUBLIC ACCOUNTANT (FORM 990 PREPARER) PRESENTATION OF THE DRAFT COPY OF THE FORM 990 TO THE BOARD'S FINANCE COMMITTEE. FOLLOWING REVIEW, COMMENT, AND REVISION BY THIS COMMITTEE, THE DRAFT FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR FURTHER REVIEW, COMMENT, AND REVISION. FOLLOWING THE EXECUTIVE COMMITTEE'S REVIEW AND APPROVAL OF THE DRAFT, IT IS THEN PROVIDED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR PRELIMINARY REVIEW IN LATE JANUARY, WITH AT LEAST A WEEK AFFORDED TO THE FULL BOARD FOR REVIEW OF THE DOCUMENT. THE FORM 990 IS THEN PRESENTED BY STAFF TO THE FULL BOARD OF DIRECTORS AT ITS 2ND QUARTER MEETING IN LATE JANUARY OR EARLY FEBRUARY, WHERE FINAL REVIEW, QUESTIONS, AND RECOMMENDED REVISIONS ARE RECEIVED, WITH A MAJORITY OF THE FULL BOARD OF DIRECTORS VOTING TO APPROVE THE FORM 990 AS PRESENTED (WITH APPROVED REVISIONS BY THE FULL BOARD). THE FINAL, BOARD-APPROVED FORM 990 IS THEN FILED BY FEBRUARY 15TH.
FORM 990, PART VI, SECTION B, LINE 12C	IN ACCORDANCE WITH HHLT'S CONFLICT OF INTEREST POLICY, ALL MEMBERS OF THE BOARD OF DIRECTORS AND ALL MEMBERS OF HHLT STAFF, ANNUALLY REVIEW AND ATTEST IN WRITING THAT THEY ARE AWARE OF, AND THEN ABIDE BY, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, INCLUDING THAT THEY HAVE NOT ENGAGED IN ANY ACTIVITIES THAT CONSTITUTE A CONFLICT. ADDITIONALLY, MEMBERS OF THE BOARD OF DIRECTORS REGULARLY RECUSE THEMSELVES FROM ANY DECISION OF THE BOARD WHERE A PERCEIVED OR ACTUAL CONFLICT, AS OUTLINED IN THE POLICY, MAY EXIST. THE CONFLICTS OF INTEREST POLICY IS FORMALLY REVIEWED AT LEAST ONCE EVERY FIVE YEARS.
FORM 990, PART VI, SECTION B, LINE 15A	IN ACCORDANCE WITH HHLT'S FINANCIAL MANAGEMENT POLICY, WHEN HIRING THE EXECUTIVE DIRECTOR, AND THEREAFTER ON AN ANNUAL BASIS, THE BOARD PERFORMS A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS INVOLVES REVIEW OF SALARY COMPARABILITY DATA FROM PUBLIC SOURCES (FORM 990S OF SIMILAR NON-PROFIT ORGANIZATIONS IN THE REGION) BY THE INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR'S SALARY, AS ONE COMPONENT OF THE ORGANIZATION'S FISCAL YEAR BUDGET, BY THE INDEPENDENT BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR'S DISCRETIONARY BONUS IS BASED ON AN END OF CALENDAR YEAR PERFORMANCE REVIEW, IS NOT CONTINGENT UPON HHLT PROFITS OR REVENUES AND APPROVED BY THE INDEPENDENT MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE. IN ACCORDANCE WITH HHLT'S RECORDS POLICY, THE BOARD RETAINS INDEFINITELY THE DOCUMENTATION OF THE COMPARABILITY DATA, THE REVIEW DELIBERATION, AND ITS FINAL DECISION FOR BOTH SALARY AND BONUS.
FORM 990, PART VI, SECTION C, LINE 19	THE LATEST FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST FROM HHLT OR THE NEW YORK DEPARTMENT OF LAW, CHARITIES BUREAU. ADDITIONALLY, THE CURRENT AND PREVIOUS YEARS' FORM 990S ARE AVAILABLE TO THE PUBLIC ON HHLT'S WEBSITE AND ON GUIDESTAR WEBSITE. REQUESTS RECEIVED AT HHLT IN WRITING, OR BY PHONE, OR EMAIL MEANS, WILL BE HONORED WITHIN ONE WEEK'S TIME. WE PUBLISH AN ANNUAL REPORT WHICH IS MAILED (IN HARD COPY AND PDF FORMAT) TO HOUSEHOLDS IN OUR PROGRAM AREA, IS POSTED ON HHLT'S WEBSITE, AND IS AVAILABLE TO THE PUBLIC THROUGHOUT THE YEAR THROUGH MULTIPLE PUBLIC EVENTS AND VENUES. OUR MISSION AND VISION STATEMENTS, PRIVACY POLICY, CONFLICTS OF INTEREST POLICY, A LISTING OF OUR BOARD OF DIRECTORS, AND ANNUAL REPORTS OF THE CURRENT AND PREVIOUS YEARS ARE FOUND ON THE ORGANIZATION'S WEBSITE IN PDF FORMAT.
FORM 990, PART IX, LINE 11G	CONTRACTORS: PROGRAM SERVICE EXPENSES 156,926. MANAGEMENT AND GENERAL EXPENSES 5,985. FUNDRAISING EXPENSES 2,757. TOTAL EXPENSES 165,668.
For Panerwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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