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#### CHANGE OF ACCOUNTING PERIOD

Form 990

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Preparer

Use Only

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

► Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection A For the 2014 calendar year, or tax year beginning SEP 1, 2014 and ending JUN 30, 2015 C Name of organization Check if applicable D Employer identification number <u>Greater</u> Hudson Heritage Network Name change Doing business as 13-2974154 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 2199 Saw Mill River Road 914-592-6726 City or town, state or province, country, and ZIP or foreign postal code 254,860. G Gross receipts \$ Amended Elmsford, NY 10523 H(a) Is this a group return Applica-F Name and address of principal officer: Kathryn Slocum JYes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.greaterhudson.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1979 M State of legal domicile: NY Part I | Summary Briefly describe the organization's mission or most significant activities: To provide services and Activities & Governance assistance to historical agencies and museums Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b) 21 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 2 6 21 7 a Total unrelated business revenue from Part VIII, column (C), line 12 1,616. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Sehüşkeyezi MAR sesuev Contributions and grants (Part VIII, line 1h) ... 317,575. 213,069. Program service revenue (Part VIII, line 2g) 40,270 40,175. Investment income (Part VIII, column (A), lines 3, 4, and 7d) .... 1,468. 1,616. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Λ. Total revenue - add lines 8 through 11-(Paustequal Part VIII, column (A), line 12) 359,313. 254,860. Grants and similar amounts paid (Part-IX/column (A) lines 1-3) 104,000 89,505. Benefits paid to or for members (Part IX, column (A), line (1) 0 0. 15 Salaries, other compensation employee நடிசர்து(Part IX column (A), lines 5-10) 70.806. 75,844. 16a Professional fundraising fees Part IX, column (A), line 11a) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 112 11d 11f 24e) 117,316 52,217. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .... 292,122. 217,566. 67,191. 37,294. 19 Revenue less expenses Subtract line 18 from line 12 58 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 215,962. 283,001. 21 Total liabilities (Part X. line 26) 7.797 36,416. Net assets or fund balances Subtract line 21 from line 20 208,165 246,585. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Kathryn Slocum, President Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Terence Reddington Terence Reddington 02/03/16 self-employed P01389415 Firm's name Kevin J. Moran, CPA

Form 990 (2014)

X Yes

Νo

Phone no. 914-273-6644

13-3380171

Firm's EIN

Firm's address > 84 Business Park Drive

May the IRS discuss this return with the preparer shown above? (see instructions)

Armonk, NY 10504-1734

	† III Statement of Program Service Accomplishments
Pai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	To provide services and assistance to historical agencies and museums.
	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ? Yes X No
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$200,107. including grants of \$89,505.) (Revenue \$\$
	Issue newsletters and organize workshops for museums, historical
	societies, libraries and related cultural institutions.
	Double of the second se
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	/c
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
-,-	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 200, 107.

Form **990** (2014)

Form 990 (2014) Greater Hudson Heritage Network
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?	2		X
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_		_X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	i		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		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		X
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		<u> </u>
d	The second reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		_X
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?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	441		<b>1</b>
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	14b		X
15	foreign expensively on 2 if 11/40 11 complete School via E. Dorde II and 11/4	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_15	_	_X_
	an face for every and work of the March of the Artistan Control of the Control of	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	
••	column (A) lines 6 and 11c2 K PVcc P complete School (I) C Port I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		_^_
		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	. 10	_	^
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<del>* *</del>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	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			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		i	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<b> </b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	256		x
ne.	Schedule L, Part I	25b		^
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		200		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of the contract of O M IIV to II and other Oct and other III	27		_x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
20	instructions for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	_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	<u> </u>	<u></u>

orm 990 (2014) Greater Hudson Heritage Network 13-2974154 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? ... . . . . . . 1c 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 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За За If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . ... 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 12h Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

14a

X

13b

13c

Form 990 (2014) Greater Hudson Heritage Network 13-2974154 Page 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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion 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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		_X_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	<u>1</u> 2b	_X_	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
9	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	45-	v	
	Other officers or key employees of the experiences	15a	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_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		х
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?	16b		
Sec	tion C. Disclosure			
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	avaılab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   The Organization - 914-592-6726			
	2199 Saw Mill River Road, Elmsford, NY 10523		_	

•					
F	om 990 (2014)	Greater	Hudson	Heritage	Net

13-2974154

work 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

#### 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees: and former such persons.

(A) Name and Title	(B) Average hours per	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer pa	-	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Priscilla Brendler	40.00									
Executive Director		X						44,500.	0.	0
(2) Olivia Cothern	2.00									
Trustee			X					0.	0.	0 ،
(3) Dorothy Dunn	2.00									
Trustee			X					0.	0.	0,
(4) Linda Ferber	2.00									
Trustee			X					0.	0.	0.
(5) William Burback	2.00									
Trustee			X					0.	0.	0.
(6) Nancy Dana Gold	2.00		'							
Trustee		<u> </u>	X					0.	0.	0.
(7) Lisa Keller	2.00									
Trustee			X			<u> </u>	ļ	0.	0.	0.
(8) Sara Pasti	2.00		ĺ			i				
Trustee		<u> </u>	X		<u> </u>	<u> </u>		0.	0.	0.
(9) Janet Rassweiler	2.00	]								
Trustee		<u> </u>	X					0.	0.	0.
(10) Frank Sanchis	2.00	ļ						_		
Trustee		<u> </u>	X			ļ		0.	0.	0.
(11) Laura Voolkles	2.00									
Trustee		<u> </u>	X			<u> </u>		0.	0.	0.
(12) Josephine Bloodgood	2.00	1							_	
Trustee		ļ	X			-	L.	0.	0.	0.
(13) Erica Blumenfeld	2.00				İ					
Trustee			X				_	0.	0.	0.
(14) Susanne Pandich	2.00									
Trustee			X					0.	0.	0.
(15) Jennifer Palmentiero	2.00	1			ł					
Trustee		1_	X			_		0.	0.	0 .
(16) Howard Zar	2.00	1								
Trustee		$\perp$	X	_		<u> </u>		0.	0.	0.
(17) Ward L. E. Mintz	5.00	1								
President		<u> </u>		X				0.	0.	0

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

\$100,000 of compensation from the organization

		Check if Schedule O contains a response	e or note to any line	e in this Part VIII	••		🗀
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  1a  1b  1c  1d  1d  1e	15,779. 197,290.				
100		·		212 060			
			Business Code 713990	213,069. 40,175.	40,175.		
Program Service Revenue	d e f			40,175.			
	3	Investment income (including dividends, interother similar amounts)	▶	1,616.		1,616.	
	<b>4</b> 5	Royalties (i) Real	•				
ļ	6 a b c	Cross rents					
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory	(ii) Other				
nue	c	Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$ of	▶	<del></del>			
Other Reven		contributions reported on line 1c). See Part IV, line 18	a b				
	b		ab				
	b	, , , , ,	ab				
	11 a						
	c						
43200 11-07	12	Total revenue See instructions.		254,860.	40,175.	1,616.	0 . Form <b>990</b> (2014)

	Check if Schedule O contains a respons				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	89,505.	89,505.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44,500.	41,111.	2,259.	1,130.
e	trustees, and key employees Compensation not included above, to disqualified	44,000	<u> </u>	4,433.	1,130.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	23,578.	23,578.	<del></del>	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	İ			
9	Other employee benefits				
10	Payroll taxes	7,766.	6,601.	777.	388.
11	Fees for services (non-employees):				
а	Management	24,000.	24,000.		
þ	Legal				
С	Accounting	5,882.		5,882.	
d					
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	, -				
	column (A) amount, list line 11g expenses on Sch O.)			<del></del>	<del> </del>
12	Advertising and promotion	7 004	A E22	2 271	
13	Office expenses	7,804. 1,557.	4,533. 720.	3,271.	
14	Information technology	1,33/.	120•	03/.	
15 16	Royalties	<del></del>			
16 17	Occupancy	7,891.	5,793.	2,098.	
18	Payments of travel or entertainment expenses	.,051.	2,723	2,000	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	175.	135.	40.	<del></del>
20	Interest			-34	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,358.	679.	679.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Workshops	3,550.	3,452.	98.	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	217,566.	200,107.	15,941.	1,518
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	Į	:		
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)	ľ		l l	

Form 990 (2014)
Part X Balance Sheet

art	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	111,379.	1	129,008
	2	Savings and temporary cash investments	80,515.	2	82,006
	3	Pledges and grants receivable, net	10,773.	3	35,920
	4	Accounts receivable, net	12,308.	4	34,597
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
-	9	Prepaid expenses and deferred charges	987.		1,470
.	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
-	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	<del></del>
-	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
-	15	Other assets. See Part IV, line 11		15	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	215,962.		283,001
T.	17	Accounts payable and accrued expenses	7,797.	17	9,252
-	18	Grants payable		18	
-	19	Deferred revenue		19	27,164
1	20	Tax-exempt bond liabilities		20	<u> </u>
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
12	25	Other liabilities (including federal income tax, payables to related third			<del></del>
	-	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	7,797.	26	36,416
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			3,7,12,0
		complete lines 27 through 29, and lines 33 and 34.			
12	27	Unrestricted net assets	208,165.	27	246,585
	28	Temporaniy restricted net assets		28	
- 1	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			<del></del> -
		and complete lines 30 through 34.			
,	30	Capital stock or trust principal, or current funds		30	
1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
- 1	32	Retained earnings, endowment, accumulated income, or other funds		32	
- 1	33	Total and posses outlined below-	208,165.	33	246,585
		Total liabilities and net assets/fund balances	215,962.		283,001

·orm	990 (2014) Greater Hudson Heritage Network	<u> </u>	154	Page	72
	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1		1,860	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7 <u>,5</u> 60	
3	Revenue less expenses Subtract line 2 from line 1	3		7,29	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,16	
5	Net unrealized gains (losses) on investments	5		L,120	<u>5.</u>
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	246	5,58	<u>5.</u>
Pa	rt XIII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>		<u>_</u>	ᆜ
				Yes N	10
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-		
2a			_2a_		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:		-		
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	-		
	consolidated basis, or both:		ŀ		
	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	e audıt,		ļ	
			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			- 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a	-	<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	··	_3b		
			Form	<b>990</b> (20	)14)

## **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** Greater Hudson Heritage Network 13-2974154

Pa	rt I	Reason for Public C	charity Status (A	All organizations must co	omplete the	s part ) Se	e instructions.				
'nе	organ	ization is not a private founda	ation because it is: (	For lines 1 through 11, o	check only	one box.)	· · · · · · · · · · · · · · · · · · ·				
1		A church, convention of chu	irches, or associatio	on of churches describe	d in sectio	n 170(b)(1	)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative l	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
•		city, and state:	,				· · · · · · · · · · · · · · · · · · ·	,,			
5			r the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental unit describ	ed in			
Ŭ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6				nental unit described in	section 17	///h)/1\/A\/	w)				
7	Ħ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•		section 170(b)(1)(A)(vi). (Co		intial part of its support	iioiii a gov	emmema	unit or nom the general	public described in			
	$\Box$	A community trust describe	•	(4)(A)(vi) (Complete Bor	+ 11 \						
8	$\mathbf{x}$										
9	بما	An organization that normal	•	•	-		•	•			
		activities related to its exem	•	•			• •	•			
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.			
	$\overline{}$	See section 509(a)(2). (Con	-								
10	님	An organization organized a	•	•	•			_			
11	ш	An organization organized a		•	-		•	•			
		more publicly supported org						heck the box in			
	_	lines 11a through 11d that o		•		•					
а	L.		· ·	•	•			• •			
		the supported organization	• •	· · · · ·	a majority	of the direc	ctors or trustees of the s	upporting			
		organization You must c									
b	L							-			
		control or management of	f the supporting orga	anization vested in the s	same perso	ons that co	ntrol or manage the sup	ported			
	_	organization(s). <b>You mus</b> t	t complete Part IV,	Sections A and C.							
C	L		grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
	_	_ its supported organization	n(s) (see instructions	s) You must complete	Part IV, Se	ections A,	D, and E.				
d	L		integrated. A supp	orting organization ope	rated in co	nnection v	with its supported organic	zation(s)			
		that is not functionally into	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attenti	veness			
		requirement (see instructi	ons). <b>You must con</b>	mplete Part IV, Section	s A and D,	and Part	V.				
е		☐ Check this box if the orga	inization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated support	ing organi	zation.					
f	Ente	er the number of supported o	organizations								
9		vide the following information			· · · · · · · · · · · · · · · · · · ·						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization n your	(v) Amount of monetary	(vi) Amount of			
		organization		above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)			
				(see instructions))	Yes	No	mstructions)	mistractions)			
								· · · · · · · · · · · · · · · · · · ·			
					l						
					}						
					ļ	ļ					
					-						
Γota	al										

Schedule A	(Form 990 or 990-EZ) 20	)14			
Part II	Support Schedule	for Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

Page 2

	(Complete only if you checked fails to qualify under the tests			_	on falled to qualify	under Part III. If the	e organization
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				]	Ì	
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	-	<b> </b>	<u> </u>	<del> </del>		
	ction B. Total Support		<u> </u>		<del></del>	<del> </del>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) - 3 - 3	(5) = 5	(0) = 0.1.2	(4) = 3.3	10/2011	(1) 1 5 1 1 1
8	Gross income from interest,		-	<u> </u>		<del></del>	
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			· · · · · · · · · · · · · · · · · · ·		1	
3	activities, whether or not the						<b>!</b>
	business is regularly carried on						
10		<del></del>	<del> </del>		<del></del>		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>		<del></del>		<del>                                     </del>
	Gross receipts from related activities,	etc. (see instruct	rions)	<del></del>	<del></del>	12	
	First five years. If the Form 990 is for	,		rd fourth or fifth t	tax vear as a secti		
	organization, check this box and stop						▶ □
Se	ction C. Computation of Publi		ercentage	<u> </u>		<del></del>	
	Public support percentage for 2014 (li			column (f))		14	9
	Public support percentage from 2013			* * * * * * * * * * * * * * * * * * * *		15	9
	33 1/3% support test - 2014. If the o					more, check this b	ox and
	stop here. The organization qualifies a	=					▶□
k	33 1/3% support test - 2013. If the o	rganization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organi	zation			▶□
17 <i>a</i>	10% -facts-and-circumstances test	- 2014. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact		-				
	meets the "facts-and-circumstances"			=			, ▶□
t	10% -facts-and-circumstances test				-	17a, and line 15 is	10% or
	more, and if the organization meets th		=				
	organization meets the "facts-and-circ	:umstances" test	The organization	qualifies as a pub	licly supported or	ganization	▶□
18	Private foundation. If the organization	n did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	7b, check this box	and see instruction	ns ▶「

(Complete only if you checked the box on line 9 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.)

Sec	etion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	,			Ì	Ì	
	ınclude any "unusual grants.")	199,997.	194,186.	273,793.	357,845.	253,244.	1279065.
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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	199,997.	194,186.	273,793.	357,845.	253,244.	1279065.
7 <i>a</i>	Amounts included on lines 1, 2, and	. —					<del>-</del>
	3 received from disqualified persons						0.
t	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				-		0.
	Public support (Subtract line 7c from line 6)				~ ~		1279065.
	ction B. Total Support				<del></del>		2275005:
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	199,997.	194,186.	273,793.	357,845.	253,244.	1279065.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	420	1 122	1 420	1 460	1 616	
	and income from similar sources	420.	1,133.	1,429.	1,468.	1,616.	6,066.
t	Unrelated business taxable income	 					
	(less section 511 taxes) from businesses acquired after June 30, 1975	ļ					
	c Add lines 10a and 10b	420.	1,133.	1,429.	1,468.	1,616.	6,066.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	#20.	1,133.	1,425.	1,400.	1,010.	3,000.
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, and 12)	200,417.	195,319.	275,222.	359,313.	254,860.	1285131.
14	First five years. If the Form 990 is fo					on 501(c)(3) organiz	zation,
	check this box and stop here .				<u></u>	<del></del>	▶□
	ction C. Computation of Publ						
	Public support percentage for 2014 (			column (f))		15	99.53 %
	Public support percentage from 2013					16	<u>99.65 %</u>
	ction D. Computation of Inve					T T	4.5
	Investment income percentage for 20			ne 13, column (f))		17	.47 %
	Investment income percentage from					18	.35 %
19	a 33 1/3% support tests - 2014. If the	-					
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the	•	-	• •			▶ 🗶
	ine 18 is not more than 33 1/3%, che			•		•	· <b>&gt;</b> □
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check to	his box and see in	structions .	

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Castian	A A	II C		O-an	izations
Section	<b>~</b> . ~	III SUP	pui iii ig	Olyan	ILAUVIIS

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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)

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	t IV Supporting Organizations (continued)	<u>/415</u>	<u>4 Pa</u>	<u>ige 5</u>
rai	t IV   Supporting Organizations (continued)		· ·	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	110		
<b>h</b>	A family member of a person described in (a) above?	11a		
		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.  tion B. Type I Supporting Organizations	11c		
	tion 5. Type I cupper ting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		į	l
	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			
2	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		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	non of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	· · · · · ·	163	140
•	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).			
Sec	tion D. Type III Supporting Organizations	<u> </u>	L1	·
	tion of type in earperting enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	ļ		
	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	<del>                                     </del>		
3	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		
Sec	tion 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 instructions):	·		
' a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	ructions	:).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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	1		
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.		ļ —	·
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<u> </u>
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2014 Greater Hudson Heritage			13-2974154 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust or	n Nov. 20, 1970. <b>See in</b> :	structions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	····
Sect	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3	4	<del></del>	
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) Pnor 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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	· — · · · · · · · · · · · · · · · · · ·	
е	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		
Sect	ion C - Distributable Amount		۸	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		ated Type III supporting	organization (see
	instructions).	,	,,	

Par	t V Type III Non-Functionally Integrated 509			3-23/4134 Page /
	on D - Distributions	(a)(o) Supporting Orga	inizations (continued)	Ourse at Value
<u>3ecu</u> 1		mant numacos		Current Year
	Amounts paid to supported organizations to accomplish exe		· · · · · · · · · · · · · · · · · · ·	
2		or purposes or supported		
	organizations, in excess of income from activity			
3_4	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.	<del></del>		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<b>!</b>	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<del> </del>	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c			
8	Breakdown of line 7.			
a				
<u>_</u>				
c				
	Excess from 2013			
	Excess from 2014			

art V		•					-	anations ren. (See inst		Part II, line 10,	Part II,	line 17a or 17b;	and Part III, line	12.
art	III	, si	ort	Year	Ex	plana	ation	·		<del></del>			<del> </del>	
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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 13-2974154

	Greater Hudson Heritage Netv	vork	13-2974154
Par	t I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Donor a	dvised funds (i	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 advisors in writing that the ass	ets held in donor advised fun-	ds
	are the organization's property, subject to the organization's exclusive legal cor	itrol?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing t	nat grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other purpose confer	nng
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization answere	d "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that a	ipply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified his	stonc structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	ontribution in the form of a co	enservation easement on the last
	day of the tax year.		
		,	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	2b
С	Number of conservation easements on a certified historic structure included in	(a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/06, and	not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished	ed, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located	<b>-</b>	
5	Does the organization have a written policy regarding the periodic monitoring, i	nspection, handling of	
	violations, and enforcement of the conservation easements it holds?		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cor		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserv		
8	Does each conservation easement reported on line 2(d) above satisfy the requ	rements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in it		
	include, if applicable, the text of the footnote to the organization's financial sta	ements that describes the org	ganization's accounting for
Do	conservation easements rt III   Organizations Maintaining Collections of Art, Historic	al Traccurac or Other	Similar Assats
Fai	rt III Organizations Maintaining Collections of Art, Historic Complete if the organization answered "Yes" to Form 990, Part IV, line 8		Similar Assets.
_			
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep		
	historical treasures, or other similar assets held for public exhibition, education	, or research in furtherance of	public service, provide, in Part Alli,
L	the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report	in its revenue statement and h	solonge about works of ort. historical
Ь	• • • • • • • • • • • • • • • • • • • •		, , , , , , , , , , , , , , , , , , ,
	treasures, or other similar assets held for public exhibition, education, or resea	cir in furtherance of public se	rvice, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenue included in Form 990, Part VIII, line 1		•
9			provide
2	If the organization received or held works of art, historical treasures, or other s the following amounts required to be reported under SFAS 116 (ASC 958) rela	=	piovide
_	De anno de la desta Franco COO Desta VIII. Les d		▶ ¢
a	Assertance Indiana Service 200 Book V		<b>-</b> •
U	Assets included in Form 990, Part X	. <b> </b>	F ¥

		Hudson He					<u>13-29</u>			<u>ige 2</u>
Pa	rt III Organizations Maintaining C	collections of Ar	t, Historical	Treasures,	or Othe	<u>r Simila</u>	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	at are a siç	gnıficant ı	use of its	collection	ı ıtems	s
	(check all that apply).									
а	Public exhibition	d	Loan or	exchange progr	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organizat	ion's exen	npt purpo	se in Parl	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical	treasures, or oth	er sımılar	assets		_		
	to be sold to raise funds rather than to be ma							Yes		No_
Pa	rt IV Escrow and Custodial Arran		ete if the organiz	ation answered	"Yes" to F	om 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		<u>.</u>						
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribu	itions or other as	ssets not i	included		_		
	on Form 990, Part X?						🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount	:	
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 amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	ount liabili	ty?	$\square$	Yes		No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Pa	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" to	Form 990, Part	IV, line 10	0.				
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back (	d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				}					
f	Administrative expenses									
g	End of year balance					,		_		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colun	nn (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
C	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that are he	eld and administe	ered for th	ne organiz	ation			
	by:					J		Γ	Yes	No
	(i) unrelated organizations							3a(i)	1	
	(II) related annual relations				• • • • •			3a(ii)	$\neg \uparrow$	
b	If "Yes" to 3a(ii), are the related organization:					'	•	3b	$\neg \uparrow$	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds	•	• • • • •	•				
	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11	a See Form 990	), Part X, i	ıne 10.				
	Description of property	(a) Cost or o		Cost or other		cumulate	ed	(d) Bool	value	
	. , , ,	basis (investr		asıs (other)		reciation		,_,		-
1a	Land				<u> </u>					
b	Buildings	•	· · · · · · · · · · · · · · · · · · ·			-		_		
C	Leasehold improvements						<del>i</del>			
d	Equipment	-	···-							
e	Other			<del></del>	<u> </u>					
					· · · · · · · · · · · · · · · · · · ·					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Greater Hudson Heritage Network

13-2974154 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2014

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

% X **Employer identification number** 13-2974154 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Conservation Conservation onservation conservation Conservation Conservation Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 6,750, 2,750 3,205, 500 6.963. 5,100 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Greater Hudson Heritage Network (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table 16-0867469 13-1624098 22-2501567 11-1667767 53-0210807 15-0533554 Part 1 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Onondaga Historical Association Middlesex Heritage Group LeRoy Historical Society or government Museum of the City of 331 Montgomery Street Stony Brook, NY 11790 Name of the organization Middlesex, NY 14507 Tarrytown, NY 10591 Long Island Museum New York, NY 10029 Syracuse, NY 13202 1220 Fifth Avenue LeRoy, NY 14482 23 Main Street 635 S Broadway 1200 NY 25A PO Box 147 Lyndhurst Part

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

Schedule I (Form 990) (2014)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pa	μ II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prospect Park Alliance/Lefferts Historic House - 95 Prospect Park West - Brooklyn, NY 11215	11-2843763		7,420.	0			Conservation
New York Historical Society 170 Central Park West New York, NY 10024	13-1624124		7,500,	0			Conservation
Rensselaer County Historical Society - 57 2nd Street - Troy, NY 12180	14-1403569		2,775,	0			conservation
Niagara County Historical Society 215 Niagara Street Lockport, NY 14094	16-0815136		6,800	0			Conservation
Southold Historical Society 54325 Route25 Southold NY 11971	11-6023750		7 500.	0			Conservation
Sonnenberg Gardens and Manslon State Historic Site - 151 Charlotte Street - Canandaigua, NY			7,033,	0			Conservation
Adirondack Museum Route 28N Blue Mountain Lake, NY 12812	13-5635801		831.	0			Conservation
Columbia County Historical Society 5 Albany Avenue Kinderhook, NY 12106	14-6021853		7,500,	0			Conservation
Fenimore Art Museum 5798 NY-80 Cooperstown, NY 13326	15-0539110		4,345,	0			Conservation
							Schedule I (Form 990)

Schedule I (Form 990) Greater Hudson Heritage Network Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Iudson Her Assistance to Go	Greater Hudson Heritage Network	·工k nizations in the Ur	nited States (Scho	edule I (Form 990), Pa		13-2974154 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash-assistance	(h) Purpose of grant or assistance
H Lee White Historical Society 1 West First Street Oswego, NY 13126	47-2335621		2,686.	0			Conservation
Harness Racing Museum and Hall of Fame - 240 Main Street - Goshen, NY 10924	14-1368198		2,847,	0			Conservation
	i						
432241 05-01-14							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 13-2974154 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2014) Greater Hudson Heritage Network
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part III

### **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.lrs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Greater Hudson Heritage Network	<u> 13-2974154                                    </u>
Form 990, Part VI, Section B, line 11:	
Governing documents, conflict of interest policy, Form 990	and audited
financial statements are available upon request.	
Form 990, Part VI, Section B, Line 12c:	
All trustees will sign a statement of ethical practice at	the beginning of
their term.	
Form 990, Part VI, Section B, Line 15:	
Compensation for employees is reviewed and changes approve	
executive committee based on performance and comparability	data.
Town 000 Pout III Continu C Line 10	
Form 990, Part VI, Section C, Line 19:  Form 990 is provided to its governing body at a board meet	ing for rowing
Polim 990 is provided to its governing body at a board meet	ing for review.