<sub>Form</sub> **990** 

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Α	For the	2023 calend	dar year, or tax year beginning	12/01/2023 and ending	1	1/30/2024			
В	Check if	applicable:	C Name of organization HUDSON	RIVER COMMUNITY SAILING INC		D Er	nployer id	dentification number	
	Address	change	Doing business as				26	-1784215	
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	<b>E</b> Te	lephone n	umber	
	Initial retu	ırn	PO BOX 20677				212	2-924-1920	
$\overline{\Box}$	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code	•				
$\overline{\Box}$	Amended		NEW YORK, NY 10011			<b>G</b> Gr	oss recei	ots \$ 2,780,897	
$\overline{\Box}$		on pending	F Name and address of principal off	icer: ROBERT BURKE	H(a) is t	this a group retu	urn for subor	dinates? Yes No	
			PO BOX 20677, NEW YORK, N		H(b) Ar	e all subord	inates inc	luded? Yes No	
ī	Tax-exen	npt status:	✓ 501(c)(3)	) (insert no.) 4947(a)(1) or 527	If "No,"	attach a lis	t. See inst	ructions.	
J	Website:	hudsons			H(c) Gi	roup exemp	tion numb	er	
		rganization:		tion Other L Year of for				al domicile: NY	
	art I	Summa							
			-	ion or most significant activities: WE I	DEVELOP LE	ADERSH	IP AND A	ACADEMIC	
ě				HROUGH PARTNERSHIPS WITH PUBLIC					
anc				PROVIDES MARITIME EDUCATION AN					
ern	2			iscontinued its operations or disposed					
Š			_	rning body (Part VI, line 1a)		1	1	20	
8				rs of the governing body (Part VI, line				20	
es				n calendar year 2023 (Part V, line 2a)	,			88	
įξ			• •	necessary)		. 6		220	
Activities & Governance				Part VIII, column (C), line 12		. 7		0	
-				from Form 990-T, Part I, line 11		. 7		0	
						or Year		Current Year	
•	8	Contributio	1,063,9	41	842,563				
nue			ervice revenue (Part VIII, line	-		1,189,1		1,387,793	
Revenue		-	income (Part VIII, column (A	7,5		28,749			
æ				es 5, 6d, 8c, 9c, 10c, and 11e)		7,0	51	369,833	
				nust equal Part VIII, column (A), line 12)		2,260,6	67	2,628,938	
				X, column (A), lines 1-3)		2,200,0	0	0	
				K, column (A), line 4)			0	0	
"				benefits (Part IX, column (A), lines 5–10)		1,852,6		2,030,749	
Expenses			-	olumn (A), line 11e)		1,002,0	0	2,030,749	
oe.			aising expenses (Part IX, col						
$\overline{\mathbf{X}}$			enses (Part IX, column (A), line		-	617,7	RR	741,332	
		•		equal Part IX, column (A), line 25)		2,470,4		2,772,081	
		•	•	8 from line 12		-209,7		-143,143	
- Se		11070110010	ASS EXPENSES. CUSTICUT IIIIO 1	0 110111 11110 12	Beginning of			End of Year	
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		3	2,111,5	_	2,080,733	
Ass Bal	21		ties (Part X, line 26)			464,0	_	530,052	
Ĕ.Ĕ	22		or fund balances. Subtract li	ine 21 from line 20		1,647,5		1,550,681	
_	art II		re Block			1,017,0	<u> </u>	1,000,001	
				return, including accompanying schedules and s	tatements, and	to the best	of my kn	owledge and belief, it is	
				officer) is based on all information of which prep			,	g,	
		Robe	ert Burke			10/1	3/2025		
Sig	gn	Signature	of officer			Date			
-	ere		BURKE, EXECUTIVE DIRECTO	OR.					
•	•		int name and title	OI 1					
_			preparer's name	Preparer's signature	Date	Chec	ck $\square$ if	PTIN	
Pa		IEDEMV		Jeremy Cork	10/14/2025		ск іт employed		
	epare	Firm's non		0 0	<del>'</del>	Firm's EIN		26-2176601	
Us	e Only	Firm's add		SUITE 300, MERIDIAN, ID 83642		Phone no.		208-287-4777	
Ma	v tha ID			shown above? See instructions		i none no.	•	200-207-4/// ✓ Ves □ No	

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	WE DEVELOP LEADERSHIP AND ACADEMIC SUCCESS IN NEW YORK CITY YOUTH THROUGH PARTNERSHIPS WITH
	PUBLIC SCHOOLS, AND OUR DIVERSE AND VIBRANT COMMUNITY SAILING CENTER PROVIDES MARITIME EDUCATION
	AND RECREATION TO THE CITY AT LARGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,108,261 including grants of \$ 0 ) (Revenue \$ 1,050,206 )
	ADULT PROGRAM: ADAPTIVE SAILING PROVIDES WATERFRONT ACCESS, SAILING EDUCATION, AND COMMUNITY TO
	NEW YORKERS LIVING WITH DISABILITIES. PEOPLE LIVING WITH DISABILITIES TOO OFTEN BECOME ISOLATED BY A
	LACK OF RECREATIONAL AND SOCIAL OPPORTUNITIES, ESPECIALLY THOSE OUTDOORS. HRCS ALSO HOSTS
	SOLDIERS UNDER SAIL, A VETERANS PROGRAM PROVIDING INSTRUCTION, MEMBERSHIP, AND COMMUNITY-BUILDING
	IN PARTNERSHIP WITH THE DEPARTMENT OF VETERANS AFFAIRS.
4b	(Code:) (Expenses \$ 1,091,899 including grants of \$ 0 ) (Revenue \$ 302,324 )
	YOUTH PROGRAMS: HUDSON RIVER COMMUNITY SAILING'S YOUTH PROGRAMS COMBINE SAILING EDUCATION WITH
	ACADEMIC ENRICHMENT, LEADERSHIP DEVELOPMENT, AND COLLEGE READINESS. THROUGH A FOUR-YEAR HIGH
	SCHOOL CURRICULUM, SUMMER SAILING PROGRAMS, AND SPECIALIZED MARITIME TRAINING, STUDENTS GAIN
	CONFIDENCE, TEAMWORK, AND PROBLEM-SOLVING SKILLS. HRCS IS COMMITTED TO SERVING UNDERSERVED NEW
	YORK CITY YOUTH, PROVIDING EQUITABLE ACCESS TO THE WATER AND OPPORTUNITIES FOR PERSONAL AND
	ACADEMIC GROWTH.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 9,295 including grants of \$ 0 ) (Revenue \$ 35,263 )
40	Total program service expenses 2 200 455

Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		~
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
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		1
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		V
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		
•	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		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	V	
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		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		·
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		·
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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	<b>'</b>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<b>'</b>	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		~
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		~
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		~
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	~	
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	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			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	24		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>v</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		<b>V</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>&gt;</b>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>V</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
	or IV, and Part V, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>/</b>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	1 50	-	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   4		162	140
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 88			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>&gt;</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
a		7c		~
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
Secti	Check if Schedule O contains a response or note to any line in this Part VI			
Jecu	on A. Governing body and Management		Yes	No
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.			
b 2	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 any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		\( \frac{\frac}\fint}{\fint}}}}}}}}{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	<b>V</b>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12b	ν ν	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	<b>V</b>	
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>V</b>
b	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 organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- EASY OFFICE DBA JITASA, (208)287-4777	cords.		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	•			atio	n c	ompe	nsa	ated any current	officer, director,	or trustee.
(A)	(B)	(do n	not of		Position		ano.	(D)	(E)	(F)
Name and title	Average	(do not check more than or box, unless person is both				is both	n an	Reportable	Reportable	Estimated amount
	hours per week		er and	and a director/trustee)				compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	/idua	tutic	ĕ	emp	loye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	al tru	nal		oloy	com		,	,	Jan 11 Ja
	below dotted line)	ıste	trust		ď	pens				
	,		tee			Highest compensated employee				
ROBERT BURKE	40									
EXECUTIVE DIRECTOR						Х			0	
CHRISTOPHER ARESON	2.00									
TREASURER		~		~				0	0	0
CALEB BOISE	2.00									
SECRETARY		~		~				0	0	0
STUART ISRAEL	3.00									
BOARD VICE-PRESIDENT		~		~				0	0	0
HARRY BRIGHAM	1.00									
BOARD PRESIDENT		~		~				0	0	0
DEBORA ABRAMS-WRIGHT	1.00									
BOARD MEMBER		~						0	0	0
CRAIG APPLEMAN	1.00									
BOARD MEMBER		~						0	0	0
QUEMUEL ARROYO	1.00									
BOARD MEMBER		~						0	0	0
ERIN BYRNE	1.00									
BOARD MEMBER		~						0	0	0
MATTHEW COUDERT	1.00									
BOARD MEMBER		~						0	0	0
BENJAMIN DYETT	1.00							_	_	_
BOARD MEMBER		-						0	0	0
MEEGAN HOLLYWOOD	1.00							_	_	_
BOARD MEMBER	1.00	~						0	0	0
RICHARD HOLWELL	1.00	1							_	
BOARD MEMBER	1.00	· ·	-					0	0	0
MARK HOROWITZ	1.00	.,								
BOARD MEMBER		~						0	0	0

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

(C)

(A) Name and title	(B) Average hours	box, dilicos person is boti						(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (list any hours for related organizations below	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
	dotted line)	stee	ustee			ensatec					
RAJ IYER	1.00										
BOARD MEMBER		~						0	0	0	
MICHAEL KURTZ	1.00										
BOARD MEMBER	1.00	-						0	0	0	
ALICE LURAIN BOARD MEMBER	1.00	_						0	0	0	
RANDY MEDRANO	1.00										
BOARD MEMBER		~						0	0	0	
ANDREA MINKOW	3.00										
BOARD MEMBER		~						0	0	0	
ALEX VALCIC	1.00										
BOARD MEMBER  JOEL SHIRASU-HIZA	1.00	<b>'</b>						0	0	0	
BOARD MEMBER	1.00	~						0	0	0	
									-		
		_									
		1									
		1									
1b Subtotal		٠						120,131	0	7,694	
c Total from continuation sheets to Par			-	-							
d Total (add lines 1b and 1c)			.d +		· ·	· ·	tod	120,131	0	.,	
reportable compensation from the organ	-	IIIIIILE	u i	.Ο ι	1108	e 115	ieu	above) who re	eceived more		
3 Did the organization list any former	officer dire	actor	tru	cta	ما م	'AV A	mnl	lovee or highes	st compensated	Yes No	
employee on line 1a? If "Yes," complete										3 1	
4 For any individual listed on line 1a, is the							n a	and other compe	nsation from the		
organization and related organizations	greater th	an \$	150,	000	)? /:	f "Ye	s,"	complete Sched	dule J for such	ו ו	
individual			٠.			•	-			. 4 /	
5 Did any person listed on line 1a receive for services rendered to the organization									tion or individua	5	
Section B. Independent Contractors		•						· · · · · · · · · · · · · · · · · · ·			
Complete this table for your five hig compensation from the organization. Rep											
(A)								(B)		(C)	
Name and business ad	dress							Description of serv	vices	Compensation	
None											
2 Total number of independent contract						ed to	th	nose listed abov	e) who		
received more than \$100,000 of compen	sation from	the or	gan	ızat	ion			0			
										Form <b>990</b> (2023)	

Part VIII Statement of Revenue	

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
က် လ	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
Gr.	С	Fundraising events			1c	50,493				
ŁŞ,	d	Related organization			1d	0				
Siff lar	e	Government grants			1e	90,000				
s, ( imi	f	All other contribution			16	90,000				
r S	•	and similar amounts no			4.6	700.070				
he		Noncash contribution			1f	702,070				
걸히	g	lines 1a–1f								
ou	_				1g					
9 B	h	Total. Add lines 1a-	-1t .				842,563			
						Business Code				
<u>ğ</u>	2a	PROGRAM SERVICE	FEE	S		900099	1,387,793	1,387,793	0	0
e Z	b									
gram Ser Revenue	С									
an	d									
P R	е									
Program Service Revenue	f	All other program se	ervice	revenue			0	0	0	0
_	g	Total. Add lines 2a-	-2f .				1,387,793			
	3	Investment income								
		other similar amoun	nts) .				28,749	0	0	28,749
	4	Income from investr	nent o	of tax-exem	nd tar	nd proceeds	0	0	0	0
	5				•		0	0	0	0
	•			(i) Rea		(ii) Personal		3	-	
	6a	Gross rents	6a			( )				
	b	Less: rental expenses	6b							
	C	Rental income or (loss)			0	0				
	d	Net rental income o		c)						
		Gross amount from	(105	(i) Securit	· ·	(ii) Other				
	7a	sales of assets		(i) Securit	1162	(ii) Other				
		other than inventory	_							
		•	7a							
Revenue	b	Less: cost or other basis								
Je		and sales expenses .	7b							
Şe		Gain or (loss)	7c		0	0				
-	d	Net gain or (loss)								
Other	8a	Gross income from		_						
0		events (not including		50,493						
		of contributions rep								
		1c). See Part IV, line			8a	514,332				
	b	Less: direct expense	es .		8b	151,959				
	С	Net income or (loss)			g eve	nts	362,373		0	362,373
	9a	Gross income f								
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)	) from	n gaming ac	ctivitie	es				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan	ices		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory				
S		, , , , , , , , , , , , , , , , , , , ,	·			Business Code				
Ö n	11a	SUBLEASE INCOME				900099	4,000	4,000	0	0
scellaneo Revenue	b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,000	4,000		
Vel	C									
Miscellaneous Revenue	d	All other revenue					3,460	3,460	0	0
Ξ		Total. Add lines 11a					7,460	3,400	U	U
	12	Total revenue. See					2,628,938	1,395,253	0	391,122
		. Juli 10 vellue. Occ	, 111011	40110110 I			Z,UZO,730	1,373,233	U	371,122

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . 127,826 100.882 7.863 19,081 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,563,643 1,226,090 97,506 240,047 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,518 19,792 1,758 3,968 Other employee benefits . . . . . . 9 144,427 125,470 6.974 11,983 10 Payroll taxes . . . . . . . . 13,371 169,335 130,472 25,492 11 Fees for services (nonemployees): Management . . . . . . . Legal . . . . . . . . . . . . . . 34.971 34,971 Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 66,812 11,002 51,056 4,754 12 Advertising and promotion . . . . . 7.045 6.970 75 13 Office expenses 55,885 . . . . . . . . 74,060 6,768 11,407 14 Information technology . . . . . 13,683 5,522 7,258 903 15 Occupancy . . . . . . . . . 16 54,787 52,403 1,318 1,066 17 36,662 33,524 428 2,710 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 . . . . . . . . . . . . . 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization . 136,153 133,430 2.723 23 90,028 84,940 3,356 1,732 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.) PROGRAM EXPENSES 0 а 174,007 170,878 3,129 BANK AND CREDIT CARD PROCESSING FEES b 53,124 95 52,195 834 C d All other expenses е 25 **Total functional expenses.** Add lines 1 through 24e 2.772.081 2,209,455 232,722 329,904 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)

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	451,023
	2	Savings and temporary cash investments			, , , , , , , , , , , , , , , , , , , ,
	3	Pledges and grants receivable, net	•		
	4	Accounts receivable, net			155,451
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor, or			
	_	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de under section 4958(f)(1)), and persons described in section 4958(c)(3)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	47,507
	10a	Land, buildings, and equipment: cost or other	70/200		17,007
			3,966		
	b		3,803 621,096	10c	590,163
	11	Investments—publicly traded securities		11	819,732
	12	Investments—other securities. See Part IV, line 11		12	017/102
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11			16,857
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)			2,080,733
	17	Accounts payable and accrued expenses			109,800
	18	Grants payable	•	18	7.5.5
	19	Deferred revenue			394,390
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, dire	ctor,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons		00	
<u>ia</u>	00			22	
_	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related		24	
	23	parties, and other liabilities not included on lines 17–24). Complete P			
		of Schedule D		25	25.042
	26	<b>Total liabilities.</b> Add lines 17 through 25	. 26,343 . 464,010		25,862 530,052
		Organizations that follow FASB ASC 958, check here	. 404,010	20	550,052
Se		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	. 1,485,017	27	1,395,681
Ва	28	Net assets with donor restrictions		<del></del>	155,000
p		Organizations that do not follow FASB ASC 958, check here	102/007		100/000
ß		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		<b>.</b>	1,550,681
Š	33	Total liabilities and net assets/fund balances		<b>.</b>	2,080,733
_					Form <b>990</b> (2023

Form **990** (2023)

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)		2,62	8,938			
2	Total expenses (must equal Part IX, column (A), line 25)		2,77	2,081			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,647,58					
5	Net unrealized gains (losses) on investments			1,973			
6	Donated services and use of facilities		5	5,572			
7	Investment expenses			0			
8	Prior period adjustments		-1	1,305			
9	Other changes in net assets or fund balances (explain on Schedule O)			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))		1,55	0,681			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Ц			
			Yes	No			
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both.						
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	<b>'</b>				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		<b>&gt;</b>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b					

Form **990** (2023)

### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization Employer identification number								
	HUDSON RIVER COMMUNITY SAILING INC 26-1784215  Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
						ons.		
·	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1							
					U(D)(1)(A)(I).			
<ul><li>2  A school described in section</li><li>3  A hospital or a cooperative ho</li></ul>		•		•	1\/A\/;;;\			
4 A medical research organizati	•					(iii) Enter the		
hospital's name, city, and sta	•	onjunious. With a noof	J. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	III). Entor tho		
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
6 A federal, state, or local gove	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).			
7 An organization that normally			port from	a gover	nmental unit or from	n the general public		
described in section 170(b)(1								
8 A community trust described	in <b>section 170(b</b> )	<b>)(1)(A)(vi)</b> . (Complete l	Part II.)					
9 An agricultural research organ								
or university or a non-land-grauniversity:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10 An organization that normally	receives (1) more	than 331,2% of its su	nnort fro	m contrib	outions membershir	fees and gross		
receipts from activities related	d to its exempt fu	nctions, subject to ce	rtain exc	eptions; a	and (2) no more than	33 <sup>1</sup> /3% of its		
support from gross investmer acquired by the organization a	nt income and un after June 30 19	related business taxal 75 See <b>section 509</b> (a	ble incom	ie (less se nolete Pa	ection 511 tax) from	businesses		
11 An organization organized and		•		•	,			
12 An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of		
one or more publicly supporte								
the box on lines 12a through 1					•	. •		
a Type I. A supporting orga								
the supported organizatio supporting organization.					the directors or trust	ees of the		
_ ,, ,	-	•				/		
<b>b</b> Type II. A supporting orgation control or management of								
organization(s). You must				persons	that control of man	age the supported		
c Type III functionally integ	-	•		onnectio	n with, and functions	ally integrated with.		
its supported organization						, ,		
d   Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
that is not functionally inte						d an attentiveness		
requirement (see instruction	ons). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.			
e Check this box if the orga	nization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	∍ II, Type III		
functionally integrated, or		tionally integrated sup	oporting (	organizat	ion.			
<ul><li>f Enter the number of supported</li><li>g Provide the following information</li></ul>	•					•		
g Provide the following information  (i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
(i) Name of supported organization	(11) 2114	(described on lines 1–10	listed in you	ur governing	support (see	other support (see		
		above (see instructions))	docu	ment?	instructions)	instructions)		
			Yes	No				
(A)								
(B)	B)							
C)								
(D)								
(E)								
Total					1	ĺ		

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 1,140,906 1,167,704 1,285,608 1,063,941 842,563 5,500,722 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 842,563 4 1.140.906 1,167,704 1,285,608 1,063,941 5,500,722 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) . . . . **Public support.** Subtract line 5 from line 4 5,500,722 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 1,140,906 1,167,704 1,285,608 1,063,941 842,563 5,500,722 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 3,774 1,478 1,551 7,557 28,749 43,109 Net income from unrelated business 9 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.) . . . . . . . 7,460 7,460 **Total support.** Add lines 7 through 10 11 5,551,291 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 1.341.542 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 99.09 % Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3** 

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the te	sts listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support			1	1		_
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	(4) 20 . 0	(2) 2020	(0, 202)	(, _ = = =	(0, 1010	(.,
10a	Gross income from interest, dividends,						
·ou	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
•••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
10							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.5	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax va	or as a soctio	n 501(a)(3)
'-	organization, check this box and <b>stop he</b>	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13 column (f)		15	%
16	Public support percentage from 2022 Sch					16	<del>//</del> //////////////////////////////////
	on D. Computation of Investment Inc			<u></u>	<u></u>	10	/0
17	Investment income percentage for 2023 (I			ov line 13 colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	——————————————————————————————————————
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2023. If the organi						
ısa	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organiz	_	=	-		=	
	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization di	_	_				_

Schedule A (Form 990) 2023 Page 4

#### **Supporting Organizations** Part IV

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

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
0-	organization was described in section 509(a)(1) or (2).	2		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? 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? <i>If "Yes," provide detail in Part VI.</i>	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a		10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Docusign Envelope ID: 1D1D27AB-C955-4203-B9D7-B40C94E20CAC Schedule A (Form 990) 2023 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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

За

Schedu	le A (Form 990) 2023			Page <b>6</b>
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (exp.	lain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sec	tions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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 (see instructions).	_	ntegrated Type III suppo	rting organization

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Part	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	<b>zations</b> (continued)	<u>)                                    </u>	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	VI) 5	5	
6	Other distributions (describe in Part VI). See instructions.	<u>'</u>		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6		9	9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021			Т	
d	Excess from 2022				
е	Excess from 2023				

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

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name o	f the organization	_	Employer identification number
HUDS	ON RIVER COMMUNITY SAILING INC		26-1784215
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls 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	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	<u> </u>	
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		· · · ·
_			· · · · · · · · · · · · · · · · · · ·
Par		/" F 000 D+ IV II 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	a a quamica conscivation contribution	Held at the End of the Tax Year
а			_
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		<del>-  </del>
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or tern	
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
•	Dono and appropriate account was asked as line		tio :- 170/b\/4\/D\/i\
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
3	sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections	of Art. Historical Treasures, or 0	Other Similar Assets
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	5 5
1a	If the organization elected, as permitted under FASI		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item		
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		\$
	(ii) Assets included in Form 990, Part X		\$
2	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 FA	SB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3	Using the organization's acquisition, a collection items (check all that apply).	accession, and o	ther reco	rds, chec	k any of the	e follow	ring that make si	gnificant us	se of its
а	☐ Public exhibition		d	□ Loan	or exchange	e progr	am		
b	Scholarly research		e						
С	☐ Preservation for future generations			_					
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how t	hey further	the org	anization's exem	pt purpose	in Part
5	During the year, did the organization								
D	assets to be sold to raise funds rather		aineu as i	bart of the	e organizatio	on s co	ilection?	☐ Yes	<u> </u>
Part	Complete if the organization 990, Part X, line 21.	answered "Yes					·		orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	ollowing to	able.				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								∐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check ne	re if the e	xpianatio	n nas been	provide	ed in Part XIII .	<u> </u>	Ш
Par	Complete if the organization	answordd "Vor	on For	m 000 I	Part IV line	. 10			
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four yea	are back
1a	Beginning of year balance	(a) Ourrent year	(5) 1 11	oi yeai	(C) Two year.	3 Dack	(u) Three years back	(e) i oui yea	ars back
b	Contributions								
C	Net investment earnings, gains, and								
•	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current year e	nd balanc	e (line 1g	j, column (a)	) held a	as:		
а	Board designated or quasi-endowmer		.%						
b	Permanent endowment	%							
С	Term endowment%								
_	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the organization by:	possession of t	ne organi	zation th	at are neld a	and adi	ministered for the		-   N -
	•							Ye	s No
								3a(i)	
h	(ii) Related organizations?							3a(ii) 3b	
b 4	Describe in Part XIII the intended uses							30	
- Part			ion s ende	JWIIIGIIL II	unus.				
I air	Complete if the organization		s" on For	m 990 F	Part IV line	11a :	See Form 990 I	Part X line	<del>-</del> 10
	Description of property	(a) Cost or o	other basis	(b) Cost of	or other basis	(c) A	Accumulated epreciation	(d) Book va	
	Land	,		(0	other)	ue	Picolation		
1a	Land	•	0		0				0
b	Buildings	•	0		100,000		0 22 242		0
Q C	Leasehold improvements	•	0		108,092		92,343		15,749
d	Equipment	•	0		1,245,874		671.460		<u> </u>
<u>е</u> Гotal.	Add lines 1a through 1e. (Column (d) m	· ⊥ oust equal Form <sup>©</sup>		\ X. line 10:		3))	671,460		590.163

Schedule D (Form 990) 2023 Page **3** 

Part VII	Investments—Other Securities  Complete if the organization answered "Yes" on Form 990, Part I	V. line 11b. See F	form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Colu	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		-
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	
(1)	(a) Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		•
raitA	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See Form 990 Part X
	line 25.	v, iiilo 110 or 111.	2001 3111 300, 1 411 71,
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		0
(2) BOAT D	EPOSIT		13,000
(3) LEASE	LIABILITY		12,862
_(4)			
(5)			
(6)			
(7)			
(8) (9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		. 25,862
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial sta	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

•

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents \	With Revenue per	Return	<u> </u>
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,686,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,973		
b	Donated services and use of facilities	2b	55,572		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	57,545
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,628,938
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
c				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,628,938
Par			•	r Retu	ırn
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,772,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		_
e				2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	· ·		3	2,772,081
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0	10	
с 5	Add lines <b>4a</b> and <b>4b</b>	 no 18 l		4c 5	0 772 001
	XIII Supplemental Information	10.)	<del></del>	3	2,772,081
2; Pa Sche FROI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pare dule D, Part X, Line 2 - UNCERTAIN TAX POSITIONS - ORGANIZATION IS A NOW FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REPORTION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPP	t to pro T-FOR- EVENU	vide any additional in PROFIT ORGANIZATION E CODE AS OTHER TH	formation ON THATIAN A P	ON. ΓIS EXEMPT RIVATE
	I, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL				
ORG	ANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME	TAX R	ETURNS FOR THE PAS	T THRE	E YEARS
ARE	SUBJECT TO EXAMINATION BY THE IRS.				

#### **SCHEDULE G** (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND 140. 1040 0047
<b>2023</b>
Open to Public Inspection

Name (	of the organization					Employer identific	ation number
HUDS	SON RIVER COMMUNITY SAILING IN	NC				26-	1784215
Par		Complete if the			vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organization	•	•		owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [		ion of non-governi		
b	Internet and email solicitation	ns	f [		ion of government	-	
C	☐ Phone solicitations		g [		fundraising events	-	
d	☐ In-person solicitations		9 _	_ opec.a			
2a	Did the organization have a writ	ton or oral agra	omont with	any individ	lual (including offic	oore directore truet	000
Za	or key employees listed in Form						
b		individuals or e	entities (fund		•	_	
		1					
	(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. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γotal							
3	List all states in which the orga registration or licensing.	nization is regis	stered or lic	ensed to s	olicit contributions	s or has been notific	ed it is exempt from

Schedule G (Form 990) 2023

Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions					
			(a) Event #1 DARK & STORMY	(b) Event #2 SAILING FOR SCHOLAR	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue			(event type)	(event type)	(total number)			
	1	Gross receipts	65,260	499,565		564,825		
	2	Less: Contributions	20,825	29,668		50,493		
	3	Gross income (line 1 minus line 2)	44,435	469,897		514,332		
	4	Cash prizes	0	0		0		
	5	Noncash prizes	23	0		23		
enses	6	Rent/facility costs	204	315		519		
Direct Expenses	7	Food and beverages	422	5,028		5,450		
	8	Entertainment	2,195	0		2,195		
	9	Other direct expenses .	19,035	124,737		143,772		
	10	Direct expense summary. Ac	•	. ,		151,959		
	11 rt III	Net income summary. Subtr				362,373		
Га		Gaming. Complete if th \$15,000 on Form 990-E	ie organization answi Z, line 6a.	ered res on Form s	990, Part IV, line 19,	or reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)				
	a Ist	ter the state(s) in which the or the organization licensed to c 'No," explain:	onduct gaming activitie	aming activities: s in each of these states				
10	 a We							

\_\_\_\_\_

Schedu	ule G (Form 990) 2023			Page 3
11	Does the organization conduct gaming activities with nonmembers?		☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enformed to administer charitable gaming?	•	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:			
а		13a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gan revenue?		☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	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 □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed	s to		
	retain the state gaming license?		☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	s or		
	spent in the organization's own exempt activities during the tax year \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add See instructions.	nns (ii dition	ii) and al infor	(v); and mation

### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number

HUDSON RIVER COMMUNITY SAILING INC	26-1784215					
Form 990, Part VI, Section B, Line 11b - THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW						
FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL 990 WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD						
FOR INSPECTION. IN ADDITION, UPON REQUEST OF ANY BOARD MEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY						
MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED.						
Form 990, Part VI, Section B, Line 12c - THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST PO	OLICY BY MONITORING					
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATIO	DN.					
Form 990, Part VI, Section B, Line 15 - THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA USIN	NG OTHER 990S FROM					
SIMILAR ORGANIZATIONS.						
Form 990, Part VI, Section C, Line 19 - ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANC	CIAL STATEMENTS, AND					
OTHER LEGAL FILING ARE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST AND ON THE O						
FORM 990S CAN BE FOUND ON THE GUIDESTAR AND IRS.GOV WEBSITES.						

Schedule O, Statement 1

#### **HUDSON RIVER COMMUNITY SAILING INC**

Form: Form 990 (2023)
Page: 2
Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	GENERAL PROGRAMS: OTHER GENERAL SUPPORTING ACTIVITIES.	9,295	0	35,263
Total:		9.295	0	35.263