Form **990**

(Rev. January 2020

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 → Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

| Α | For | the 2019 | calendar year, or tax year beginning , 2019, and endi | ing | | | . 20 |
|---|----------|-------------------|--|---|---------------------|----------------|---|
| _ | | | C Name of organization | | D Employer ide | ntifica | tion number |
| В | Check | if applicable: | DUTCHESS LAND CONSERVANCY, INC. | ŀ | 14-166 | 752 <i>€</i> | ; |
| Γ | | idress ange | Doing business as | | | | |
| | | me change | Number and street (or P.O box if mail is not delivered to street address) Room/suit | te | E Telephone nu | mber | |
| | _ Ini | tial return | PO BOX 138 | | (845) 67 | 7 – 30 | 002 |
| 卜 | | nal return/ | City or town, state or province, country, and ZIP or foreign postal code | | , , | | |
| Ť | Ап | minaled nended | MILLBROOK, NY 12545 | I | G Gross receipt | - e | 6,913,826 |
| | Aρ | urn plication | F Name and address of principal officer: NANCY HATHAWAY | | H(a) Is this a gro | | |
| L., | pe | nding | PO BOX 138, MILLBROOK, NY 12545 | | subordinates | ? | |
| | Tav | exempt sta | | | H(b) Are all subord | | · · · · · · · · · · · · · · · · · · · |
| ÷ | | | atus: X 501(c)(3) 501(c)() | 527 | | | il. (see înstructions) |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | H(c) Group exem | | |
| K | art | | | of formation | on: 1985 M | State o | f legal domicite: NY |
| | | | mmary THE ODCANTON | MITAN T | O DEDICA | | |
| _ | 1 | Briefly | describe the organization's mission or most significant activities: THE ORGANIZA | TION I | S DEDICA | TED | TO |
| ä | | | SERVING THE SCENIC, AGRICULTURAL, AND ENVIRONMENTAL | RESOUR | CES OF | | |
| Activities & Governance | _ | | CHESS COUNTY, NEW YORK, AND THE SURROUNDING AREA. | | | | |
| Š | 2 | | this box 🕨 🔛 if the organization discontinued its operations or disposed of more t | | | 3. | |
| <u>ن</u> م | 3 | Numbe | er of voting members of the governing body (Part VI, line 1a) | | | 3 | 27. |
| ş | 4 | Numbe | er of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 27. |
| - | 5 | Total n | number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 5 | 16. |
| ਝ | 6 | Total n | number of volunteers (estimate if necessary) | | | 6 | 93. |
| ∢ | ' * | a Total u | inrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0. |
| | ł | Net un | related business taxable income from Form 990-T, line 39 | | <u></u> | 7b | |
| | | | | | Prior Year | | Current Year |
| क | 8 | | outions and grants (Part VIII, line 1h) | | 2,417,63 | 4. | 4,880,168. |
| Revenue | 9 | Prograi | m service revenue (Part VIII, line 2g) | | | 0. | 0. |
| ě | 10 | Investr | nent income (Part VIII, column (A), lines 3, 4, and 7d), | | 146,26 | | 238,978. |
| _ | 11 | Other r | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | , | -121,60 | 5. | -131,945. |
| | 12 | Total re | evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,442,29 | 3. | 4,987,201. |
| | 13 | Grants | and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | (: <u>.</u> |
| | 14 | | s paid to or for members (Part IX, column (A), line 4) | | | Õ. | 0. |
| S. | 15 | | s, other compensation, employee benefits (Part IX, column (A), lines 5–10). | | 926,33 | ō. | 973,555. |
| Expenses | 16 a | | sional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. |
| χ | b | Total fu | Indraising expenses (Part IX, column (D), line 25) ▶ 130, 265. | * ************************************* | | | |
| ш | 17 | Other e | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 875,71 | 1. | 3,772,418. |
| | 18 | | xpenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,802,041 | | 4,745,973. |
| | 19 | | le less expenses. Subtract line 18 from line 12 | | 640,252 | | 241,228. |
| ò | | | | | ng of Current Ye | | End of Year |
| fants | 20 21 | Total as | ssets (Part X, line 16) | | 4,791,412 | | 16,262,848. |
| Å. | 21 | | abilities (Part X, line 26) | · | 42,335 | | 339,763. |
| Fund | 22 | | ets or fund balances Subtract line 21 from line 20. | 1 | 4,749,077 | | 15,923,085. |
| - | ırt II | - | nature Block | · · · · · · · · · · · · · · · · · · · | <u> </u> | ' | , |
| Und | der pe | nalties of | perjury I declare that I have examined this return, including accompanying schedules and state | ements, and | to the best of | my kno | wledge and belief, it is |
| true | e, corre | ect, and ot | omplete Peclaration of preparer (other than ofliger) is based on all information of which preparer h | as any knov | vledge. | · , | |
| | | L | loses thating say | | 8/4 | 1/, | 2020 |
| Sig | | Sig | Nature of officer | | Date / | / ` | |
| Hei | e e | N/ | ANCY HATHAWAY TREASURER | | | | |
| | | Тур | pe or print name and title | | | | |
| | | Print/Ty | pe preparer's name Preparer's signature / Date | | Check i | F PT:N | ų. |
| Paid | | MATTH | HEW H VANDERBECK Mastin Dersels 7/6/ | 3020 | self-employed | | P00874499 |
| _ | parer | Firm's n | (Maria a Distriction of August 1997) | | m's EIN ▶ 14 | I | |
| Use | Only | | ddress ▶1 HUDSON CITY CENTRE STE 204 HUDSON, NY 12534 | | | | 28-1565 |
| May | the | | cuss this return with the preparer shown above? (see instructions) | IPI | ione no 51 | | V I I I |
| | | | eduction Act Notice, see the separate instructions. | | | ···· | Yes No Form 990 (2019) |
| | | | | | | | · \ () () |

| Fo | 990 (2019) Pa | ge 2 |
|----|--|---------------|
| P | rt III Statement of Program Service Accomplishments | _ |
| 1 | Check if Schedule O contains a response or note to any line in this Part III | X |
| | ATTACHMENT 1 | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | No |
| 3 | f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Na |
| | f "Yes," describe these changes on Schedule O. | 140 |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe he total expenses, and revenue, if any, for each program service reported. | d by ners, |
| 4a | Code: (Code: (Code) (Co | |
| | ATTACHMENT 2 | |
| | | — |
| | | _ |
| | | _ |
| | | |
| | | |
| | | — |
| | | |
| | | |
| | | _ |
| 4b | Code:) (Expenses \$398,478. including grants of \$) (Revenue \$) | |
| | ATTACHMENT 3 | |
| | | |
| | | — |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | — |
| | | — |
| 4c | Code:) (Expenses \$ 302,401. including grants of \$) (Revenue \$) | |
| | ATTACHMENT 4 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | Nilson and the second of the s | |
| 4d | Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | Expenses \$ including grants of \$) (Revenue \$) otal program service expenses > 4,343,625. | — |

| Form 990 (201 | 9) | Page |
|---------------|---------------------------------|------|
| Part IV | Checklist of Required Schedules | |

| | | | Yes | No |
|------|---|-----|-----|---------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 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 | 3 | | Х |
| 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 | X | |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | X | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | <u></u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 3.1 | | |
| | VII, VIII, IX, or X as applicable. | | | : |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | Ì | |
| | complete Schedule D, Part VI | 11a | X | |
| b | 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? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| C | 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 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | ₹. |
| SA | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| - 0 | | | | |

| Form 9 | 990 (2019) | | | Page 4 |
|----------------|--|-------------|-----|----------------|
| Part | IV Checklist of Required Schedules (continued) | | | T |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | " |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | 22 | х | |
| 24 | employees? If "Yes," complete Schedule J | 23 | | _ |
| 24 a | 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 | 240 | | x |
| L | through 24d and complete Schedule K. If "No," go to line 25a | 24a 24b | | ^ |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | \vdash |
| · | 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 | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| 29 a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 200 | | |
| D | 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 | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| 21 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 21 | | |
| 20 | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| 9 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | х | |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | X | \vdash |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | \vdash |
| · | "Yes," complete Schedule L, Part IV | 28c | х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| ••• | conservation contributions? If "Yes," complete Schedule M | 30 | х | ĺ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | \Box |
| | complete Schedule N, Part II | 32 | | Х |
| 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? If "Yes," complete Schedule R, Part I | 33 | | х |
| 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 | Х | 1 |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | $\overline{}$ |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | $\overline{}$ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \Box . |
| | | 1 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | 1 |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| JSA 9E 1030 | | Form | 990 | (2019) |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | r ayc |
|-----|---|------------------|---------------|-------|
| | J. J | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 1 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 16 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | ┢ |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 35 | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. | 4a . | | x |
| b | If "Yes," enter the name of the foreign country | 76 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| 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 | . | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | -04 | | |
| | 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 | x | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | , , , | $\overline{}$ | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | \neg | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | \neg | |
| 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 | ļ | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | İ | | |
| а | 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.) | ļ | | |
| 12a | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | - 1 | |
| 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 | | | |
| C | Enter the amount of reserves on hand | | | |
| l4a | | 14a | | Х |
| b | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | } | | |
| | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 6 | | 16 | \perp | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

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

Part VI

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.7 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 if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Х b Each committee with authority to act on behalf of the governing body?........... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c Х 13 13 14 Х 14 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? 15a Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{NY}$, 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PREBECCA THORNTON 4289 ROUTE 82 MILLBROOK, NY 12545 20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Name and title | Average hours per week | bours box, unless person is both an week officer and a director/trustee) | | | | | | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation |
|--------------------------|---|--|-----------------------|-----------------|--------------|------------------------------|----------|----------------------------------|--------------------------------------|---|
| | (list 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) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| _(1)REBECCA THORNTON | 40.00 | | | | | | | | | |
| PRESIDENT | 0. | | | x | Ì | ļ | | 190,000. | 0. | 7,689. |
| (2) REBECCA SEAMAN | 3.00 | | | | | | | | <u> </u> | |
| CHAIRMAN | 0. | Х | | Х | | | ĺ | 0. | 0. | 0. |
| (3) CHRISTOPHER L. MANN | 2.00 | | | | | | | | | |
| VICE CHAIRMAN | 0. | Х | } | х | | | | 0. | 0. | 0. |
| (4)OLIVIA VAN MELLE KAMP | 2.00 | | i | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0., | 0. |
| (5) NANCY N. HATHAWAY | 2.00 | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0.1 | 0. | 0. |
| (6) JACK P. BANNING, JR. | 1.50 | | | | | - | | | | |
| DIRECTOR | 0. | Х | | | | | | o. | 0. | 0. |
| (7) STEVEN BENARDETE | 1.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | Í | | | | İ | 0. | 0. | 0. |
| (8) TIMOTHY M. BONTECOU | 1.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | ļ | | | ا. ه | о. | 0. |
| (9) HANNAH BUCHAN | .25 | | | • | 一 | | | | - | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (10) BARRY CHASE | .25 | | | | \neg | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | ٥. | 0. |
| (11) WOLCOTT DUNHAM | .25 | | | | | | | | | |
| DIRECTOR | 0. | Х | | ŀ | | | | 0. | 0. | 0. |
| (12) ELIZA DYSON | .25 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | ļ | 0. | 0. | 0. |
| (13) LESLIE FARHANGI | 1.50 | | | \dashv | | | Ť | | | |
| DIRECTOR | 0. | х | | ł | | | | 0. | 0. | 0. |
| (14) THOMAS FLEXNER | .25 | <u> </u> | | $\neg \uparrow$ | \neg | | \dashv | | | |
| DIRECTOR | 0. | х | | | | ĺ | | 0. | 0. | 0. |

JSA

Form 990 (2019)

| | art VII Section A. Officers, Directors, Tr (A) Name and title | (B) Average hours per week (list any hours for related | (do not check more the box, unless person is b officer and a director/ti | | | | e than o is both or/trus | one an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | | other compensation | | of ation |
|----|--|--|--|-----------------------|------|--------------|---------------------------------|-----------|---|--|----------------|-----------------------|---------------------------------|-------------|
| | | organizations below dotted line) | Individual trustee or director | Institutional trustee | Koer | Key employee | Highest compensated employee | mer | (W-2/1099-MISC) | | | an | anizati d relate anizatio | ed |
| 15 |) THOMAS W. KEESEE DIRECTOR | .25 | х | | | | | | 0 | | 0. | | | |
| 16 |) FERNANDA KELLOGG | .25 | | | | | | | | | • | | | |
| _ | DIRECTOR | 0. | Х | | | ļ | | | 0. | | 0. | | | (|
| 17 |) BRAD KENDALL | 1.50 | | | | | | | | | | | | |
| 10 | DIRECTOR | 0. | Х | | | <u> </u> | | <u> </u> | 0. | | 0. | | | |
| 18 | TIMOTHY MAYHEW DIRECTOR | .25 | , | | | | | | | | | | | |
| 19 | | .25 | Х | | | H | | | 0. | | 0. | | | (|
| 13 | DIRECTOR | 0. | Х | | | | | | 0. | | o. | | | (|
| 20 |) CANDACE PLATT | .25 | - 11 | | | | | | | | * | | | |
| | DIRECTOR | 0. | х | | | | | | 0. | | ο. | | | (|
| 21 |) TERRY REGAN | .25 | | | | | | | | | | | | |
| | DIRECTOR | 0. | Х | | | | | İ | ο. | | 0. | | | (|
| 22 | ERIC W. ROBERTS | . 25 | | | | | | | | | | | | |
| _ | DIRECTOR | 0. | Х | | | | | | 0. | | 0. | | | (|
| 23 | ERIC ROSENFELD | 1.50 | | | | | | | | | | | | |
| | DIRECTOR | 0. | Х | $ \rightarrow $ | | | | | 0. | | 0. | | | (|
| 24 |) DAVID R. STACK | .25 | | | | | | | | | _ | | | _ |
| 25 | DIRECTOR DAVID R. TETOR | 0. | Х | \dashv | | | | | 0. | | 0. | | | (|
| 25 | DIRECTOR | .25 | Х | | | | | | 0. | | ٥. | | | (|
| | | <u> </u> | Λ. | | | | | | 190,000. | | 0. | | 7 | 689 |
| | o Sub-total | oction A | | | | | | | 0. | | 0. | | | 000 |
| | d Total (add lines 1b and 1c) | | | | | | | | 190,000. | | 0. | | 7. | 689 |
| 2 | Total number of individuals (including but not | limited to the | nose l | iste | d at | DOVE |) who | re | | \$100,000 of | | | | |
| _ | reportable compensation from the organization | 1 🚩 | | - | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offic | er, directo | r or | tru | ster | e l | cev e | mn | lovee or highest | compensate | d | | | 110 |
| Ī | employee on line 1a? If "Yes," complete Schedu | ule J for suc | h ind | ividu | ıal | | | | · · · · · · · · · · · · | | | 3 | ĺ | Х |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| - | organization and related organizations gre | eater than | \$15 | 0,00 | 00? | lf. | "Yes | " (| complete Schedul | e J for suci | h | 7. | | |
| | individual | | | | | | | | | | | 4 | Х | ļ |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | 1 : * | |
| - | for services rendered to the organization? If "Yestion B. Independent Contractors | es," complet | e Scr | edu | ie J | tor | such | pers | son | <i></i> | • | 5 | <u> </u> | X |
| 1 | | nensated in | ndene | nde | nt c | cont | racto | re ti | hat received more | than \$100.00 | 10.0 | | | |
| • | compensation from the organization. Report c year. | | | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | rvices | С | (C) ompens | | |
| | | | | | | | | \vdash | | | | | | |
| _ | | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | | |
| 2 | Total number of independent contractors (in more than \$100,000 in compensation from the | | | | ited | l to 0 | | e li: | sted above) who | received | | - ' | | |

| Pag | e | ŧ |
|-----|---|---|
| | | |

| Part VII Section A. Officers, Directors, Tro (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than o box, unless person is both officer and a director/trust | | | | | ne an | (D) Reportable compensation from | (E) Reportable compensation from related organizations | able ion from ed | (F) Estimated amount of other compensation |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------------|--|--|------------------------|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099 | | from the organization and related organizations |
| 26) KATHLEEN C. WEATHERS DIRECTOR | .25 | х | | | | | | 0 | | 0. | |
| 27) FRED WHITRIDGE, JR. DIRECTOR | .25 | х | | | | | | 0 | | 0. | - · · · - |
| 28) ROSS WILLIAMS DIRECTOR | .25 | X | | | | | | 0 | | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) | ection A | | iste | | · • · | | ▶ ▶ re | 0. ceived more than | \$100,000 | of | |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | er, directo ule J for suc | r, or ch ind | tru ividu | ıal . | | · | | | | | Yes No |
| 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual | eater than | \$15 <i>.</i> | 0,0 | 00? | . If | "Yes | ."(| complete Schedu | le J for | such | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes | | | | | | | | | | | 5 X |
| Complete this table for your five highest compensation from the organization. Report cyear. | | | | | | | | | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of se | rvices | C | (C) ompensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (ir more than \$100,000 in compensation from the | | | | ited | to | thos | e li | sted above) who | received | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note to a | ny line in this Part \ | <u>/III</u> | | <u>X</u> |
|--|--------------|--|------------------------|--|--------------------------------------|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax under sections 512-51 |
| र्फ व | <u>2</u> 1a | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | <u>5</u> ∣ b | Membership dues |] | | | |
| 0,4 | [c | Fundraising events 1c 246,768. | | | | |
| ₩. | d d | Related organizations 1d | | | | |
| % E | e | Government grants (contributions) 1e 2,938,939. | | | | 1 |
| 5.0 | 5 f | All other contributions, gifts, grants, | | | | |
| i i i | 2 | and similar amounts not included above . 1f 1,694,461. | | | | |
| ΞĘ | 5 g | Noncash contributions included in | } | | | |
| 5 5 | <u>:</u> | lines 1a-1f 1g \$ 16,691. | | | | |
| <u> </u> | h h | Total. Add lines 1a-1f | 4,880,168. | | | |
| | | Business Code | | | | 1 |
| ÌĊ | 2a | | | | | |
| Program Service Revenue | ь | | | | | |
| n S | c | | | | | - |
| <u>§</u> <u>a</u> | d | | | | | |
| 5 | e | | | | | |
| ď | f | All other program service revenue | | | | <u> </u> |
| | 9 | Total. Add lines 2a-2f | 0. | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | } | other similar amounts) | 166,898. | | | 166,898 |
| | 4 | Income from investment of tax-exempt bond proceeds . > | 0. | | | |
| | 5 | Royalties | 0. | | · | |
| | 1 | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | ļ |
| | b | Less: rental expenses 6b | | | | |
| | С | Rental income or (loss) 6c | | | | |
| | đ | Net rental income or (loss) | 0. | | | |
| | 7a | Gross amount from (i) Securities (ii) Other | | | | |
| | | sales of assets | | | | |
| | } | other than inventory 7a 1,898,595. | | | | |
| Æ | b | Less: cost or other basis | | | | |
| ther Revenue | | and sales expenses 7b 1,826,515. | | | | |
| ě | C | Gain or (loss) 7c 72,080. | | | | |
| <u></u> | d | Net gain or (loss) | 72,080. | | | |
| Ę | 8a | Gross income from fundraising | | | | |
| 0 | | events (not including \$246,768. | | | | |
| | | of contributions reported on line | | | | |
| | | 1c). See Part IV, line 18 8a 95,025. | | Į. | | |
| | b | Less: direct expenses | | | | |
| | С | Net income or (loss) from fundraising events , . ▶ | -5,085. | | | |
| | 9a | Gross income from gaming | | | - | |
| | | activities. See Part IV, line 19 9a 0. | | | | |
| | b | Less: direct expenses 9b 0. | | | | |
| | С | Net income or (loss) from gaming activities ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less | | | `` | |
| | | returns and allowances | 1 | | | |
| | b | Less: cost of goods sold 10b 0. | | | J | |
| | С | Net income or (loss) from sales of inventory | 0. | | | |
| 2 | | Business Code | | | | |
| <u> </u> | 11a | MISCELLANEOUS | 9,429. | 9,429. | | |
| an | b | LOSS ON INVESTMENT IN SUBSIDIARY | -136,289. | -136,289. | | |
| ₩ ₩ | c | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | |
| 2 | e | Total. Add lines 11a-11d | -126,860. | | | |
| | 12 | Total revenue. See instructions | 4,987,201. | -126,860. | | 166,898. |
| ISA | 1 2.000 | | | , , , , , , , | | orm 990 (2019) |

Part IX Statement of Functional Expenses

| Check if Schedule O contains a responsible Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--|--------------------|---------------------------------------|-----------------------|---|
| 1 Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| and domestic governments, See Part IV, line 21 | 0. | | | |
| 2 Grants and other assistance to domestic | | | | · · · · · · · · · · · · · · · · · · · |
| individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, | - | | | |
| trustees, and key employees | 190,000. | 163,400. | 13,300. | 13,300. |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 635,947. | 490,819. | 82,968. | 62,160. |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions) | 23,248. | 18,364. | 2,792. | 2,092. |
| 9 Other employee benefits | 66,249. | 54,379. | 7,095. | 4,775. |
| 10 Payroll taxes | 58,111. | 45,544. | 7,040. | 5,527. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 67,877. | 53,447. | 14,430. | |
| c Accounting | 17,226. | | 17,226. | |
| d Lobbying | 1,203. | 1,203. | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 44,261. | | 44,261. | |
| 9 Other. (If line 11g amount exceeds 10% of line 25, column | · · · · · · | | | |
| (A) amount, list line 11g expenses on Schedule O.). | 209,233. | 208,133. | 1,100. | |
| 12 Advertising and promotion | 16,229. | , , , , , , , , , , , , , , , , , , , | | 16,229. |
| 13 Office expenses | 18,137. | 12,335. | 4,696. | 1,106. |
| 14 Information technology. | 13,151. | 8,602. | 2,797. | 1,752. |
| 15 Royalties. | 0. | , | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 16 Occupancy | 25,201. | 15,373. | 7,560. | 2,268. |
| 17 Travel | 12,767. | 8,060. | 3,213. | 1,494. |
| 18 Payments of travel or entertainment expenses | | 0,0001 | 3,813. | 1,171, |
| for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 8,097. | 6,834. | | 1,263. |
| | 0. | | | |
| 20 Interest | 0. | | | <u>.</u> |
| 22 Depreciation, depletion, and amortization | 31,493. | 19,212. | 9,445. | 2,836. |
| 23 Insurance | 46,046. | 31,564. | 13,380. | 1,102. |
| | 10,010. | 31,001. | 25/300. | 1,102. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | | | |
| aEDUCATION PROGRAMS | 35,048. | 35,048. | | |
| bDUES AND PUBLICATIONS | 19,589. | 15,818. | 3,446. | 325. |
| cSTEWARDSHIP EXPENSES | 7,791. | 7,791. | 3,110. | 323. |
| dMAPS | 1,418. | 1,418. | | |
| e All other expenses ATCH 5 | 3,197,651. | 3,146,281. | 37,334. | 14,036. |
| | 4,745,973. | 4,343,625. | | |
| 25 Total functional expenses. Add lines 1 through 24e 26 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) | | 4,343,023. | 272,083. | 130,265. |
| TOROWING OOT 30-2 (AGO 300-720) | 0. | | | Farm 000 (0040) |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this P | art X | <u></u> | , x |
|-----------------------------|------|---|--------------------------|---------|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 | Savings and temporary cash investments | 877,397. | 2 | 1,238,004. |
| | 3 | Pledges and grants receivable, net | 23,176. | 3 | 103,296. |
| | 4 | Accounts receivable, net | 3,955. | 4 | 2,166. |
| | 5 | Loans and other receivables from 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 | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| ţ | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| Ÿ | 9 | Prepaid expenses and deferred charges ATCH . 6 | 16,340. | 9 | 35,807. |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 1,271,418. | | | |
| | b | Less: accumulated depreciation | 712,691. | 10c | 789,112. |
| | 11 | Investments - publicly traded securities | 5,865,178. | 11 | 6,865,240. |
| | 12 | Investments - other securities. See Part IV, line 11 | 6,559,266. | 12 | 6,422,977. |
| | 13 | Investments - program-related. See Part IV, line 11, | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 733,409. | 15 | 806,246. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 14,791,412. | 16 | 16,262,848. |
| | 17 | Accounts payable and accrued expenses | 35,835. | 17 | 66,691. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 6,500. | 19 | 273,072. |
| | 20 | Tax-exempt bond liabilities. | 0, | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| Ś | 22 | Loans and other payables to any current or former officer, director, | | | *** |
| itie | | trustee, key employee, creator or founder, substantial contributor, or 35% | į | | |
| Liabilities | | controlled entity or family member of any of these persons | о. | 22 | 0. |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | o.l | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 42,335. | 26 | 339,763. |
| ces | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | , | | |
| a | 27 | Net assets without donor restrictions | 11,525,206. | 27 | 12,217,138. |
| B | 28 | Net assets with donor restrictions. | 3,223,871. | 28 | 3,705,947. |
| 5 | | Organizations that do not follow FASB ASC 958, check here ▶ | J, EEJ, 671. | 20 | 3,703,547. |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | |
| ţ | 29 | Capital stock or trust principal, or current funds | | 29 | |
| Se | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et | 32 | Total net assets or fund balances | 14,749,077. | 32 | 15,923,085. |
| | 33 | Total liabilities and net assets/fund balances | 14,791,412. | 33 | 16,262,848. |
| | | | | | Form 990 (2019) |

Form **990** (2019)

| -00111 9: | 30 (2019) | | | | Pe | ge IZ |
|-----------|--|---------|---------|------|------|--------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 4,9 | 87,2 | 201. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 4,7 | 45,5 | 973. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2 | 41,2 | 228. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 14,7 | 49,(|)77. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 9 | 32, | 780. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 15,9 | 23,0 |)85. |
| Part | | | | | · | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplair | n in | | | |
| | Schedule O. | • | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | į | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | İ |
| h | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | | | | | |
| | separate basis, consolidated basis, or both: | | | | | ĺ |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | -reiah | nt of | | | |
| • | the audit, review, or compilation of its financial statements and selection of an independent accounts | - | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | | | |
| | Schedule O. | Apiaiii | 011 | | | |
| 3 2 | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in | the | | | |
| Ja | Single Audit Act and OMB Circular A-133? | | | 3a | | х |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | 3b | | |
| | requires some at secure explain this an equipment a sing seconds only order fullente and the property of | | | | 990 | (2019) |
| | | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

| Haine of the organization | | | | | Employer identi | rication number | | | |
|--|---|----------------------------|--------------|---------------|---|------------------------------|--|--|--|
| DUTCHESS LAND CONSERVANO | CY, INC. | | | | 14-16675 | 526 | | | |
| Part I Reason for Public Ch | arity Status (All | organizations must | comple | te this p | art.) See instructions | S. | | | |
| The organization is not a private fo | · | | | | | | | | |
| 1 A church, convention of ch | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | |
| hospital's name, city, and s | | | - p | | | ,,,,, = | | | |
| 5 An organization operated | | a college or univers | ity owne | d or on | erated by a governme | ental unit described in | | | |
| section 170(b)(1)(A)(iv). (| | | , • | .u | orated by a government | sintar anne acocribce il | | | |
| 6 A federal, state, or local g | , , | ernmental unit describe | ed in sec | tion 170 | (b)(1)(A)(v). | | | | |
| 7 An organization that norm | | | | | | om the general nublic | | | |
| described in section 170(b | | | ~pp | o u g. | or in the contract of the contract of the | on the general public | | | |
| 8 A community trust describ | | | e Part II |) | | | | | |
| 9 An agricultural research or | | | | | d in conjunction with a | land-grant college | | | |
| or university or a non-land | | | | | | | | | |
| university: | g | 9.100.10.0 | | | riarro, only, and otato o | and conlege of | | | |
| 10 X An organization that norma | ally receives: (1) m | ore than 331/3 % of its | Suppor | t from co | ontributions membersi | hin fees and gross | | | |
| receipts from activities rela | ated to its exempt | TURCTIONS - SUBJECT TO | certain 4 | SVAANIAI | ne and (2) na mara tha | in 22+100% of ito | | | |
| support from gross investred by the organization | nent income and t | inrelated business tax | able inc | ome (les | s section 511 tax) from | businesses | | | |
| 11 An organization organized | | | | | | | | | |
| 12 An organization organized | | | | | | carry out the numoses | | | |
| of one or more publicly su | | | | | | | | | |
| Check the box in lines 12a | | | | | | | | | |
| a Type I. A supporting org | | | | | | | | | |
| the supported organization | | | | | | | | | |
| supporting organization. | | | | ajoiny o | r the directors or truste | es of the | | | |
| b Type II. A supporting organization. | - | | | a sesiala ita | a comparted assessment | (-) hh | | | |
| control or management | | | | | | | | | |
| organization(s). You mus | | | uie saii | ie heisti | is that control of man | lage the supported | | | |
| c Type III functionally inte | • | | ntad in a | annastia | a with and functional | Una (man — man de la contaba | | | |
| its supported organization | | | | | | ily integrated with, | | | |
| d Type III non-functionally | | | | | | tad areasination(a) | | | |
| that is not functionally int | | | | | | | | | |
| requirement (see instruction | | | | | | a an attentiveness | | | |
| e Check this box if the orga | | | | | | I Type III | | | |
| functionally integrated, or | | | | | | ii, Type iii | | | |
| f Enter the number of supported | | | | | | | | | |
| g Provide the following informati | | | | | • | | | | |
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of | | | |
| ., ., ., | `` | (described on lines 1-10 | listed in yo | ur governing | support (see | other support (see | | | |
| | | above (see instructions)) | Yes | ment? | instructions) | instructions) | | | |
| | - | - | 163 | 110 | | | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | İ | } | | | | | |
| | | · | - | - | | | | | |
| (C) | | | | | | | | | |
| | - | | 1 | | | | | | |
| (D) | | | | | | | | | |
| (F) | | | | | | | | | |
| (E) | | | | | | | | | |
| | | | <u> </u> | | | <u> </u> | | | |
| Total | | 1 | 1 | | | | | | |

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

| Sec | Section A. Public Support | | | | | | | |
|----------|---|---|---------------------------------------|-------------------|------------------|-------------------|----------------|--|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | <u></u> | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| _6_ | Public support. Subtract line 5 from line 4 | | | | | | | |
| | tion B. Total Support | · · · · · · · · · · · · · · · · · · · | | | T | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 7 8 | Amounts from line 4 | | | | | | | |
| 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 | | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | | |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here | | · · · · · · · · · · · · · · · · · · · | d, third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) ▶ | |
| | tion C. Computation of Public Sup | · · - · · · · · · · · · · · · · · · · · | * | | | | | |
| 14 | Public support percentage for 2019 (lin | | • | | | | <u>%</u> | |
| 15 | Public support percentage from 2018 | | | | | | <u>%</u> | |
| тъа | 33 1/3 % support test - 2019. If the org | janization did n | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, cl | neck this | |
| h | box and stop here. The organization quality 331/3% support test - 2018. If the org | uainies as a pub | niciy supported t | organization | o and line 45 is | | 🚩 🗀 | |
| U | this box and stop here. The organization | | | | | | | |
| 172 | 10%-facts-and-circumstances test - 2 | | | | | | | |
| .,, | 10% or more, and if the organization | | | | | | | |
| | Part VI how the organization meets t | | | · | | • | | |
| | organization | | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | | |
| ~ | 15 is 10% or more, and if the orga | | | | | | | |
| | Explain in Part VI how the organization | | | | | | | |
| 18 | supported organization | | | | | | ▶ 🔲 | |
| | instructions | | | | | | | |
| | | | | | | | | |

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| <u>sec</u> | tion A. Public Support | | | | | | |
|------------|---|------------|-----------------|----------------|------------|------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 1,197,554. | 9,423,851. | 4,255,972. | 2,417,634. | 4,880,168. | 22,175,179. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 222,115. | 322,695. | 268,946. | 97,070. | 95,025. | 1,005,851. |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | 0. |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 1,419,669. | 9,746,546. | 4,524,918. | 2,514,704. | 4,975,193. | 23,181,030. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | 162,455. | 206,510. | 189,344. | 236,892. | 238,934. | 1,034,135. |
| þ | 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 | | | | | | 0. |
| _ | Add lines 7a and 7b | 162,455. | 206,510. | 189,344. | 236,892. | 238,934. | 1,034,135. |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 22,146,895. |
| | tion B. Total Support | | #1.0040 | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 1,419,669. | 9,746,546. | 4,524,918. | 2,514,704. | 4,975,193. | 23,181,030. |
| iva | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | 96,839. | 104,449. | 125,802. | 146,264. | 166,898. | 640,252. |
| O | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| _ | acquired after June 30, 1975 | 25.020 | 104 440 | 105 000 | | | 0. |
| | Add lines 10a and 10b | 96,839. | 104,449. | 125,802. | 146,264. | 166,898. | 640,252. |
| 11 | activities not included in line 10b, whether | | | | | | |
| | | | 45,443. | 141,219. | -126,566. | -136,289. | -76,193. |
| | or not the business is regularly carried on | | 13,113. | 141,213. | -120,500. | -130,269. | - 76,193. |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets (Explain in Part VI.) ATCH 1 | | 16,293. | 9,261. | 8,030. | 9,429. | 43,013. |
| 13 | Total support. (Add lines 9, 10c, 11, | | 20,2337 | 3,201. | 0,030. | 37,4231 | 45,015. |
| | and 12.) | 1,516,508. | 9,912,731. | 4,801,200. | 2,542,432. | 5,015,231. | 23,788,102. |
| 14 | First five years. If the Form 990 is for | | | | | | |
| | organization, check this box and stop here. | | | | | | |
| Sec | tion C. Computation of Public Supp | | | | | | <u></u> |
| 15 | Public support percentage for 2019 (line 8, | | | nn (f)) | | 15 | 93.10% |
| 16 | Public support percentage from 2018 Scheo | | | | | 16 | 92.14% |
| | tion D. Computation of Investment | | | | | , | |
| 17 | Investment income percentage for 2019 (lin | | | 3. column (f)) | | 17 | 2.69% |
| 18 | Investment income percentage from 2018 S | | | | | 18 | 2.71% |
| | 331/3% support tests - 2019. If the org | | | | - | | |
| | 17 is not more than 331/3%, check this | | | | | - | |
| h | 33 1/3 % support tests - 2018. If the orga | • | _ | - | - | | |
| ~ | line 18 is not more than 331/3%, check | | | | • | | · . — |
| 20 | Private foundation. If the organization d | | - | • | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · |

Supporting Organizations Part IV

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

| Section A. All Supporting Organizations |
|---|
|---|

- Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 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 (b) and (c) 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 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit
- from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9с

10a

10b

| Schedu | ule A (Form 990 or 990-EZ) 2019 | | | Page |
|--------------|--|---------|----------|------|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| <u>Secti</u> | on C. Type II Supporting Organizations | | | r |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | The state of the s | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), 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. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | • | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | ctions). | |
| | | | Yes | No |
| 2 | Activities Test. Answer (a) and (b) below. | | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| þ | Did the activities described in (a) 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. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

DUTCHESS LAND CONSERVANCY, INC.

| 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organical part Test as a qualifyin instructions. | g trust o | n Nov. 20, 1970 (expla | |
|---|----------------|--------------------------------|--|
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | 1 Comment of the No. |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | 3. | |
| 5 Depreciation and depletion | 5 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| 6 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 | | |
| 7 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) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 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, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | v integra | ted Type III supporting | organization (see |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiza | tions (continued) | |
|----------|--|-----------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organi | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| _10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | } |
| _3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | • |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

| | | | | ATT | FACHMENT 1 | | | | |
|-------------------------------------|---------|--------|--------|--------|------------|-------|--|--|--|
| SCHEDULE A, PART III - OTHER INCOME | | | | | | | | | |
| DESCRIPTION | 2015 | 2016 | 2017 | 2018 | 2019 | TOTAL | | | |
| MISCELLANEOUS INCOME | 16,293. | 9,261. | 8,030. | 9,429. | 43,013. | | | | |
| TOTALS | 16,293. | 9,261. | 8,030. | 9,429. | 43,013. | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501 (c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

| If the Tax) | e organization answered "Ye (see separate instructions), t | es," on Form 990, Part IV, line 5 (Proxy then | y Tax) (see separate | instructions) or Form 990- | EZ, Part V, line 35c (Prox | | | | | |
|-------------|---|--|------------------------|--|--|--|--|--|--|--|
| | | organizations: Complete Part III. | | | | | | | | |
| Nam | e of organization | - | | Employer ide | ntification number | | | | | |
| וטם | CHESS LAND CONSERV | VANCY, INC. | | 14-166 | 7526 | | | | | |
| Pai | rt I-A Complete if th | e organization is exempt under | section 501(c) or | is a section 527 orga | nization. | | | | | |
| 1 | Provide a description of t | the organization's direct and indirect | political campaign a | ectivities in Part IV. (see in | nstructions for | | | | | |
| | definition of "political carr | npaign activities") | | • | | | | | | |
| 2 | Political campaign activity expenditures (see instructions) | | | | | | | | | |
| 3 | Volunteer hours for politic | cal campaign activities (see instruction | ons) | | | | | | | |
| | t I-B Complete if the | e organization is exempt under | section 501(c)(3). | | | | | | | |
| 1 | Enter the amount of any | excise tax incurred by the organization | on under section 49 | 55, , , , , , ▶\$ | | | | | | |
| 2 | Enter the amount of any | excise tax incurred by organization m | nanagers under sec | tion 4955 ▶ \$ | | | | | | |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Form | 4720 for this year? | | . Yes No | | | | | |
| 4a | Was a correction made? | | | | Yes No | | | | | |
| | If "Yes," describe in Part I | V. | | | | | | | | |
| Par | t I-C Complete if the | e organization is exempt under | section 501(c), e | xcept section 501(c)(3 |). | | | | | |
| 1 | Enter the amount directly | y expended by the filing organization | n for section 527 ex | xempt function | | | | | | |
| | activities | | | | | | | | | |
| 2 | Enter the amount of the f | iling organization's funds contributed | l to other organizati | ons for section | | | | | | |
| | 527 exempt function acti | vities | | ▶\$ | | | | | | |
| 3 | | xpenditures. Add lines 1 and 2. En | | | | | | | | |
| | line 17b | | | ▶\$ | | | | | | |
| 4 | Did the filing organization | file Form 1120-POL for this year? | | | . Yes No | | | | | |
| 5 | Enter the names, address | ses and employer identification numb | per (EIN) of all secti | on 527 political organiza | ations to which the filing | | | | | |
| | the amount of political or | ents. For each organization listed, er ontributions received that were pron | iter the amount par | d from the filing organiz | ation's funds. Also enter | | | | | |
| | as a separate segregated | fund or a political action committee (| PAC) If additional s | elivered to a separate po | nitical organization, such oformation in Part IV | | | | | |
| | | | [| | ··· · · · | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and | | | | | |
| | | | | funds. If none, enter -0 | promptly and directly | | | | | |
| | | | | , , | delivered to a separate | | | | | |
| | | | | | political organization. If | | | | | |
| | | | | | none, enter -0 | | | | | |
| (1) | | | _ | | | | | | | |
| | | | | | | | | | | |
| (2) | | | | | | | | | | |
| | | | | | | | | | | |
| (3) | | | | | | | | | | |
| | • " | | | | | | | | | |
| (4) | | | 1 | | | | | | | |
| | | | | | | | | | | |
| (5) | | | | | | | | | | |
| | | | | | | | | | | |
| (6) | | | | | | | | | | |
| | | | | | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2019

| Sch | 1edule C (Form 990 or 990-EZ) 2019 | DOLCHI | TAMP SST | CONSERVANCY, | INC. | 14-1 | 00/320 Page Z |
|------------|---|-------------|--|---|--------------------|----------------------------------|--------------------------------|
| P | art II-A Complete if the org section 501(h)). | anizati | ion is exer | npt under sectio | n 501(c)(3) and | l filed Form 5768 (ele | ction under |
| A | | | | affiliated group (an excess lobbying exp | | ach affiliated group mem | ber's name, |
| В | Check ▶ if the filing organiz | ation ch | ecked box | A and "limited contr | ol" provisions app | oly. | |
| | (The term "expendit | ures" m | | nts paid or incurred | | (a) Filing organization's totals | (b) Affiliated group totals |
| | a Total lobbying expenditures to i | | | | | | |
| ł | Total lobbying expenditures to i | nfluence | a legislativ | e body (direct lobby | ring) . , | | |
| C | c Total lobbying expenditures (add lines 1a and 1b) | | | | | | |
| | d Other exempt purpose expendit | | | | | | |
| | Total exempt purpose expendite | • | | • | | | |
| f | Lobbying nontaxable amount. | Enter th | ne amount | from the following | table in both | | |
| | columns. | | 1 | | | | |
| | If the amount on line 1e, column (a |) or (b) is | | | t is: | | |
| | Not over \$500,000 | | 1 | amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000 | | | lus 15% of the excess | | | |
| | Over \$1,000,000 but not over \$1,5 | | | lus 10% of the excess | | | |
| | Over \$1,500,000 but not over \$17, | 000,000 | † · · · · · | lus 5% of the excess | over \$1,500,000. | | |
| | Over \$17,000,000 Grassroots nontaxable amount | (antor 2 | \$1,000,000 | | | | |
| _ | Subtract line 1g from line 1a. If | • | | • | - | | |
| | Subtract line 1f from line 1c. If a | | | | | | |
| i | If there is an amount other th | an zero | on either | line 1h or line 1i. | did the organiza | tion file Form 4720 | |
| , | reporting section 4911 tax for t | | | | _ | | Yes No |
| | | | | raging Period Unde | | | |
| | (Some organizations tha | | | | | ete all of the five colum | ins below. |
| | | See | the separa | te instructions for | lines 2a through | 2f.) | |
| | | Lobi | bying Expe | nditures During 4-Y | ear Averaging Pe | riod | |
| | Calendar year (or fiscal year beginning in) | (a |) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2 a | Lobbying nontaxable amount | | | | | | |
| Ł | Lobbying ceifing amount (150% of line 2a, column (e)) | | | | | | |
| | : Total lobbying expenditures | | | | | | |
| _ | Grassroots nontaxable amount | | | | | | |
| | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| | | Ī | | 1 | 1 | 1 | ı |

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

| Pa | rt II-B | Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | T file | d Fo | m 576 | В | |
|--------|----------|--|---------|--------|------------|-----------|--|
| For | each | "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (| a) | | (p) | |
| | | of the lobbying activity. | Yes | No | | Amount | |
| 1 | During | the year, did the filing organization attempt to influence foreign, national, state, or local | | | | | |
| | legisla | tion, including any attempt to influence public opinion on a legislative matter or | | | | | |
| | | ndum, through the use of: | | v | ļ | | |
| a | | eers? | X | Х | | | |
| b | | aff or management (include compensation in expenses reported on lines 1c through 1i)?. | | Х | | | |
| C | | advertisements? | | X | | | |
| d e | Public | gs to members, legislators, or the public? | | X | | | |
| f | | to other organizations for lobbying purposes? | | X | | | |
| g | | contact with legislators, their staffs, government officials, or a legislative body? | | Х | | | |
| h | | demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | | |
| i | | activities? , | Х | | | 3 | 3,167 |
| j | | Add lines 1c through 1i | | | | 3 | 3,167 |
| 2a | | e activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | 1 | | |
| þ | if "Yes | "enter the amount of any tax incurred under section 4912 | | | | | |
| c d | If the f | "enter the amount of any tax incurred by organization managers under section 4912 iling organization incurred a section 4912 tax, did it file Form 4720 for this year? | : | | | | |
| Pai | rt III-A | Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$. | (c)(5) | , or s | ection | | |
| | | 301(0)(0). | | | | Yes | No |
| 1 | Were | substantially all (90% or more) dues received nondeductible by members? | | | Γ | 1 | |
| 2 | Did the | organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | |
| 3 | Did the | organization agree to carry over lobbying and political campaign activity expenditures fro | m the | prior | year? | 3 | |
| Pai | t III-B | | (c)(5) | , or s | ection | | |
| | | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" | OR (b |) Par | t III-A, I | ine 3, is | |
| 1 | Dues (| answered "Yes." assessments and similar amounts from members | | - [| 1 | | · |
| | | | | | | | |
| 2 | | າ 162(e) nondeductible lobbying and political expenditures (do not include amou if expenses for which the section 527(f) tax was paid). | ints (|)T | | | |
| а | | tyear | | | 2a | | |
| b | Carryo | ver from last year | | • • • | 2b | | |
| C | | | | | 2c | | |
| 3 | | ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | | | 3 | | |
| 4 | | es were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | |
| • | | does the organization agree to carryover to the reasonable estimate of nondeductible to | | | | | |
| | | litical expenditure next year? | | 9 | 4 | | |
| 5 | Taxable | amount of lobbying and political expenditures (see instructions) | · · · · | | 5 | | |
| | t IV | Supplemental Information | | | | | |
| Prov | ide the | descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated | d grou | p list | ; Part II | -A, lines | 1 and |
| 2 (se | e instru | ctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | |
| | | | | | | | <u>-</u> |
| SEE | PAGE | 4 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Supplemental Information (continued)

SCHEDULE C, PART 1-A, LINE 1

THE ORGANIZATION PARTICIPATES IN MINIMAL LOBBYING ACTIVITIES CONSISTING

OF MAILINGS TO LEGISLATORS, ATTENDANCE AT LAND TRUST ALLIANCE/AMERICAN

FARMLAND TRUST/FRIENDS OF NEW YORK ENVIRONMENT/ORGANIZED LOBBY DAYS,

MEETINGS WITH REPRESENTATIVES TO EDUCATE THEM ABOUT THE ORGANIZATION'S

WORK, AND PARTICIPATION IN PRESS CONFERENCES CONCERNING STATE GRANTS.

OTHER EXPENSES CONSISTS OF MILEAGE AND OTHER REIMBURSABLES TO THOSE WHO

ATTEND THESE MEETINGS AND CONFERENCES. THE ORGANIZATION COMPLIES WITH ALL

NEW YORK STATE AND FEDERAL LOBBYING LIMITS.

SCHEDULE D (Form 990)

Department of the Treasury

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.

2019

Open to Public Inspection

Employer identification number

DUTCHESS LAND CONSERVANCY, INC. 14-1667526 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Х Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 416. 2a 42,754.00 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5,220.00 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 398,478. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

| Pa | rt III Organizations Maintaini | | | | | | | |
|----------|---|---|-----------------------------|-------------------|----------------------|--|--------------|------------------|
| 3 | Using the organization's acquisition | on, accession, and c | ther records, check | cany of the | following that n | nake sign | ificant use | of its |
| | collection items (check all that app | ly): | | | | | | |
| а | Public exhibition | | _ | or exchange | program | | | |
| b | Scholarly research | | e Other | | | | | |
| C | Preservation for future gene | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | and explain how t | hey further | the organization | s exempt | purpose i | in Part |
| | XIII. | | | | | _ | | |
| 5 | During the year, did the organization | | | | | | ٦ ٢ | - |
| | assets to be sold to raise funds rath | | ined as part of the | organization | 's collection? | | Yes | No |
| | rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21. | ation answered "Ye | | | | | t on Form | 1 |
| 1 a | Is the organization an agent, truste | e, custodian or othe | er intermediary for c | ontributions | or other assets no | ot _ | 1 | _ |
| | included on Form 990, Part X? | | | | | L | Yes _ | No |
| þ | If "Yes," explain the arrangement i | n Part XIII and comp | lete the following tab | ole: | | | | |
| | | | | | | Amount | | |
| C | Beginning balance | | | | | | | |
| þ | Additions during the year | | | | | | | |
| е | Distributions during the year | | | | | | | |
| f | Ending balance | | | | L | | 1 | |
| 2a | | ount on Form 990, I | Part X, line 21, for e | scrow or cu | istodial account lia | ability? _ | Yes | No |
| | If "Yes," explain the arrangement i | n Part XIII. Check he | ere if the explanation | has been p | rovided on Part XII | <u></u> | | |
| Pa | rt V Endowment Funds. | . 4 | | 3 | 40 | | | |
| | Complete if the organiza | | | | | | (-) [| |
| | | (a) Current year | (b) Prior year | (c) Two year | | | (e) Four yea | |
| 1 a | Beginning of year balance | 4,468,642. | 4,834,069. | 4,461 | | 8,181. 5,650. | | 8,278 3,283 |
| b | Contributions | 50,560. | 69,431. | 700 | ,540. 10 | 3,030. | | 3,203 |
| C | Net investment earnings, gains, | 1 006 160 | 222 505 | 607 | 410 44 | 3,813. | _11 | 0,065 |
| | and losses | 1,086,160. | -222,505. | 031 | ,410. 44 | 3,613. | | 0,005 |
| ď | Grants or scholarships | | | | | \longrightarrow | | |
| е | Other expenditures for facilities | 165,000. | 212,353. | 1 421 | ,682. 3 | 5,843. | 5 | 3,315 |
| | and programs | 165,000. | 212,353. | 431 | ,002. | 3,043. | | 3,313 |
| f | Administrative expenses | 5,440,362. | 4,468,642. | 4,834 | 069 4 46 | 1,801. | 3 94 | 8,181 |
| g | End of year balance | | | · | | 1,001. | 3,74 | |
| 2 a | | nent ▶ <u>72.0000</u> | end balance (line 1g, _% | column (a)) | held as: | | | |
| b | Permanent endowment ▶ 28.0 | 3000 % | | | | | | |
| С | Term endowment ▶ | - ** | 1000/ | | | | | |
| _ | The percentages on lines 2a, 2b, a Are there endowment funds not in | | | ara hald an | d administered for | r tha | | |
| 3 a | | the possession of the | ie organization mat | are new an | u auministereu ioi | lile | Ye | s No |
| | organization by: | | | | | | 3a(i) X | - |
| | (i) Unrelated organizations(ii) Related organizations | | | | | | 3a(ii) | x |
| h | If "Yes" on line 3a(ii), are the related | | d as required on Sch | edule R2 | | | 3b | _ |
| _ | Describe in Part XIII the intended | | | | | | | |
| 4 Pa | rt VI Land, Buildings, and Equation Complete if the organiz | uinment | | | e 11a. See Form | ——— ı 990, Pa | rt X, line 1 | 10. |
| | Description of property | (a) Cost or | other basis (b) Cost | or other basis 🕴 | (c) Accumulated | (d) | Book value | |
| <u> </u> | Lond | (inves | | ther) 756,000. | depreciation | | 756 | ,000. |
| 1a | Land | | | 6,000. | - | | | ,000. |
| b | Buildings | l l | | 394,888. | 385,989. | | | ,899. |
| C | Leasehold improvements | | | 114,530. | 96,317. | <u></u> | | ,213. |
| ď | Equipment | | | | 20,02, | | | <u> · </u> |
| E E | Other | (d) must squal For | n 000 Part V colum | n (R) line 10 |)c1 | | 789 | ,112. |
| TOTE | n. Add illes Ta through Te. (Column | i (u) iliusi e qual i ⁻ 011 | ii 990, r ait A, colum | (D), IIIIG IC | ···/ | <u>. </u> | , 0, 2 | , _ |

| Part VII | Investments - Other Securities. Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11b. See Form 990, F | Part X, line 12. |
|--------------|---|---------------------|---|-----------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market | n: |
| (1) Financi | al derivatives | | | |
| | held equity interests | | | |
| (3) Other_ | | | | |
| (A) INV | ESTMENT IN SUBSIDIARY | 6,422,977. | COST | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | , as same as | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨 | 6,422,977. | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11c. See Form 990, F | art X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuatior Cost or end-of-year market | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | .= | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11d. See Form 990, F | art X, line 15. |
| | (a) De | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) | line 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | d "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form | 990, Part X, |
| 1. | | otion of liability | | (b) Book value |
| | ral income taxes | | | 1-1-22 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | · · · · · · · · · · · · · · · · · · · | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| | or uncertain tax positions. In Part XIII, provide the | | | reports the |
| | or uncertain tax positions. In Part Alli, provide the i's liability for uncertain tax positions under FASB | | | |
| JSA | | | | dule D (Form 990) 201 |
| 9E1270 1.000 | | | 14 1660506 | • • • • • • |

| Schedu | le D (Form 990) 2019 | | Page 4 |
|--------|---|---------|-------------|
| Part | | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | <u> </u> |
| 1 | Total revenue, gains, and other support per audited financial statements | 1_ | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | - | |
| b | Donated services and use of facilities | - | |
| С | Recoveries of prior year grants | - | |
| d | Other (Describe in Part XIII.) | ٠. | |
| _ | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | - | |
| b | Other (Describe in Part XIII.) | 4c | |
| С 5 | Add lines 4a and 4b | 5 | |
| Part | | | |
| lait | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | } | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| C | Add fines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| | XIII Supplemental Information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |
| | PAGE 5 | iation. | |
| | PAGE 5 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part XIII Supplemental Information (continued)

SCHEDULE D, PART II, LINE 9

EXPENSES RELATED TO PURCHASED CONSERVATION EASEMENTS ARE RECORDED AS

PURCHASE OF DEVELOPMENT RIGHTS. ANY OFFSETTING REVENUES ARE RECORDED AS

PURCHASE OF DEVELOPMENT RIGHTS CONTRIBUTIONS OR LAND PROTECTION

CONTRIBUTIONS.THE ORGANIZATION DOES NOT HOLD ANY CONSERVATION EASEMENTS

ON ITS STATEMENT OF FINANCIAL CONDITION. CONSERVATION EASEMENTS DONATED

TO THE ORGANIZATION HAVE NO MARKET VALUE IN THE HANDS OF THE ORGANIZATION

AND THEREFORE ARE NOT CONSIDERED AS SUPPORT. DONATED EASEMENTS ARE

CARRIED AT ZERO BOOK VALUE PRIMARILY BECAUSE A TYPICAL CONSERVATION

EASEMENT PROVIDES THE ORGANIZATION WITH NO AFFIRMATIVE RIGHTS EXCEPT TO

MONITOR AND ENFORCE THE EASEMENT AND THIS CONSTITUTES A BURDEN. COSTS

INCURRED BY THE ORGANIZATION TO PURCHASE DEVELOPMENT RIGHTS ARE EXPENSED

IN THE PERIOD INCURRED.

SCHEDULE D PART V LINE 4 - ENDOWMENTS

DONOR RESTRICTED ENDOWMENT AS OF DECEMBER 31, 2019 CONSIST OF FUNDS

CONTRIBUTED FOR THE LONG-TERM ADMINISTRATION OF CONSERVATION EASEMENTS.

THE EARNINGS ON THESE FUNDS ARE SOLELY FOR THE PURPOSE OF COVERING THE

COSTS OF STEWARDING EACH EASEMENT. DONOR RESTRICTED ENDOWMENT TOTALED

\$1,499,760 AT DECEMBER 31, 2019. UNRESTRICTED NET ASSETS AS OF DECEMBER

31, 2019, CONSIST OF FOUR BOARD DESIGNATED CATEGORIES. THE BOARD

DESIGNATED UNRESTRICTED AMOUNTS ARE FOR THE FOLLOWING PURPOSES:

STEWARDSHIP FUND \$2,193,634, LAND PROTECTION FUND \$1,096,029, LAND

EASEMENT ACQUISITION FUND \$286,673, AND RESERVE FUND \$364,266, FOR TOTAL

BOARD DESIGNATED NET ASSETS OF \$3,940,602.

Part XIII Supplemental Information (continued)

SCHEDULE D PART II LINE 3 - AMENDED EASEMENTS EASEMENT: KNIGHT PROPERTY; 112.5 ACRES LANDOWNERS: KATHLEEN KNIGHT AMENDMENT: RECORDED AT THE OFFICE OF THE DUTCHESS COUNTY CLERK AT DOCUMENT NO. 02-2019-1307 ON 2/22/2019. THE AMENDMENT AFFECTS ONLY THE 112.5 ACRES OWNED BY KATHLEEN KNIGHT. ORIGINAL EASEMENTS: THE ORIGINAL GRANTOR OF THE EASEMENT WAS KATHLEEN KNIGHT. THE KNIGHT EASEMENT WAS RECORDED IN THE OFFICE OF THE DUTCHESS COUNTY CLERK ON DECEMBER 27, 2000 AT DOCUMENT NO. 02-2000-11672. MODIFICATION: (1) AS AMENDED, THE EASEMENT PLACES ADDITIONAL RESTRICTIONS ON THE CUTTING OF TREES AND CLEARING OF LAND, BY ELIMINATING LANGUAGE THAT PERMITTED COMMERCIAL FORESTRY AND CLEARING OF LAND FOR AGRICULTURAL PURPOSES; (2) EXHIBIT B, THE CONSERVATION EASEMENT MAP, HAS BEEN REPLACED WITH AN AMENDED CONSERVATION EASEMENT MAP. AS AMENDED, EXHIBIT B ADDS LAND TO THE EASEMENT'S PRESERVATION AREA, THEREBY DECREASING THE AREA OUTSIDE THE PRESERVATION AREA FROM MORE THAN 20 ACRES TO APPROXIMATELY FIVE ACRES. ALL LANDS WITHIN THE ORIGINAL PRESERVATION AREA REMAIN PART OF THE AMENDED PRESERVATION AREA. AS AMENDED, THE PRESERVATION AREA NOW INCLUDES SEVERAL ACRES OF WETLANDS THAT WERE OUTSIDE THE PRESERVATION AREA IN THE ORIGINAL EASEMENT. REASONS FOR MODIFICATION: THE PURPOSE OF THE AMENDMENT WAS TO INCREASE THE CONSERVATION VALUE OF THE EASEMENT BY ADDING LAND TO THE PRESERVATION AREA, AND PLACING ADDITIONAL RESTRICTIONS ON REMOVAL OF TREES AND CLEARING OF LAND, THEREBY CONSERVING THE SCENIC AND WILDLIFE HABITAT VALUE OF THE PROPERTY. COMMENTS: THIS AMENDMENT IS CONSISTENT WITH THE CONSERVATION PURPOSES OF THE ORIGINAL EASEMENTS, DOES NOT RESULT IN A NET INCREASE IN THE RIGHTS HELD BY THE LANDOWNER, DOES NOT REDUCE THE AMOUNT OF LAND PROTECTED BY THE EASEMENT, AND CONFERS NO NET PRIVATE

BENEFIT ON THE LANDOWNER.

SCHEDULE D PART II LINE 5 - EASEMENT POLICIES

THE ORGANIZATION HAS THE FOLLOWING POLICIES/PROCEDURES IN PLACE AND APPROVED BY THE ORGANIZATION'S BOARD: THE ORGANIZATION'S CONSERVATION EASEMENT ENFORCEMENT PROCEDURE (UPDATED AND APPROVED IN 2015): THIS PROCEDURE DISCUSSES THE IMPORTANCE OF CONSERVATION EASEMENT ENFORCEMENT, PROCESS GUIDELINES, PREVENTION STRATEGIES, STEPS TO TAKE IN THE EVENT OF A VIOLATION FROM REMEDIATION TO LITIGATION. CONSERVATION EASEMENT ACOUISITION PROCEDURES AND CHECKLIST: THIS DOCUMENT OUTLINES THE PROCEDURE FOR EASEMENT ACQUISITION FROM A-Z INCLUDING THE ORGANIZATION'S OBLIGATION TO MONITOR EASEMENT PROTECTED PROPERTIES ANNUALLY. THE EASEMENT STEWARDSHIP FUND POLICY: THIS POLICY NOTES THE LEGAL OBLIGATION THE ORGANIZATION TAKES ON TO UPHOLD THE TERMS OF THE CONSERVATION EASEMENTS AND TO MONITOR, OVERSEE AND ENFORCE THEM. IT SPELLS OUT THE ORGANIZATION'S STEWARDSHIP ENDOWMENT REQUEST TO LANDOWNERS. THE ORGANIZATION'S STEWARDSHIP RECORDS MANAGEMENT PROCEDURE: THIS PROCEDURE SPELLS OUT ANNUAL MONITORING PROCEDURES AS WELL AS BASELINE DOCUMENTATION AND RECORD KEEPING. THESE POLICIES ARE NOT DIRECTLY REFLECTED IN THE ORGANIZATION'S CURRENT CONSERVATION EASEMENTS.

SCHEDULE D PART X LINE 2 - FIN 48 (ASC 740) UNCERTAIN TAX POSITIONS

THE ORGANIZATION HAS EVALUATED ANY UNCERTAIN TAX POSITIONS AND RELATED

INCOME TAX CONTINGENCIES AND DETERMINED UNCERTAIN POSITIONS, IF ANY, ARE

NOT MATERIAL TO THE FINANCIAL STATEMENTS, ACCORDING TO FASB ASC 740-10.

PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED

IN OPERATING EXPENSES, IF INCURRED. NONE OF THE ORGANIZATION'S RETURNS

ARE CURRENTLY UNDER EXAMINATION.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization 14-1667526 DUTCHESS LAND CONSERVANCY, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а f Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events С In-person solicitations d

| | (I) Name and address of individual or entity (fundraiser) | (II) Activity | custody o | draiser have r control of outions? | (Iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (l) | (vi) Amount paid to (or retained by) organization |
|----------|--|--------------------|-------------|--|-----------------------------------|--|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | - | | | | |
| 3 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | - "- | | |
| 7 | | | | | | | |
| 8 | | | | | . | | |
| 9 | | | | | | | |
| _ | | | | | | | |
| 0 | | : | | | | | |
| _ | | | | | | | |
| ota 3 | List all states in which the organiza registration or licensing. | tion is registered | or licensed | ▶ I to solicit | contributions or | has been notified | it is exempt fro |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| _ | | | | | | | |

- - - - - - - - - Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. Part II

| | | events with gross receipts gre | eater than \$5,000. | | e je je | A Company of A |
|-----------------|----------|---|----------------------------|--|----------------------|--|
| | | | (a) Event #1 COUNTRY LUNCH | (b) Event #2 BARN DANCE | (c) Other events | (d) Total events (add col. (a) through |
| a) | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 141,885. | 199,908. | <u></u> | 341,793 |
| Ť | | Less: Contributions | 52,075. | 42,950. | | 95,025 |
| | | line 2) | 89,810. | 156,958. | | 246,768 |
| | 4 | Cash prizes | | | in the second second | 4 44 44 |
| | 5 | Noncash prizes | | | | |
| nses | 6 | Rent/facility costs | 17,283. | 19,561. | | 36,844 |
| Direct Expenses | 7 | Food and beverages | 20,616. | 30,408. | | 51,024 |
| Direct | 8 | Entertainment | 400. | 5,000. | | 5,400 |
| | 9 | Other direct expenses | 5,566. | 1,276. | | 6,842 |
| | 10 11 | Direct expense summary. Add line Net income summary. Subtract line | es 4 through 9 in colu | mn (d) | | 100,110 146,658 |
| Pa | | Gaming. Complete if the organic | anization answered " | | | |
| | | \$15,000 on Form 990-EZ, lin | e 6a. | | | |
| Jue - | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| ~ | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
|)irect | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % No | Yes% | Yes% No | |
| | 7 | Direct expense summary. Add line | es 2 through 5 in colu | mn (d) | | |
| | 8 | Net gaming income summary. Su | btract line 7 from line | 1, column (d) | | |
| 9 a b | l | Enter the state(s) in which the orgals the organization licensed to condit "No," explain: | duct gaming activities | in each of these state | | . Yes No |
| 10 a b | | Were any of the organization's gaming If "Yes," explain: | licenses revoked, susp | | | . Yes No |
| | | | | | | |

| DIFCHESS | T.AMD | CONSERVANCY. | INC. |
|----------|-------|--------------|--------|
| DOICHESS | TIME | CONSERVANCI | I INC. |

14-1667526

| Sched | lule G (Form 990 or 990-EZ) 2019 |
|-------|---|
| 11 | Does the organization conduct gaming activities with nonmembers? |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |
| | formed to administer charitable gaming? Yes No |
| 13 | Indicate the percentage of gaming activity conducted in: |
| а | The organization's facility |
| b | 70 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name ▶ |
| | Address ► |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| | revenue? |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| | amount of gaming revenue retained by the third party ▶ \$ |
| C | If "Yes," enter name and address of the third party: |
| | Name ▶ |
| | |
| | Address ► |
| 16 | Gaming manager information: |
| | Name ▶ |
| | Gaming manager compensation ▶ \$ |
| | Description of services provided ▶ |
| | Director/officer |
| 17 | Mandatory distributions: |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| | or spent in the organization's own exempt activities during the tax year ▶ \$ |
| Part | Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| | |

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DUTCHESS LAND CONSERVANCY, INC.

Employer identification number

14-1667526

| | | | Yes | No |
|------------------|--|---------------------------------------|-------|-------------|
| | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) | · · · · · · · · · · · · · · · · · · · | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b_ | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X | | | |
| 4 a b c | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? | 4a 4b 4c | | X X X |
| 5 a b | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? | 5a 5b | | X X |
| 6 a b | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? | 6a 6b | | X X |
| 7 8 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | ·· F. | х |
| ō | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |

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

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (I) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | olher deferred compensation | benefits | (B)(I)-(D) | in column (B) reported as deferred on prior Form 990 |
| REBECCA THORNTON | (i) | 175,000. | 15,000. | ο. | 5,250. | 2,439. | 197,689. | |
| 1PRESIDENT | (11) | 0. | 0. | 0. | | | | |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (0) | | | | | | | |
| | (0) | | | | | | | |
| 5 | (0) | | | | | | | |
| | (0) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | , | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | . <u></u> . | | | | | | |
| 9 | (0) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (0) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | [(0)] | | | | | | | |
| | (i) | | | | | | | |
| 15 | [0] | | | | | | | |
| | (i) | | | | | | | |
| | [0] | | | | | | | |

Schedule J (Form 990) 2019

JSA

9E1291 1.000

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public

| Name o | f the organization | | | | | | | E | mployer | identif | cation | numbe | r | |
|--------|--|---------------------------------------|--------------------------------------|----------------|----------------------------------|--------------------------------|-----------------------|--|-------------------|-----------------|---------|-----------------------------|---------------|------------------|
| DUTC | HESS LAND CONSE | RVANCY, I | NC. | | | | | | 14- | 1667 | 526 | | | |
| Part | Excess Benefit Complete if the | Transactions organization a | (section 501 inswered "Ye | (c)(3 es" o |), sect n Forn | tion 501(c)(4 n 990, Part I |), and 5 V, line 2 | 01(c)(29) organi 25a or 25b, or For | zations m 990- | only). EZ, P | art V, | line 40 | Jb. | |
| | (a) Name of disqualified | | (b) Relatio | nship | between | disqualified pers | on and | (a) Dag | cription | of trans | action | | (d) | Connected |
| 1 | (a) Name of disquained | person | | | organiz | zation | | (c) Des | cription | OI II aris | action | | Y. | es No |
| (1) | | | | | | | | | | | · ·-··· | | \perp | _ |
| (2) | | | | | | | | | | | | | \perp | |
| _(3)_ | | | 1 | | | | | | | | | | \rightarrow | |
| (4) | | | | | | | | | | | | | _ | 4 |
| (5) | | | ļ <u>.</u> | | | | | | | | | | \rightarrow | _ |
| (6) | | | | | | | | <u></u> | | | | | | |
| | Enter the amount of t under section 4958. Enter the amount of ta | | | | | | | | | | | | | |
| Part | Loans to and/or Complete if the organization rep | organization a | inswered "Ye | es" o | | | | e 38a or Form 99 | 0, Parl | t IV, fir | ie 26; | or if th | ne | |
| (a) 1 | Name of interested person | (b) Relationship with organization | (c) Purpose of Ioan | fro | oan to or on the nization? | (e) Origin principal am | | (f) Balance due | (g) In | default? | by bo | proved ard or nittee? | | /ritten ment? |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | <u> </u> | | | | | |
| (2) | | | | | | | | | | 1 | | | | |
| (3) | | · | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total | | | <i>.</i> | <u></u> | | <u> </u> | <u> </u> | \$ | | | | | | |
| Part | Grants or Assis Complete if the | | | | | | , line 27 | | | | | | | |
| (a) f | Name of interested person | | p between intere the organization | | (c) Amou | unt of assistance | (0 | d) Type of assistance | | (e) | Purpos | se of ass | sistance | e |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | . . |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | <u></u> | | | | | | | | | | | | | |
| (7) | | | | | | | | · | | | | | | |
| (8) | | | | | | | L | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| For Pa | perwork Reduction Act | Notice, see the | Instructions | for F | orm 991 | 0 or 990-EZ. | | | Sche | dule L | (Form | 990 or | 990-E | Z) 2019 |

Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of ization's nues? |
|-------------------------------|---|---------------------------|--------------------------------|--------|--------------------------------|
| | | | | Yes | No |
| (1) OAKLEIGH B. THORNE | FORMER DIRECTOR/RELATIVE | 1. | LEASES OFFICE SPACE FOR \$1/YR | | х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| _(7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection Employer identification number

Name of the organization

DUTCHESS LAND CONSERVANCY, INC.

14-1667526

| Par | Types of Property | | | , | | | |
|-----|---|-------------------------------|--|---|--------------------------|---------------------------------------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash contri | | |
| 1 | Art - Works of art | | | - | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | ř. | | | | | |
| 5 | Clothing and household | | | | | | |
| | goods | | | | | · · · · · · · · · · · · · · · · · · · | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | 1.5.500 | | | |
| 9 | Securities - Publicly traded | X | 2. | 16,690. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | |
| | or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation | | | | | | |
| | contribution - Historic | | | | | | |
| | structures | | | | | | |
| 14 | Qualified conservation | | | | | | |
| | contribution - Other | Х | 5. | 0. | N/A | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other ►() | | | | | | |
| 26 | Other ►() | | | | | | |
| 27 | Other ▶() | | | | | | |
| 28 | Other ▶(| | | | | | |
| 29 | Number of Forms 8283 received | by the org- | anization during the tax ye | ear for contributions for | | | |
| | which the organization completed F | orm 8283, | Part IV, Donee Acknowledg | ement | 29 | | |
| | | | | | _ | Yes | No |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I, line | s 1 through | | |
| | 28, that it must hold for at least the | | | | | | |
| | to be used for exempt purposes for | the entire h | olding period? | | | 30a | X |
| b | If "Yes," describe the arrangement i | n Part II. | | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any | nonstandard | | |
| | contributions? | | | · · · · · · · · · · · · · · · · | | 31 X | |
| 32a | Does the organization hire or use | | | | | | |
| | contributions? | | | | | 32a | х |
| h | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an describe in Part II. | amount in c | column (c) for a type of pro | perty for which column (a) | is checked, | | |

Part II Supp

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

SCHEDULE M, PART I, LINE 14 - NO REVENUE REPORTED FOR COLUMN C

THE ORGANIZATION RECEIVED 5 DONATED CONSERVATION EASEMENTS IN 2019. THE

VALUE TO THE ORGANIZATION IS \$0 SINCE IT FOLLOWS A ZERO VALUATION POLICY

FOR EASEMENTS. NO VALUE IS ASSIGNED TO EASEMENTS BECAUSE A TYPICAL

CONSERVATION EASEMENT PROVIDES THE ORGANIZATION WITH NO AFFIRMATIVE

RIGHTS EXCEPT TO MONITOR AND ENFORCE THE EASEMENTS, AND THUS CONSTITUTES

A BURDEN. FURTHERMORE, CONSERVATION EASEMENTS DONATED TO THE ORGANIZATION

HAVE NO MARKET VALUE IN THE HANDS OF THE ORGANIZATION AND ARE NOT

CONSIDERED AS SUPPORT.

SCHEDULE O (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DUTCHESS LAND CONSERVANCY, INC.

Employer Identification number 14 - 1667526

FORM 990, PART VI, SECTION B, QUESTION 12C - CONFLICT OF INTEREST POLICY THE ORGANIZATION REGULARLY AND CONSISTENLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THE ORGANIZATION UPDATED ITS CONFLICT OF INTEREST POLICY IN 2015 IN CONJUNCTION WITH THE NEW YORK STATE NON-PROFIT REVITALIZATION ACT. PERSONS COVERED UNDER CONFLICT OF INTEREST POLICY: COVERED PERSONS INCLUDE ANY INSIDER OF THE ORGANIZATION WHO IS ANY DIRECTOR, OFFICER, ADVISORY COMMITTEE MEMBER OR EMPLOYEE, OR ANY TRUSTEE OF THE LAND OR OTHER SUBSTANTIAL CONTRIBUTOR, PARTY RELATED TO THE ABOVE, VOLUNTEER WITH AN INVOLVEMENT IN POLICY OR STEWARDSHIP OF EASEMENTS, ANYONE WITH AN ABILITY TO INFLUENCE DECISIONS OF THE ORGANIZATION OR A PERSON WITH ACCESS TO INFORMATION NOT AVAILABLE TO THE GENERAL PUBLIC. THE LEVEL AT WHICH DETERMINATIONS OF WHETHER A CONFLICT EXISTS ARE MADE: ANY CONFLICT OR POSSIBLE APPEARANCE THEREOF IS FULLY DISCLOSED A) ANNUALLY IN WRITING; B) ORALLY AT BOARD, EXECUTIVE COMMITTEE AND OTHER ORGANIZATION MEETINGS AND RECORDED IN THE MINUTES; OR AT OTHER SUCH TIMES WHEN A CONFLICT MAY OCCUR. DISCLOSURE IS TO THE CHAIRMAN OF THE AUDIT COMMITTEE (FOR ALL BUT EMPLOYEES OTHER THAN THE PRESIDENT) AND THE ORGANIZATION'S PRESIDENT (FOR EMPLOYEES OTHER THAN THE PRESIDENT), OR TO BOTH. THE LEVEL AT WHICH ACTUAL CONFLICTS ARE REVIEWED: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ADMINISTERED BY THE ORGANIZATION'S BOARD AUDIT COMMITTEE, WHICH IS AUTHORIZED TO RECEIVE NOTIFICATIONS UNDER THIS POLICY AND INTERPRET THE PROVISIONS OF THE POLICY. RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT: IN THE CASE OF CONFLICTS INVOLVING A DIRECTOR OR OFFICER, THE DIRECTOR OR OFFICER HAVING

SUCH CONFLICT LEAVES THE ROOM IN WHICH DISCUSSION IS CARRIED ON AND REFRAINS FROM VOTING OR OTHERWISE ATTEMPTING TO INFLUENCE THE DECISION THEREON, AND IN SOME CASES MAY RESIGN IF REQUESTED BY THE BOARD.

VIOLATIONS OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY MAY BE GROUNDS FOR DISMISSAL AS AN EMPLOYEE OR SEVERANCE FROM THE BOARD OF DIRECTORS, ADVISORY COMMITTEE OR AS A VOLUNTEER. THE ORGANIZATION HAS AN AGENDA ITEM NUMBER ONE FOR ALL BOARD OF DIRECTOR AND EXECUTIVE COMMITTEE MEETINGS THE FOLLOWING: "1) CONFLICTS OF INTEREST - OPPORTUNITY FOR BOARD MEMBERS TO DISCUSS POTENTIAL CONFLICTS OF INTEREST REGARDING ITEMS ON THE AGENDA." THIS SERVES AS A REMINDER TO BOARD MEMBERS (OR STAFF) TO DISCLOSE ANY CONFLICT OF INTEREST AT THIS TIME. CONFLICTS OR POTENTIAL CONFLICTS ARE RECORDED IN THE ORGANIZATION'S MEETING MINUTES. THE ORGANIZATION CONTINUES ITS PROCEDURE REQUIRING AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT TO BE FILED ANNUALLY WITH THE ORGANIZATION BY ALL BOARD MEMBERS AND STAFF.

FORM 990, PART VI, SECTION B, QUESTION 15- GOVERNANCE AND MANAGEMENT
REVIEW BY A COMPENSATION COMMITTEE: THE ORGANIZATION'S BOARD COMPENSATION
COMMITTEE CONSISTS OF FOUR MEMBERS OF THE BOARD THAT 1) REVIEWS THE
ORGANIZATION'S STAFF COMPENSATION PACKAGES, 2) ENSURES THE ORGANIZATION'S
COMPENSATION PACKAGES ARE IN LINE WITH CURRENT MARKET BY RESEARCHING
COMPARABLE COMPENSATION PACKAGES THROUGH A COMPETITIVE ANALYSIS &
COMPENSATION & BENEFITS STUDY, 3) REVIEWS INFORMATION GATHERED BY
COMMITTEE MEMBERS, STAFF AND/OR OUTSIDE SPECIALISTS, AND 4) MAKES
RECOMMENDATIONS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE. THE COMMITTEE
MEETS IN OCTOBER OR NOVEMBER OF EACH YEAR TO DETERMINE STAFF COMPENSATION

Employer Identification number 14-1667526

FOR THE FOLLOWING FISCAL YEAR. USE OF COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS: THE COMPENSATION COMMITTEE REVIEWS SALARY INFORMATION BY THE LAND TRUST ALLIANCE, STAFF BENEFIT SURVEYS OF SIMILAR CONSERVATION ORGANIZATIONS IN NEW YORK; COMPARABLE SALARY DATA FROM AVAILABLE FORM 990'S AND OTHER INFORMATION FOR SIMILAR ORGANIZATIONS AND COMPARABLE POSITIONS AND TAKES INTO CONSIDERATION INFORMATION FROM THE U.S. BUREAU OF LABOR STATISTICS, NEW YORK COUNCIL OF NON PROFITS, GUIDESTAR, CHARITY NAVIGATOR, AND OTHER APPLICABLE INDEPENDENT SOURCES. THEY REVIEW ALL INFORMATION AND MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH MAKES THE FINAL DECISION ON STAFF COMPENSATION PACKAGES. THE FULL BOARD OF DIRECTORS APPROVES THE PRESIDENT AND ALL KEY EMPLOYEE COMPENSATION AT A MEETING OF THE BOARD, AND APPROVES ALL OTHER STAFF COMPENSATION AS PART OF THE BUDGET APPROVAL. THE ORGANIZATION HAS A POLICY FOR BOARD APPROVAL OF COMPENSATION, WHICH SPELLS OUT THE ANNUAL PROCESS FOR DETERMINING COMPENSATION AND THE PROCESS FOR BOARD APPROVAL OF COMPENSATION FOR THE PRESIDENT AND ALL KEY EMPLOYEES ENSURING ADHERENCE TO ITS POLICY ON CONFLICTS OF INTEREST DURING ALL DELIBERATIONS AND DECISIONS. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT: THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE, AND BOARD DELIBERATIONS ARE HELD IN EXECUTIVE SESSION. THE PRESIDENT PARTICIPATES IN DISCUSSION OF ALL STAFF EXCEPT HERSELF AT WHICH TIME SHE LEAVES THE ROOM. THE PRESIDENT IS IN CHARGE OF KEEPING THE RECORDS OF STAFF COMPENSATION AND DECISIONS BY THE COMPENSATION COMMITTEE, EXECUTIVE

Employer identification number 14 - 1667526

COMMITTEE AND BOARD. THE CHAIRMAN OF THE COMPENSATION COMMITTEE IS IN CHARGE OF KEEPING THE RECORDS OF THE PRESIDENT'S AND KEY EMPLOYEE'S COMPENSATION AND DECISIONS BY THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE AND BOARD MEETINGS DURING EXECUTIVE SESSIONS WHEN THE PRESIDENT AND ANY KEY EMPLOYEE ARE RECUSED FROM DELIBERATIONS AND VOTING ON HIS/HER COMPENSATION. THE RESPECTIVE MINUTES OF THESE MEETINGS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE, THE EXECUTIVE COMMITTEE AND THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B - 990 REVIEW PROCESS

THE ORGANIZATION'S AUDITORS PREPARE THE FORM 990 BASED ON THEIR AUDIT AND

IT IS PRESENTED TO THE ORGANIZATION'S PRESIDENT, TREASURER, AND FINANCIAL

MANAGER IN DRAFT FORM FOR REVIEW, WHO THEN ENSURE THAT THE AUDIT

COMMITTEE HAS THE OPPORTUNITY TO REVIEW IT. FOLLOWING THEIR COMMENTS AND

ANY APPROPRIATE REVISIONS AGREED TO AND MADE BY THE AUDITORS IT IS MADE

AVAILABLE TO ALL BOARD MEMBERS TO REVIEW PRIOR TO FILING WITH THE IRS.

THE BOARD TREASURER SIGNS FORM 990 PRIOR TO FILING. ONCE FORM 990 IS

FILED, IT IS INCLUDED ON THE ORGANIZATION'S WEBSITE VIA A DIRECT

GUIDESTAR CONNECTION AS WELL AS IN THE ORGANIZATION'S BOARD MANUAL WHICH

THE BOARD CAN REVIEW ON THE ORGANIZATION'S WEBSITE BY SPECIAL PASSWORD.

ALTERNATIVELY ALL BOARD MEMBERS MAY RECEIVE A PAPER COPY UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19 - PUBLIC AVAILABILITY OF 990

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE

AND ITS IRS FORM 990 AVAILABLE ON ITS WEBSITE THROUGH A DIRECT GUIDESTAR

LINK. IT MAKES THESE AS WELL AS OTHER GOVERNING DOCUMENTS AND CONFLICT OF

Employer identification number 14-1667526

INTEREST POLICY AVAILABLE TO THE PUBLIC BY REQUEST.

FORM 990, PART VI, SECTION A, LINE 2 - RELATIONSHIPS

THE ORGANIZATION AND A LOCAL NON-PROFIT ORGANIZATION, THE CARY INSTITUTE

OF ECOSYSTEM STUDIES (CIES), HAVE OVERLAPPING ORGANIZATION BOARD MEMBERS

(OBM), BOARD MEMBER FAMILY MEMBERS, AND STAFF: STEVEN BENARDETE (OBM),

TIM BONTECOU (OBM), JACK BANNING'S (OBM) WIFE IRENE BANNING, AND FRED

WHITRIDGE'S (OBM) WIFE SERENA WHITRIDGE, ALL SERVE ON THE BOARD OF CIES.

OBM'S OLIVIA VAN MELLE KAMP, IS AN EMPLOYEE OF THE CIES.

FORM 990, PART VI, SECTION A, LINE 1A - DELEGATED AUTHORITY TO EXEC. COMM. COMPOSITION OF THE EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE IS COMPOSED OF ELEVEN MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS (CAN BE ANYWHERE FROM 4 TO 12 MEMBERS AND MEMBERS MUST BE BOARD MEMBERS PER THE ORGANIZATION'S BY LAWS). THIS COMMITTEE MEETS MONTHLY AND OVERSEES THE DAY TO DAY OPERATIONS OF THE ORGANIZATION AND MANAGES BOARD ISSUES BETWEEN BOARD MEETINGS AS APPROPRIATE. NOT LESS THAN FOUR MEMBERS CONSTITUTE A QUORUM. SCOPE OF EXECUTIVE COMMITTEE AUTHORITY: OUTLINED UNDER THE ORGANIZATION'S BY LAWS ADOPTED IN APRIL 2014 AND EFFECTIVE AS OF JULY 1, 2014. THE ORGANIZATION'S BOARD DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE, BY RESOLUTION ADOPTED BY THE BOARD IN JULY 2008, AS AMENDED BY RESOLUTION, AND BY A DELEGATION OF TRANSACTION APPROVAL POLICY ADOPTED BY THE BOARD IN DECEMBER 2008 AND UPDATED AND RE-APPROVED IN JULY 2017. THE EXECUTIVE COMMITTEE HAS ALL OF THE AUTHORITY OF THE BOARD. EXCEPT AUTHORITY AS TO: (A) THE FILLING OF VACANCIES IN THE BOARD OR IN ANY COMMITTEE THEREOF; (B) THE FIXING OF COMPENSATION OF THE DIRECTORS

FOR SERVING ON THE BOARD OR ANY COMMITTEE THEREOF; (C) THE AMENDMENT OR REPEAL OF THE BY-LAWS OR THE ADOPTION OF NEW BY-LAWS; OR (D) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE. THIS AUTHORITY IS LIMITED SO THAT, WITH RESPECT TO ANY LAND OR EASEMENT TRANSACTION, THE EXECUTIVE COMMITTEE IS ONLY AUTHORIZED TO: A) REVIEW AND APPROVE CONSERVATION EASEMENTS BETWEEN REGULAR MEETINGS OF THE BOARD; B) ACT ON LAND DEALS AS DELEGATED TO IT BY THE BOARD OF DIRECTORS; C) ACT ON MINOR ITEMS BETWEEN REGULAR MEETINGS OF THE BOARD; AND D) MEET IN SITUATIONS WHERE THE EXECUTIVE COMMITTEE CONCLUDES THAT IT IS NECESSARY OR DESIRABLE TO TAKE PROMPT ACTION WHERE IT IS IMPOSSIBLE OR IMPRACTICAL TO CALL A SPECIAL MEETING OF THE BOARD, AND TAKE WHATEVER ACTION IT DEEMS NECESSARY. ALL MAJOR ITEMS, ITEMS THAT ARE CONTROVERSIAL IN NATURE AND ALL CONSERVATION EASEMENT AMENDMENTS ARE DECIDED BY THE FULL BOARD INFORMATION PERTAINING TO CONSERVATION EASEMENTS AND ALL OTHER ITEMS TO BE CONSIDERED BY THE EXECUTIVE COMMITTEE ARE SENT TO THE FULL BOARD PRIOR TO EACH EXECUTIVE COMMITTEE MEETING. SPECIFIC NOTICE IS GIVEN TO THE FULL BOARD WHENEVER POSSIBLE WHEN THE EXECUTIVE COMMITTEE IS CONSIDERING MAKING A FINAL DECISION ON BEHALF OF THE FULL BOARD. EXECUTIVE COMMITTEE MINUTES REFLECTING ITS DISCUSSION AND DECISIONS ARE CIRCULATED TO ALL BOARD MEMBERS PRIOR TO THE FOLLOWING FULL BOARD MEETING. A REPORT OF ANY ACTIONS SPECIFICALLY TAKEN BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD ARE GIVEN AT EACH FULL MEETING OF THE BOARD. ALL DECISIONS MADE BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD ARE PRESENTED TO THE FULL BOARD FOR RATIFICATION AT THE NEXT SUBSEQUENT MEETING. IN CASES WHERE

Employer identification number 14-1667526

TIME IS OF THE ESSENCE AND ITEMS UP FOR A DECISION BY THE EXECUTIVE COMMITTEE ARE CONTROVERSIAL, A SPECIAL MEETING OF THE BOARD IS CALLED TO DELIBERATE SUCH ISSUES. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES IN ALL CASES PERTAINING TO THE ORGANIZATION'S DELEGATION OF TRANSACTION APPROVAL POLICY. THE BOARD REVIEWS AND ASSESSES THE DELEGATION OF TRANSACTION APPROVAL POLICY AND ITS IMPLEMENTATION EVERY TWO YEARS AND MAKES MODIFICATIONS AS VOTED UPON BY THE FULL BOARD.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

DUTCHESS LAND CONSERVANCY (DLC) IS DEDICATED TO PRESERVING THE SCENIC, AGRICULTURAL AND ENVIRONMENTAL RESOURCES OF DUTCHESS COUNTY, NEW YORK, AND THE SURROUNDING AREA. DLC, AS A PRIVATE NON-PROFIT LAND CONSERVATION ORGANIZATION, CARRIES OUT ITS MISSION PRIMARILY BY OBTAINING CONSERVATION EASEMENTS ON PRIVATELY HELD LAND AND MONITORING THESE EASEMENTS IN PERPETUITY. CONSERVATION EASEMENTS, ACQUIRED THROUGH EITHER DONATION OR PURCHASE, ARE LEGAL AGREEMENTS LIMITING FUTURE DEVELOPMENT IN ORDER TO PROTECT LAND FOR CONSERVATION PURPOSES. IN ADDITION, DLC PROVIDES PROFESSIONAL ASSISTANCE TO LANDOWNERS AND MUNICIPALITIES TO ENCOURAGE ENVIRONMENTALLY SOUND PLANNING, AND EDUCATES THE PUBLIC ON MATTERS OF LAND CONSERVATION AND STEWARDSHIP. IN 2009 THE ORGANIZATION WAS AWARDED ACCREDITATION STATUS BY THE LAND TRUST ACCREDITATION COMMISSION, AN INDEPENDENT PROGRAM OF THE LAND TRUST ALLIANCE. IN 2014, THE ORGANIZATION WAS AWARDED ITS 5-YEAR ACCREDITATION RENEWAL. IN 2020, THE ORGANIZATION WAS AWARDED ITS SECOND 5-YEAR ACCREDITATION RENEWAL.

Name of the organization

DUTCHESS LAND CONSERVANCY, INC.

Employer identification number 14 - 1667526

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LAND CONSERVATION: CONSERVATION EASEMENTS - IN 2019, THE ORGANIZATION WORKED WITH NUMEROUS LANDOWNERS ON CONSERVATION EASEMENTS COVERING MORE THAN 5,000 ACRES, AND SEVERAL CONSERVATION PLANNING PROJECTS, DEVELOPING RESOURCE MAPS, RESPONDING TO INQUIRIES ABOUT CONSERVATION EASEMENTS, AND VISITING PROPERTIES. IN 2019, NINE CONSERVATION EASEMENTS WERE FILED PROTECTING 1,375 ACRES WHICH BROUGHT THE ORGANIZATION'S TOTAL LAND PROTECTED TO APPROXIMATELY 42,750 ACRES. PURCHASE OF DEVELOPMENT RIGHTS - THE ORGANIZATION COMPLETED FIVE PROJECTS IN 2019 AND CONTINUED ITS WORK WITH SEVERAL FARMERS ON PDR PROJECTS IN THE TOWNS OF AMENIA, CLINTON, NORTH EAST, PINE PLAINS, PLEASANT VALLEY, RED HOOK, RHINEBECK, AND STANFORD. MUNICIPAL CONSERVATION AREAS - THROUGH THE ORGANIZATION'S MUNICIPAL CONSERVATION AREA ASSISTANCE PROGRAM, A PROGRAM TO HELP TOWNS ACQUIRE IMPORTANT RESOURCE LAND FOR PASSIVE PUBLIC USE, THE ORGANIZATION HAS SUBMITTED A GRANT TO PURCHASE THE SEVEN WELLS PROPERTY TO ADD TO THE DOVER STONE CHURCH PRESERVE, PROVIDED ADVICE ON PROTECTING LAND SURROUNDING A HISTORIC CIDER MILL IN POUHGKEEPSIE, AND IS WORKING ON OPTIONS FOR DLC'S WHALEY LAKE PROPERTY AS A PUBLIC CONSERVATION AREA.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

STEWARDSHIP: THE ORGANIZATION HAS NOW PROTECTED 42,075 ACRES STEWARDING 409 EASEMENTS. THE ORGANIZATION AREAL MONITORS ALL

Employer identification number 14-1667526

ATTACHMENT 3 (CONT'D)

PROPERTIES ANNUALLY AND GROUND MONITORS ITS EASEMENT ON A THREE-YEAR ROTATIONAL BASIS. IN 2019, THE ORGANIZATION AERIALLY MONITORED ALL CONSERVATION EASEMENTS AND COMPLETED 172 ON A 3-YEAR ROTATIONAL GROUND MONITORING SCHEDULE THROUGH STAFF. THE ORGANIZATION WORKED ON NUMEROUS STEWARDSHIP MATTERS FROM PRIOR APPROVAL REQUESTS AND LAND MANAGEMENT QUESTIONS TO RESOLVING EASEMENT ISSUES. IN 2019, THE ORGANIZATION AGAIN REGISTERED FOR TERRAFIRMA, THE CONSERVATION EASEMENT DEFENSE INSURANCE PROGRAM TO ENHANCE ITS ABILITY TO SUCCESSFULLY ENFORCE ITS EASEMENTS. EACH YEAR, THE ORGANIZATION ALSO WORKS TO UPDATE OLD BASELINE DOCUMENTATION FILES. STAFF STRIVE TO KEEP UP TO DATE ON INTERNET SERVICES SUCH AS MICROSOFT'S MAPSLIVE.COM, GOOGLE EARTH, AND BING, WHICH PROVIDE VERY USEFUL ADDITIONAL SOURCES OF AERIAL PHOTOGRAPHY. THE ORGANIZATION'S STEWARDSHIP RESPONSIBILITIES CONTINUE TO INCREASE EACH YEAR AS MORE AND MORE EASEMENTS ARE ACCEPTED. THE ORGANIZATION CONTINUES TO IMPROVE THE TRACKING OF EASEMENT PROTECTED PROPERTY SALES, COMMUNICATION WITH LANDOWNERS, AND MAINTAINING A "WATCH LIST" OF EASEMENT PROTECTED LAND ON THE MARKET TO CHECK FOR NEW OWNERSHIP. THROUGHOUT THE YEAR, STAFF FILES CRITICAL EASEMENT RELATED DOCUMENTS IN THE ORGANIZATION'S ARCHIVAL STORAGE UNIT IN AN OFF-SITE FACILITY TO ENSURE THE LONG-TERM SAFETY OF THE ORGANIZATION'S MOST VALUABLE DOCUMENTS. THE ORGANIZATION ALSO CONTINUED ITS COLLABORATION WITH COLUMBIA LAND CONSERVANCY (CLC) ON ITS FARMER LANDOWNER MATCH PROGRAM, THAT FACILITATES LEASE AGREEMENTS BETWEEN LANDOWNERS SEEKING TO HAVE THEIR LAND FARMED, AND FARMERS SEEKING LAND, AS A WAY TO KEEP LAND

Name of the organization
DUTCHESS LAND CONSERVANCY, INC.

Employer identification number 14~1667526

ATTACHMENT 3 (CONT'D)

OPEN.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

EDUCATION: EDUCATING PEOPLE ABOUT CONSERVATION TOOLS IS AN INTEGRAL PART OF THE ORGANIZATION'S MISSION. THE ORGANIZATION'S STAFF REGULARLY TALK WITH MUNICIPALITIES, SCHOOL GROUPS, SERVICE AND BUSINESS ASSOCIATIONS, AND PRIVATE LANDOWNERS ABOUT THE IMPORTANCE OF LAND PRESERVATION, SOUND PLANNING, QUALITY GROWTH THAT PROTECTS IMPORTANT RESOURCES, LAND STEWARDSHIP AND WAYS TO KEEP FARMERS ON THE LAND. IN 2019, THE ORGANIZATION HOSTED AND PARTICIPATED IN 23 EDUCATION EVENTS, REACHING ALMOST 1,000 PEOPLE. THE ORGANIZATION COLLABORATED WITH THE DUTCHESS COUNTY CORNELL COOPERATIVE EXTENSION, DC SOIL & WATER CONSERVATION DISTRICT, THE CARY INSTITUTE OF ECOSYSTEM STUDIES, DUTCHESS COUNTY PLANNING, CAORA FARM (ON THE SHEEPDOG TRIALS), BLACK SHEEP HILL FARM FEST, AND THE ORVIS GAME FAIR. THE ORGANIZATION WORKED WITH LOCAL SCHOOLS INCLUDING MARIST AND BARD COLLEGE STUDENTS AS WELL AS POUGHKEEPSIE, DOVER HIGH, AND MILLBROOK SCHOOL TO TEACH ABOUT LAND CONSERVATION. STAFF AND BOARD MEMBERS ALSO PARTICIPATED IN AND ATTENDED NUMEROUS EVENTS THROUGHOUT THE YEAR. STAFF AND BOARD MEMBERS ATTENDED AND PRESENTED AT THE NATIONAL LAND TRUST RALLY (CONFERENCE) IN RALEIGH, NC, ATTENDED THE NY LAND TRUST SYMPOSIUM IN ALBANY, NY, NUMEROUS SEMINARS, CLASSES AND WEBINARS TO INCREASE KNOWLEDGE, PARTICIPATED ON NUMEROUS COMMITTEES (STATE, REGIONAL,

Name of the organization
DUTCHESS LAND CONSERVANCY, INC.

Employer Identification number 14-1667526

ATTACHMENT 4 (CONT'D)

AND LOCAL) AND ATTENDED VARIOUS GATHERINGS TO PROMOTE AWARENESS OF THE ENVIRONMENT, LAND CONSERVATION, AND DLC'S WORK. DLC'S PRESIDENT CONTINUES TO SERVE ON THE LAND TRUST ALLIANCE NY ADVISORY BOARD.

| FORM 990, PART IX - OTHER EXPENSES | | | ATTACHMENT 5 | |
|------------------------------------|--------------------------|--------------------------------|--------------|--------------------------------|
| DESCRIPTION | (A) TOTAL EXPENSES | (B) PROGRAM SERVICE EXP. | | (D) FUNDRAISING EXPENSES |
| MISCELLANEOUS | 7,349. | 422. | 4,161. | 2,766. |
| EQUIPMENT RENTAL, REPAIR & MNT | 32,542. | 18,514. | 11,635. | 2,393. |
| PROPERTY TAXES | 22,286. | 13,804. | 8,482. | |
| PURCHASE OF DEVELOPMENT RIGHTS | 3,097,806. | 3,097,806. | | |
| FILING AND RECORDING | 3,568. | 2,768. | 800. | |
| BANK AND CREDIT CARD FEES | 8,319. | | 8,319. | |
| TELEPHONE AND UTILITIES | 13,436. | 8,765. | 3,163. | 1,508. |
| PRINTING AND COPYING | 7,643. | 1,624. | 373. | 5,646. |
| POSTAGE | 4,702. | 2,578. | 401. | 1,723. |
| TOTALS | 3,197,651. | 3,146,281. | 37,334. | 14,036. |

ATTACHMENT 6

Name of the organization Employer identification number DUTCHESS LAND CONSERVANCY, INC. 14-1667526 ATTACHMENT 6 (CONT'D) FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE PREPAID EXPENSES 35,807. TOTALS 35,807. ATTACHMENT 7 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING COST DESCRIPTION BOOK VALUE OR FMV BONDS 1,485,607. FMV **EQUITIES** 5,173,716. FMVMONEY MARKET 205,917. FMV TOTALS 6,865,240. ATTACHMENT 8 FORM 990, PART X - DEFERRED REVENUE ENDING DESCRIPTION BOOK VALUE DEFERRED REVENUE 273,072. TOTALS 273,072.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public

DUTCHESS LAND CONSERVANCY, INC.

mployer identification number 14-1667526

| Part I | Identification of Disregarded Entities. Complete if the | he organization ar | nswered "Yes" on I | Form 990, Part I | V, line 33. | | | |
|---------|---|-------------------------|---|---|--|-------------------------------------|--------------|-------------------------------------|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | Direct co | f) ontrolling tity |
| _(1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | • |
| (6) | | | | | | | | |
| Part II | Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during | Complete if the o | organization answe | ered "Yes" on Fo | orm 990, Part IV, | line 34, because | it had | |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 | g) 512(b)(13) rolled tily? |
| (1) | | | | | | | Yes | No |
| (2) | | | | | | | | |
| (3) | | | - | | | | | |
| (4) | | <u> </u> | | | | | - | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | + | | | <u>.</u> | | |
| | | | Į. | | | | | |

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

Schedule R (Form 990) 2019

JSA 9E1307 1.000

14-1667526

Schedule R (Form 990) 2019

JSA

9E1308 1.000

14-1667526

| Par | V Transactions With Related Organizations. Complete if the organization answered "Ye | es" on Form 990, Pa | rt IV, line 34, 35b, or 36. | | | | |
|----------|---|---|---------------------------------|----------------|--------------------|------|------|
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more r | related organizations lis | sted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | <i></i> | | 1a | Х | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1 <u>b</u> | | Х |
| c | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Ш | X |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | Х | |
| е | Loans or loan guarantees by related organization(s) | | | | 10 | | Х |
| f | Dividends from related organization(s) | | | | 11 | | |
| | Sale of assets to related organization(s) | | | | 1g | | Х |
| | Purchase of assets from related organization(s), | | | | 1h | | Х |
| - '' | Exchange of assets with related organization(s), | | | | 11 | | х |
| , | Lease of facilities, equipment, or other assets to related organization(s). | | | | ij | | Х |
| J | Lease of facilities, equipment, or other assets to related organization(s) | | | | <u> </u> | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х |
| ï | Performance of services or membership or fundraising solicitations for related organization(s) , . | | | | 11 | | Х |
| m | Performance of services or membership or fundraising solicitations by related organization(s), | | | | 1 m | | х |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | _ |
| | Sharing of paid employees with related organization(s) | | | | 10 | X | _ |
| U | Straining of paid employees with related organization(s) | | | | 1.0 | | |
| _ | Reimbursement paid to related organization(s) for expenses | | | | 10 | | Х |
| | Reimbursement paid by related organization(s) for expenses | | | | 19 | - | х |
| q | Reinibursenient paid by related diganization(s) for expenses | | • • • • • • • • • • • • • • • • | | 14 | | |
| _ | Other transfer of cash or property to related organization(s) | | | | 1r | | Х |
| , s | Other transfer of cash or property from related organization(s). | • | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete the | his line, including cove | red relationships and trans- | action thre | | s. | _ |
| | (a) | (b) | (c) | | (d) | | _ |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method amou | of dete int inv | | g |
| | | | | | | | |
| (1) | KEELER LANE DEVELOPMENT CORPORATION | N, O | | N/A | | | |
| <u> </u> | | | | , | | | |
| (2) | KEELER LANE DEVELOPMENT CORPORATION | D | 790,927. | FMV | | | |
| (2) | | | | | | | |
| (3) | | <u> </u> | | | | | |
| (4) | | | | | | | |
| | | | | | • | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| ("/ | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | Cal | andula B / | | 0001 | 2040 |

JSA

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | 501 organo | e) partners tion c(X3) ations? | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) pertionate ations? | (f) Code V - UBI amount in box 20 of Schedule K-1 (Form 1085) | man part | aging ner? | (k) Percentage ownership |
|------|---|-------------------------|--|---|---------------|--|---------------------------------|--|---------|-----------------------------|---|-------------|---------------|--------------------------------|
| | | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | <u> </u> |
| (1) | | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | - | | | | | | |
| (8) | | | | | | | • | | | | | | | |
| (9) | | - | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | . <u> </u> | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | - | | | | | | 1 | | | |

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

DUTCHESS LAND CONSERVANCY, INC.

Payment/Deposit Information Report

Taxpayer Name:

| Tax Juris. | Payment Deposit | Amount | Financial Institution Name | Account Type | Routing Number | Account Number |
|---------------|--|--------|---------------------------------------|-----------------|-------------------|----------------|
| Y 500 | CHECK | 775. | | | | |
| - 300 | CHECK | 1,3. | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | l | | | | |
| | | | - | | | |
| | <u> </u> | · | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | L | | | | | |
| | | | | | | |
| | | | | | | |
| | l | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | — | |
| | | | | | | |
| • | - | | | | | |
| | | | | 1 | | <u>.</u> |
| | | | | | | ****** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1 | } | | | | |
| | | | | | | |
| | † | ··· | | | | |
| | · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | - | | |
| | - - | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

9X9900 1.000