Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

Form 990 (2013)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

<u>A</u>		alendar year, or tax year beginning $12/01/13$ , and ending $11/30/1$	.4	***************************************	London Maria State Company
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
	Address change	HUDSON RIVER SLOOP CLEARWATER, INC			
	Name change	Doing Business As		14-	-6049022
$\Box$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number
		724 WOLCOTT AVENUE	l	845	5-265-8080
	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	BEACON NY 12508		G Gross rece	eipts \$ 2,299,809
	Application pending	F Name and address of principal officer:			
	- Philosophia -	PETER GROSS, EXECUTIVE DIRECTOR	H(a) Is this a group	p return for su	ubordinates? Yes X No
		724 WOLCOTT AVENUE	H(b) Are all subor	dinates inclu	ded? Yes No
		BEACON NY 12508	If "No," a	attach a list. (	see instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or 527	1		
J	Website: ▶ W	WW.CLEARWATER.ORG	H(c) Group exemp	otion number	<b>&gt;</b>
K	Form of organization:	X Corporation Trust Association Other ▶ L Ye	ar of formation: 19		M State of legal domicile: NY
		immary			
	1 Briefly de	scribe the organization's mission or most significant activities:			
ø)		RESERVE AND PROTECT THE HUDSON RIVER AND TO INSPIRE,	EDUCATE A	AND	
ũ		VATE THE NEXT GENERATION OF ENVIRONMENTAL LEADERS.		7777	
rna	* 1777.77				*************************
ove	2 Check thi	s box if the organization discontinued its operations or disposed of more than 25% of			
Ŏ		the state of the s		1 - 1	20
S.		of voting members of the governing body (Part VI, line 1a)  of independent voting members of the governing body (Part VI, line 1b)		3 4	20
itie	5 Total num	when of individuals amplayed in colondary year 2013 (Part V. line 3a)		5	38
Activities & Governance	6 Total num	nber of individuals employed in calendar year 2013 (Part V, line 2a)  nber of volunteers (estimate if necessary)			
A			6	1350	
	h Not unvol	elated business revenue from Part VIII, column (C), line 12		7a	0
~~~~	D Net unier	ated business taxable income from Form 990-T, line 34	Prior Year	7b	O Current Year
<b>a</b> `	8 Contributi	ons and grants (Part VIII, line 1h)	1,116		827,102
Revenue	9 Program	service revenue (Part VIII, line 2g)	1,118		1,403,476
Š	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	722	1,405,470
ď	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52	,143	32,245
	12 Total rays	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,288		2,262,823
		od nimilar amounts poid (Part IV, anti-man (A), the part (A)	2,200	,003	2,202,623
		raid to or for members (Part IX, column (A), line 4)			0
		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,137	003	
Ses	16a Professio	and fundaminations (Part IX, column (A), line 11a)	1,131	,003	878,074
Expenses	h Total fund	nal fundraising fees (Part IX, column (A), line 11e)  Iraising expenses (Part IX, column (D), line 25) ▶ 193,151			0
X	17 Other even	choose (Part IX, column (D), line 25)	1 220	0.51	1 400 040
	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,338	<del></del>	1,499,042
	10 Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,475	7234	2,377,116
- K	19 Revenue	less expenses. Subtract line 18 from line 12	-187 Beginning of Curre		-114,293 End of Year
et Assets or nd Balances	20 Total ass		2,470		2,289,058
Bal	21 Total liabi	Itiaa (Dayl V. Han 00)		,432	371,297
Fund		s or fund balances. Subtract line 21 from line 20	2,032		1,917,761
42.714	050500500000000000000000000000000000000	anature Block	2,002	,034	<u> </u>
		erjury, I declare that I have examined this return, including accompanying schedules and statements			
tru	e, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the best ( , any knowledge	ot my knov	viedge and belier, it is
			any monego.		
iig	n si	gnature of officer	<del></del>		
''y lei		The both third bare was a day and a day	nin it kulini - And who shad the	Date	
101		ppe or print name and title	IVE DIRE	CTOR	
		preparer's name Preparer's signature			
aic	.   "		Date Date	Check	If PTIN
	narar Didition	A WE CO	04/10/1	L5 self-emp	
	Only Firm's nam		Firm	r's EIN 🕨	13-2550103
30	*	510 HAIGHT AVE.			
	Firm's add		Pho	ne no.	845-473-7774
ıay	tne IRS discuss	this return with the preparer shown above? (see instructions)			Yes No

		CLEARWATER, INC	14-6049022	Page 2
	nt of Program Service			
1 Briefly describe the ord	schedule O contains a	response or note to any line	e in this Part III	<u> </u>
TO PRESERVE	AND PROTECT TH	E HUDSON RIVER AN	ND TO INSPIRE, FAL LEADERS.	EDUCATE AND
		ram services during the year which	were not listed on the	
	new services on Schedule			Yes X No
services?		nificant changes in how it conducts		Yes X No
	changes on Schedule O.			CALLED CONTROL OF THE
4 Describe the organizati	on's program service accom	plishments for each of its three larg	jest program services, as me	asured by
the total expenses, and	(c)(3) and 501(c)(4) organizal revenue, if any, for each pro	ations are required to report the am ogram service reported.	ount of grants and allocations	to others,
4a (Code: ) (Ex	openses \$ 929	9,812 including grants of \$	)	(Revenue \$ 1,092,012)
MUSIC AND FES	STIVALS, THE O	ROOTS ORGANIZING RGANIZATION INSPI CT THE HUDSON RIV	RES COMMUNITIE	EVENTS, THROUGH ES AND INDIVIDUALS
CLEARWATER'S AVERAGE OF 10 GROUNDS, PROV	GREAT HUDSON ) HOURS TO TAS VIDING SECURIT	ROXIMATELY 1,000 RIVER REVIVAL ECC KS SUCH AS SETTIN Y, DIRECTING ATTE NS AT \$10 PER HOU	O-FESTIVAL, EAC IG UP THE STAGE INDEES AND A HO	CH DONATING AN ES, MAINTAINING THE DST OF OTHER TASKS.
4b (Code: ) (Ex VESSELS AND E	penses \$ 489 DUCATION -	, 424 including grants of \$	) (	Revenue \$ 266,352 )
MORE THAN 45 OFFERING EXPE ECOLOGY AND S HUDSON RIVER,	YEARS, SERVES RIENTIAL AND SOCIAL ISSUES AS WELL AS P PHYSICAL VES	RWATER, "AMERICA' AS A FLOATING CI PRACTICAL LESSONS INVOLVED IN THE C ROGRAMS IN ENVIRO SEL ITSELF SERVES	ASSROOM FOR CE ABOUT THE HIS LEANUP AND PRE ENMENTAL LEADER	ILDREN AND ADULTS, STORY, SCIENCE, SERVATION OF THE RSHIP. IN
VOLUNTEERS: V	OLUNTEERS HEL	P STAFF THE SLOOP	AND TEACH AT	LEARNING STATIONS
4c (Code: ) (Ex	penses \$ 188 ACTION -	, 010 including grants of \$	) (	Revenue \$ 2,828)
STEWARDS OF T	'HE ENVIRONMEN' T RESEARCH ANI	ON ACTIVATES INDI T AND TO LEAD WIT D CITIZEN INVOLVE	HIN THEIR OWN	COMMUNITIES
* *************************************				• • • • • • • • • • • • • • • • • • • •
		***************************************		
* ****************	***********************	•••••		
* *************************************				
4d Other program services.		7		
(Expenses \$	345,760 including	grants of \$	) (Revenue \$	42,284

# Form 990 (2013) HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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 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	70000000
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			42
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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	X	aldin'i goriana pakasin
e	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		<b>4.</b>	
40	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		~~	
l.	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			47
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? 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,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			42
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			ЧP
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		7.7
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	477		W.
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,		7.7"
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		w
20~	If "Yes," complete Schedule G, Part III	19		X
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	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 against a situation in the contract of the con		Yes	No
4.1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			45
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21	ļ	X
	on Part IX column (A) line 22 if "Yes " complete Schedule I. Berte I and III			**
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<del> </del>	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees 2 If IIVos II complete Cahadula I		7.7	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	<del> </del>
- 10	\$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 associate Octobrillo IX (CR) and CR CR	0.4		127
b	Did the organization invest any proceeds of tay exampt hands havend a temporary exited example 2	24a		X
C	The state of the s	24b		<b></b>
·	to defease any try avament hands a			
d	Did the organization set as an "on behalf of" issuer for bonds substanding at any time during the result.	24c		
25a	and any time during the year?	24d		
	with a disqualified person during the year? If "You," complete Schodule 1. Don't I	25		- VP
b		25a		X
~	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?			
26	If "Yes," complete Schedule L, Part I	25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If so, complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
00	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization addicate, 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		X
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, Parts 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
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		***************************************
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022

Page 5

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 Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 61 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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? 3a X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 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)? X 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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 h If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h 7 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the 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 а 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. 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 b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand С Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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μ	9	n	↩	n

CX.513.535	1990 (2013) HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022			age <b>6</b>
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sec	tion A. Governing Body and Management	***************************************	<b>,</b>	
			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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?		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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	.		
	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing had Q	8a	x	F000000000
b	Each committee with nuthority to not an hohelf of the requirement hold?	Ob	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		I	
	Total Control (Title Goodien & Tequesto information about pollogo het required by the Internal Neventie of	ouc.,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. Iva	<b></b>	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	400		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l la	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	420	х	<b>*****</b>
b		l l	X	<b></b>
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<del> </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0	427	
12	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		X	<del> </del>
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY, CT			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ ROGER D'AQUINO 724 WOLCOTT AVENUE			
BE	ACON NY 12508 84	45-45	4-7	673

	HUDSON	RIVER	SLOOP	CLEARWATER,	INC	14-6	049022		Page
Part VII	Compensati	ion of Offi	cers, Dire	ectors, Trustees, K	(ey Em	ployees, F	Highest Co	ompensated Employees, an	d
	Independen	t Contrac	tors			-	_		property.
	Check if Sch	edule O c	ontains a	response or note to	any line	e in this Pa	art VII		,
Section A.	Officers, Direc	tors, Truste	es, Key Em	ployees, and Highest C	Compens	ated Employ	yees		
							~		

- 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.

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	rson l	than on Is both a r/truste	ın	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
,	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) ANNE OSBORN		-		ļ							
	5.00							:			
PRESIDENT	0.00	X		X				0	0	0	
(2) STEPHEN FILLER,											
FORMER PRESIDENT	5.00	x		x				o	0	0	
(3) FRANK LANDSBERGE	1										
FORMER PRESIDENT	5.00	x		x				0	0	0	
(4) JIM HANSON											
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.00										
VICE PRESIDENT	0.00	X		X				0	0	0	
(5) ROSS GOULD, ESQ.	- 00				}						
FORMER V. PRESIDENT	5.00	x		x				o	0	0	
(6) SCOTT BERWICK	0.00	<u>~</u>		^		-		U	<u> </u>	<u> </u>	
(0) 00000000000000000000000000000000000	5.00										
TREASURER	0.00	x		x				0	0	0	
(7) DAVID LEBSON											
***************************************	1.00									_	
SECRETARY	0.00	X		X				0	0	0	
(8) ROBERTA GOLDBERG	1.00										
INTERIM SECRETARY	0.00	X		x				o	0	0	
(9) WILLIAM FLANK, E		==			<u> </u>						
	1.00										
AT LARGE	0.00	X		X				0	0	0	
(10) ROBIN SCHLAFF, E											
AT LARGE	1.00	X		x				o	0	0	
(11) WILLIAM E. COX	0.00	1		1	<del> </del>	+		<u> </u>	<u></u>		
	1.00								_		
DAA	0.00	X	<u> </u>	<u> </u>	<u> </u>			0	0	0	
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										Form <b>990</b> (2013)	

	4	21	1
Page	)	8	

	1	5100	5, N			yees	5, ar	ia Hignest Compensated	<u> </u>	
(A) Name and title	(B) Average hours per week (list any	bo	ox, unk	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) FRANCIS MARIE CF	117.	<u> </u>	<del>  "</del>			8.				
	1.00									
(13) GREGORY JULIAN,	0.00 PHD	X	-					0	0	0
(10) OTHEOTICE OUTLING,	1.00									
(14) DEAN LENTZ	0.00	X						. 0	0	0
(14)DEAN LENIZ	1.00	Ì								
	0.00	X						0	0	0
(15) MICHAEL PATTI	1.00									
	0.00	x						0	0	0
(16) STEPHEN SMITH	1 00									
	0.00	x						o	0	0
(17) EZRA SWERDLOW								***************************************		
	0.00	x						o	0	0
(18) SAMANTHA HICKS		42						<u> </u>		
· · · · · · · · · · · · · · · · · · · ·	1.00	77							0	^
(19) JAMES MALCHOW	0.00	X						0	0	0
• • • • • • • • • • • • • • • • • • • •	1.00									
1b Sub-total	0.00	X					<b>&gt;</b>	0	0	0
c Total from continuation shee							<b>&gt;</b>	113,553		9,381
d Total (add lines 1b and 1c)  2 Total number of individuals (inc	duding but not lim		-		letor	l abo	<u> </u>	113,553	20 000 in	9,381
reportable compensation from t			1	030 1	10100	- abo	vo)	who received more than \$10	)0,000 III	
3 Did the organization list any for										Yes No
employee on line 1a? If "Yes," of 4 For any individual listed on line	complete Schedu	le J	for su ortab	uch ii le co	ndivi mne	dual nsati		and other compensation from		3 X
organization and related organi									T the	4 X
5 Did any person listed on line 1a	receive or accru	е со	mpe	nsati	on fr	om a	 iny เ	unrelated organization or ind	ividual	
for services rendered to the org Section B. Independent Contractor	***************************************	s," c	ompl	ete S	Sche	dule	J foi	such person	<u> </u>	5 X
1 Complete this table for your five	highest comper									
compensation from the organization	ation. Report con (A) business address	npen	satio	n for	the	cale	ndaı		ne organization's tax year. (B) on of services	(C) Compensation
Name and	business address							Descripti	on of services	Compensation
	····					······································		***************************************		
			***************************************		~~~					
		~~~~	······································	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
2 Total number of independent co	ontractors (includ	ing b	out no	ot lim	ited	to th	ose	listed above) who	Austion transcent development in the contraction of	
received more than \$100,000 o									0	Form 990 (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	эу Е	mplo	yees	s, an	nd Highest Compensated	Employees (continued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	bo of	ox, uni fficer e	Pos check ess pe and a c	erson i directo	than o	an 90)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)ALI MUHAMMAD	1 00									
	1.00	x						o	0	0
(13) JEFFREY O'DONNEL	L	† <u> </u>			T					
	1.00	x						0	o	0
(14) DON RASKOPF	0.00	<u> </u>	<del> </del>		<del> </del>		<u> </u>		V	<u> </u>
	1.00	x						0	0	0
(15) SHARON ROWE										
	1.00	x						o	0	0
(16)MARCO SPODEC	0.00	1		<del> </del>	<del> </del>					
	1.00	x						0	0	0
(17) PETER GROSS	40.00									
EXECUTIVE DIRECTOR (18) JEFFREY RUMPF	0.00	-		X	-		-	0	0	0
(10) O DE LECUEL LOUIL L	40.00									
EXECUTIVE DIRECTOR	0.00	<u> </u>			ļ		X	113,553	0	9,381
(19)										
1b Sub-total	<u> </u>	<u></u>	<u></u>	L	<u></u>	L	<u> </u>	113,553		9,381
c Total from continuation shee	ets to Part VII, S	ectio	on A							
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from the compensation f	luding but not lin	nited					ve)	 who received more than \$1	00,000 in	
3 Did the organization list any for	mer officer, dire	ctor,						ee, or highest compensated		Yes No
<ul> <li>employee on line 1a? If "Yes," of</li> <li>For any individual listed on line organization and related organical</li> </ul>	1a, is the sum o	f rep	ortab	le co	ompe	ensat	ion a			3
individual  5 Did any person listed on line 1a	receive or accru	ie co	mpe	nsat	ion f	rom a	any (	unrelated organization or inc	dividual	4
for services rendered to the org		s, c	omp	ete s	sche	aule	J foi	r such person	<u>and a facility of the facilit</u>	5
1 Complete this table for your five										***************************************
compensation from the organiz	(A) business address	nper	isauc	on to	r tne	care	ngar		(B) tion of services	(C) Compensation
Name and	business address							Безопр	(IOI) OF SELVICES	Companisation
			<del></del>	<del></del>	***************************************		<del> </del>		Market or construction and a state of the st	
		<del></del>	***************************************							
The second secon		istaan mii mit	***************************************		owedow's tea.	***************************************				
				**********					ggyrpynyddigo cympu mae ann ann ann ann ar yn y gallefyddigol aiddi arffod Gyfly fei (yn Gyflyriaidd	
Total number of independent correceived more than \$100,000 or								listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated business exempt function excluded from tax under sections 512-514 revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ...... 1c d Related organizations 1d e Government grants (contributions) 129,600 1e f All other contributions, gifts, grants, and similar amounts not included above 697,502 1f g Noncash contributions included in lines 1a-1f: 7,505 827,102 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 1,092,012 1,092,012 COMMUNITY PROGRAMS EDUCATIONAL PROGRAMS 311,464 311,464 f All other program service revenue ... g Total. Add lines 2a-2f. 1,403,476 investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties .... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than Inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 ..... a b Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 39,563 b Less: cost of goods sold 36,986 c Net income or (loss) from sales of inventory 2,577 2,577 Miscellaneous Revenue Busn. Code 11a CHANGE IN BENEFICIAL INTEREST 17,610 17,610 12,058 b OTHER INCOME 12,058 d All other revenue ..... e Total. Add lines 11a-11d 29,668 Total revenue. See instructions. . . 2,262,823 1,415,534 20,187 Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All other	r organizations must comp	lete column (A).	
	Check if Schedule O contains a respo	onse or note to any line in thi	s Part IX		
	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	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	FO 044	00 04=		
	trustees, and key employees	53,244	29,817	10,116	13,311
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	638,853	489,195	61,291	88,367
8	Pension plan accruals and contributions (Include	030,033	409,193	01,291	86,301
Ū	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	109,621	87,027	9,290	13,304
10	Payroll taxes	76,356	60,576	6,490	9,290
11	Fees for services (non-employees):		307370	0, 200	J/230
а	Management				
b	Legal	22,542	22,542		***************************************
¢	Accounting	83,989	8,075	75,914	**************************************
d	Lobbying		······································		
е	Professional fundralsing services. See Part IV, line 17				***************************************
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	52,196	46,180	422	5,594
12	Advertising and promotion	43,710	42,865	491	354
13	Office expenses	70,460	36,101	2,148	32,211
14	Information technology				
15	Royalties	**************************************			**************************************
16	Occupancy	29,546	24,679	2,884	1,983
17	Travel	19,944	17,921	1,366	657
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		······································	W. D. C.	**************************************
19	Conferences, conventions, and meetings	4 4 6 6 6		10 001	
20	Interest	14,239	1,167	12,084	988
21	Payments to affiliates	100 700	111 000	07 500	***************************************
22	Depreciation, depletion, and amortization	138,723	111,223	27,500	^^^
23	Insurance	64,284	59,597	3,704	983
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM CONSULTANTS	553,804	534,972	1,961	16,871
b	EQUIPMENT RENT & MAINT	159,450	156,231	1,908	1,311
c	FOOD	84,244	81,410	2,792	42
d	LEASED VESSEL	62,250	62,250	200 J : 60 800	7 54
e	All other expenses	99,661	81,178	10,598	7,885
25	Total functional expenses. Add lines 1 through 24e	2,377,116	1,953,006	230,959	193,151
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)		, = = = , = = =		
DAA	1000 001 00 2 (AOO 000120)			he birdina dan dan dan dan dan dan dan dan dan d	50m 990 (0042)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 2,947 2,885 1 Savings and temporary cash investments 54,748 2,519 2 67,844 3 Pledges and grants receivable, net 234,286 3 Accounts receivable, net 3,510 15,525 4 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 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net ..... 7 Inventories for sale or use 28,447 26,115 8 Prepaid expenses and deferred charges \_\_\_\_\_\_\_ 74,377 9 70,148 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 2,821,413 b Less: accumulated depreciation \_\_\_\_\_ 952,523 10b 1,909,313 10c 1,868,890 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 165,190 15 232,800 15 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 2,470,486 2,289,058 16 17 Accounts payable and accrued expenses 99,526 87,214 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_ 324,928 282,833 23 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_\_ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 13,978 1,250 of Schedule D 25 Total liabilities. Add lines 17 through 25 .... 438,432 26 371,297 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,020,242 Unrestricted net assets 1,866,035 Temporarily restricted net assets 51,726 11,812 Permanently restricted net assets

27.0 447 (ASC 958) check here and 28 29

> 2,289,058 Form 990 (2013)

1,917,761

30

31

32

33

2,032,054

2,470,486

30

31

32

complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1 990 (2013) HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022		Pag	ge <b>12</b>
Pε	in XI Reconciliation of Net Assets	***************************************		***************************************
	Check if Schedule O contains a response or note to any line in this Part XI			Л
1	Total revenue (must equal Part VIII, column (A), line 12)	2,2		
2	lotal expenses (must equal Part IX, column (A), line 25)	2,3	77,:	116
3	Revenue less expenses. Subtract line 2 from line 1	-1	14,2	293
4	Net assets or fund palances at beginning of year (must equal Part X, line 33, column (A))	2,0	32,0	054
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities  [hyestment expenses]			
7	The strict expenses			
8	Prior period adjustments			
9	other changes in her assets of fund parameters (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
********	33, column (B))	1,9	17,	761
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Ī	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:		į	
	Separate basis Consolidated basis Both consolidated and separate basis		Ī	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			or expression repr
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			e rojanja 200
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	m 990	(2013)

#### 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.

HUDSON RIVER SLOOP CLEARWATER, INC

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

OMB No. 1545-0047

2013 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

14-6049022

P	art I	Reas	on for P	ublic Charity	Status (	(All organ	izations	must co	mplete	this pa	rt.) Se	e instr	uctions	3,			
The	orgai	nization is not	a private for	undation because	it is: (For	lines 1 thro	ugh 11, che	ck only o	ne box.)			*****					***************************************
1				churches, or asso						A)(i).							
2				ction 170(b)(1)(													
3				ve hospital servic	,, , ,		,	on 170(b	)(1)(A)(iii)								
4			•	nization operated	-			,			MAMIII)	Enter t	he hosni	tal's nar	ne		
	لــــا												•	iaro mar	,,,,		
5	П	An organizati	on operated	d for the benefit o	f a college	or university	v owned or	onerated	hy a gove	rnment	al unit de	ocrihac	., Lin		• • • • •		
	Ļ)			. (Complete Part		OI GINVOISIL	y ownica or	operated	by a gove		ai aint ac	SOUDEC	1 113				
6	П			government or go		al unit donor	dhad in aac	tion 470	L1/41/A1/								
7	X										44		مالاها.				
•				mally receives a s 0(b)(1)(A)(vi). (C			upport iron	ı a gövein	memai ui	iit or iroi	n the ge	nerai pi	DIIC				
8	П						ninin Dawi II										
9				ibed in section 1					. 6								
9	LI			nally receives: (1									-				
				elated to its exem	•	-		•	• • •				its				
			_	tment income an				•		11 tax) fi	rom busi	nesses					
40		-	-	tion after June 30				•	,								
10	*************		-	d and operated e		•	•		,								
11				d and operated e							-						
				publicly supporte	_								tion				
		r		that describes the	r												
		a Type			C		-Functiona	, ,		d			n-functio	onally in	tegrate	ed	
е				ertify that the orga													
				inagers and other	than one	or more put	olicly suppo	rted orga	nizations (	describe	d in sect	ion 509	(a)(1)				
_		or section 509															
f				ed a written deter	mination fr	om the IRS	that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					·
		organization,															
g		Since August	: 17, 2006, h	nas the organizati	on accepte	ed any gift o	r contributi	on from a	ny of the								
		following per															<del></del>
				ly or indirectly co			-			, ,						Yes	No
		(iii) belov	w, the gover	ning body of the	supported	organizatior	n?								11g(i)		<u> </u>
				a person describ											11g(ii)		
		(iii) A 35% c	ontrolled en	tity of a person d	escribed in	ı (i) or (ii) ab	ove?								11g(ill)		<u> </u>
<u>h</u>				ormation about th				<del></del>				<del></del>	······				
(i		of supported	į	(II) EIN	1	Type of organiz			organization		ou notify		ls the	(VII) A	mount o		tary
	orga	anization				scribed on lines sove or IRC sec			sted in your document?		nization in of your		tion in col. ized in the		supp	ort	
					l .	see instruction		govorning		sup	port?		S.?				
								Yes	No	Yes	No	Yes	No				
(A)					ļ												
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(B)																	
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(E)	~				<u> </u>	***************************************					-				-		
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Schedule A (Form 990 or 990-EZ) 2013 HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022

Page 2

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

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	( <b>b</b> ) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,126,613	972,221	1,716,514	1,116,495	827,102	5,758,945
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	1,126,613	972,221	1,716,514	1,116,495	827,102	5,758,945
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)						110,235
6	Public support. Subtract line 5 from line 4.	<u> </u>					5,648,710
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,126,613	972,221	1,716,514	1,116,495	827,102	5,758,945
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,056	-1,196	988	722		4,570
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
ıa	(Explain in Part IV.)	115,667	73,510	12,105	8,818	14,635	224,735
!1  2	Total support. Add lines 7 through 10						5,988,250
3	Gross receipts from related activities, etc. (	see instructions)					6,306,637
3	First five years. If the Form 990 is for the constitution about this have and other bare.	•				,	<b>.</b> .
Sec	organization, check this box and stop here tion C. Computation of Public Su	pport Percent:		<u> </u>		<u></u>	
14	Public support percentage for 2013 (line 6,			<b>6</b> /		14	94.33%
5	Public support percentage for 2013 (line 6,	dule A Part II line '					94.48%
6a	33 1/3% support test—2013. If the organization			and line 14 is 33			34,40 70
	box and stop here. The organization qualifi				•		▶ X
b	33 1/3% support test—2012. If the organization				s 33 1/3% or more		
	check this box and <b>stop here.</b> The organiza						▶ □
7a	10%-facts-and-circumstances test—201					 is	
	10% or more, and if the organization meets						
b	Part IV how the organization meets the "factorganization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization meets the "factorganization meets" meets the "factorganization meets the "factorganizatio	ts-and-circumstance.  2. If the organization neets the "facts-and-circust the "facts-and-circusts the "facts-and-circusts the "facts-and-circusts".	es" test. The orgar n did not check a b l-circumstances" te rcumstances" test.	nization qualifies as nox on line 13, 16a, est, check this box a The organization q	a publicly supported 16b, or 17a, and line and stop here. ualifies as a publicle	dne	
n	supported organization				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······ <b>&gt;</b> [_]
8	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		,,,,,,,,,
***************************************		***************************************	************************************	·		***	***************************************

Page 3

Schedule A (Form 990 or 990-EZ) 2013 HUDSON RIVER SLOOP CLEARWATER, INC

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

<u></u>	(Complete only if you che If the organization fails to	qualify under t	he tests listed l	pelow, please c	complete Part II	.)	raitii.
	ction A. Public Support	T	T	· · · · · · · · · · · · · · · · · · ·	···	<b>,</b>	
1	endar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						<del></del>
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	·	•				
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here					3)	<b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percent	age				
5	Public support percentage for 2013 (line 8,	column (f) divided l	by line 13, column	(f))		15	9
6	Public support percentage from 2012 Schei	dule A, Part III, line	15	<u></u>		16	Q
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	centage				
7	Investment income percentage for 2013 (lir	ne 10c, column (f) d	livided by line 13, o	olumn (f))		17	0
8	Investment income percentage from 2012 (	Schedule A, Part III	, line 17			18	9
9a	33 1/3% support tests—2013. If the organ	nization did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%, a	ınd line	
Ł.	17 is not more than 33 1/3%, check this box	k and stop here. The	he organization qu	alifies as a publicly	supported organiza	tion	
b	33 1/3% support tests—2012. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than 3	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> . If the organization did	s box and stop her	e. The organization	n qualifies as a pub	licly supported orga	nization	

Schedule A (Fo	orm 990 or 990	)-EZ) 2013	HUDSO	ON RIVER	SLOOP	CLEARWATER	, INC	14-6049022	Page 4
Part IV	Supplem	ental Inf	ormation.	Provide the	explanatio	ns required by Partional information.	rt II, line 10	; Part II, line 17a or 17	b; and
PART I				INCOME					photo account to the state of t
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	224,73	5		
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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.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public

Inspection

Name of the organization Employer identification number HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d 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, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **\$** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8, 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Partituit	Contract of	555324560000	***************************************	CLEARWATER,						age <b>2</b>
a   Control control to   Contr	***********	Using the organization's acquisition, accession						continue	ea)	
b Scholarly research c Preservation for future generations  1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar discription of the organization assists to be add to make funds rather than to be maintained as part of the organization's collection?	а	The state of the s	4 [];	oan or evahange progr	rame					
Preservation for future generations   Preservation for future generations   Preservation for future generations   Preservation solid for receive donations of art, historical treasures, or other similar   Sessible to be soid to rate funds rather than to be maintained as part of the organization's collection?   Yes   No   No   Preservation   No   No   No   No   No   No   No										
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.			· `	Zuici						
Solution to the organization solicit or receive donations of art, historical treasures, or other aimitar  seasets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is its torougnatization an asyer, trustee, custodian or other intermediary for contributions or other assetts not included on Form 990, Part XV.  Beginning balance  C Beginning obtaine  C Beginning obtaine  D Beginning balance  C Beginni	4	The state of the s	ections and explain he	ow they further the orga	nization's ex	empt purpose in	Part			
Selective   Section   Se										
Part IV.   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Impact   Yes   No     1b   If Yes, "explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or	receive donations of a	rt, historical treasures,	or other simi	lar		yatkoolong	-	
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII interesting for contributions or other assets not receive the organization an agent, trustee, custodian or other intermediary for contributions or other assets not receive the following fable:    Seginning balance			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	of the organization's co	ollection?		<u> </u>	Ye	<u>.                                     </u>	No
1	Pa		***							
The size organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part XIII and complete the following (sables:    Complete   Fire   Fir		· · · · · · · · · · · · · · · · · · ·	answered "Yes"	to Form 990, Part	IV, line 9,	or reported a	n amount on	Form		
No   Forward				***************************************		•				
The present in Part XIII and complete the following tables:	та							П.	<u></u>	١
Additions during the year	h	Included on Form 990, Part X?						Ye:	3	No
C   Beginning balance	D	in Yes, explain the arrangement in Part XIII a	na complete the follow	ving table:				Amount		
d Additions during the year    Ending balance	_	Reginning halance					10	Amount		
Distributions during the year   16   17   18   19   19   19   19   19   19   19									***************************************	
Facing balance	u a	Distributions during the year						····		***********
2a Did the organization include an amount on Form 990, Part X, line 21?  Part V	f	Ending halance								
Description		Did the organization include an amount on For	rm 990 Part X line 21	······································				Ve	<u>.</u> T	No
Repair   V	b	If "Yes." explain the arrangement in Part XIII.	Theck here if the expla	nation has been provide	ded in Part XI			٠	· harmy	1.0
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   1			STOCK TIOTO IT UTO OXPI	and on the book provide	Journal of Charles				<u></u>	L
1			answered "Yes"	to Form 990, Part	IV, line 10	),				
b Contributions 50,000 50,000 200,025 255,405 c Net investment earnings, gains, and losses 17,610 43,476 29,097 -1,625 31,662 d Grants or scholarships 50,000 50,000 50,000 e Other expenditures for facilities and programs 342,850 50,000 50,000 50,000 f Administrative expenses 2232,800 165,190 464,564 485,467 287,067 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Sa(iii) are the related organizations sendowment funds.  Pairt VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Buildings  c Leasehold improvements (a) Coat or other basis (b) Coat or other basis (c) Accumulated depreciation depreciation of property (a) Ease of the part IV, line 11a, 145, 400 145,			7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			hree years back	(e) Four	years b	ack
b Contributions 50,000 50,000 200,025 255,405 c Net investment earnings, gains, and losses 17,610 43,476 29,097 -1,625 31,662 d Grants or scholarships 50,000 50,000 50,000 e Other expenditures for facilities and programs 342,850 50,000 50,000 50,000 f Administrative expenses 2232,800 165,190 464,564 485,467 287,067 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Sa(iii) are the related organizations sendowment funds.  Pairt VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Buildings  c Leasehold improvements (a) Coat or other basis (b) Coat or other basis (c) Accumulated depreciation depreciation of property (a) Ease of the part IV, line 11a, 145, 400 145,	1a	Beginning of year balance	165,190	464,564	48	15,467	287,067		<del></del>	
to Net Investment earnings, gains, and losses	b	Contributions	50,000	50,000			200,025	2	55,	405
d Grants or scholarships										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 232,800 165,190 464,564 485,467 287,067 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment lunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land  Buildings  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1b Buildings  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1c Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1c Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part V, line 11a. See Form 990, Part X, line 10.  1d Leasehold improvements  Classification answered "Yes" to Form 990, Part V, lin		losses	17,610	43,476	2	9,097	-1,625		31,	662
e Other expenditures for facilities and programs 342,850	đ	Grants or scholarships		50,000	5	0,000				
Find of year balance   232,800   165,190   464,564   485,467   287,067										
g End of year balance		programs		342,850						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:    Board designated or quasi-endowment ► 100.00 %   Permanent endowment ► %   Temporarily restricted endowment ► %   The percentages in lines 2a, 2b, and 2c should equal 100%.   Th	f	Administrative expenses								
a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) x  3a(iii) x  3a(iii) x  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land Description of property (in) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) depreciation  1a Land Description of property (in) See Torm 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land Description of property (iii) See Torm 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land Description of property (iii) See Torm 990, Part IV, line 11a. See Form 990, Part X, line 10.  1b Buildings (c) Accumulated (d) Book value (d	g		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		54,564	485,467	2	87,	067
b Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) relat				ine 1g, column (a)) hek	d as:					
Temporarily restricted endowment ► %         The percentages in lines 2a, 2b, and 2c should equal 100%.         3a         Are there endowment funds not in the possession of the organization by:       Yes       No         organization by:       (i) unrelated organizations       3a(i)       X         b       (iii) related organizations       3a(ii)       X         b       In Yes* to 3a(ii), are the related organizations listed as required on Schedule R?       3b       In Yes         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (c) Accumulated deprecision       (d) Book value deprecision         1a       Land       145,400       145,400       145,400         b       Buildings       145,400       145,400       145,400         b       Buildings       813,770       54,250       759,520         c       Leasehold improvements       813,770       54,250       759,520         d       Equipment       95,556       84,432       11,124		***	.00.00%							
The percentages in lines 2a, 2b, and 2c should equal 100%.   3a   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   Test			0.6							
A retinent endowment funds not in the possession of the organization that are held and administered for the organization by:   To provide the organization organizations   To provide the organization   To p	C									
Ves   No   No   No   No   No   No   No   N	20	-	•	n that are hald and ado	alalatavad far	ila a				
(i) unrelated organizations       3a(i) X         (ii) related organizations       3a(ii) X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b D         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       145,400       145,400       145,400         b Buildings       2       145,400         c Leasehold improvements       813,770       54,250       759,520         d Equipment       95,556       84,432       11,124         e Other       1,766,687       813,841       952,846	Ja	·	sion of the organizatio	ii tilat are neid and adri	minstered for	irie		Г	Ves	No
(ii) related organizations       3a(ii) X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       145,400       145,400       145,400         b Buildings       Easehold improvements       813,770       54,250       759,520         d Equipment       95,556       84,432       11,124         e Other       1,766,687       813,841       952,846										140
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (investment)  (investment)  (investment)  (a) Cost or other basis (c) Accumulated depreciation  145,400  145,400  145,400  54,250  759,520  4 Equipment  6 Other  1,766,687  813,841  952,846										X
Part VI	b		listed as required on S	Schedule R?						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property	4									
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property	Pa				**************************************					***************************************
(investment)         (other)         depreciation           1a Land         145,400         145,400           b Buildings				to Form 990, Part	IV, line 11	a. See Form	990, Part X,	line 10.		
1a Land     145,400     145,400       b Buildings     2       c Leasehold improvements     813,770     54,250     759,520       d Equipment     95,556     84,432     11,124       e Other     1,766,687     813,841     952,846		Description of property	(a) Cost or other ba	isis (b) Cost or ot	her basis	(c) Accumulat	ed	(d) Book v	alue	
b Buildings         813,770         54,250         759,520           c Leasehold improvements         813,770         54,250         759,520           d Equipment         95,556         84,432         11,124           e Other         1,766,687         813,841         952,846			(investment)			depreciation	1			
b Buildings       c Leasehold improvements     813,770     54,250     759,520       d Equipment     95,556     84,432     11,124       e Other     1,766,687     813,841     952,846		* * * * * * * * * * * * * * * * * * * *		1.4	45,400			14	5,	400
c Leasehold improvements       813,770       54,250       759,520         d Equipment       95,556       84,432       11,124         e Other       1,766,687       813,841       952,846	b	Buildings								
d Equipment 95,556 84,432 11,124 e Other 1,766,687 813,841 952,846	c	Leasehold improvements	***************************************							
	d	Equipment								
						813	3,841			

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line	11b. See Form 990, Part X,	ine 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	1:
	(including name of security)		Cost or end-of-year market	value
(1) Financial d	erivatives			
(2) Closely-hel	d equity interests			
(A)				
(B)				and the state of t
(C)	***************************************	,		MANAGEMENT OF THE PARTY OF THE
(D)				
(E)				
(F)	***************************************			·····
(G)	***************************************			
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to Fo	<del></del>		
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	num 000 Dart IV line	44d Soc Form 000 Port V	line 15
<del></del>	Complete if the organization answered "Yes" to Fo	omi 990, Part IV, ilile	Tid. See Form 990, Fart X,	(b) Book value
(4)	(a) Description  BENEF. INT. IN COMMUNITY	Y FOUNDATION		232,800
(1)	DENEF, INI. III COMMONII.	1 1 VV112111 1V1		
(3)				······································
(4)				
(5)				
(6)				
(7)				
(8)		·		
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			232,800
Part X	Other Liabilities.	and the second seco		
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11e or 11f. See Form 990, F	Part X,
	line 25.			
			<ul> <li>Lower School Control of the Control of</li></ul>	<ul> <li>- 55/1/10 2 25 25 25 25 25 25 25 25 25 25 25 25 2</li></ul>

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED PROGRAM REVENUE	1,250	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,250	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2,299,809 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 2,299,809 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a -36,986b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) -36,986Ac. 2,262,823 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2,414,102 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 36,986 d Other (Describe in Part XIII.) 2d 36,986 e Add lines 2a through 2d 2e 2,377,116 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 2,377,116 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS HUDSON RIVER SLOOP CLEARWATER ENDOWMENT FUND WAS SET UP TO PROVIDE SUPPORT TO THE ORGANIZATION TO CARRY OUT ITS ROLE AND MISSION. PART X - FIN 48 FOOTNOTE THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 (C) (3) OF THE INTERNAL THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT REVENUE CODE. IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170 (B) (1) (A) THE ORGANIZATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME (VI). THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. MANAGEMENT IS NOT AWARE OF ANY VIOLATIONS OF ITS TAX EXEMPT STATUS, NOR ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.

DAA

Schedule D (Form 990) 2013 HUDSON RIVER SLOOP CLEARWATER, INC Part XIII Supplemental Information (continued)	14-6049022	Page 5
THE ORGANIZATION HAS NOT RECOGNIZED ANY BENEFITS F	ROM UNCERTAIN T	AX
POSITIONS AND BELIEVES IT HAS NO UNCERTAIN TAX POS	ITIONS FOR WHICH	H IT IS
REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRE	COGNIZED TAX BEI	NEFITS
WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12	MONTHS OF THE BA	ALANCE
SHEET DATE. AS OF NOVEMBER 30, 2014, THE ORGANIZA	TION'S FEDERAL !	<b>FAX</b>
FILINGS FOR TAX YEARS 2011 AND BEYOND REMAIN SUBJE	CT TO EXAMINATION	ON BY THE
APPLICABLE TAXING JURISDICTIONS. IT IS THE ORGANI	ZATION'S POLICY	то
RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNC	ERTAIN TAX POSI	rions, if
ANY, IN INCOME TAX EXPENSE.		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RET	URN - OTHER	
COST OF MERCHANDISE SOLD	\$	-36,986
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FI	NANCIALS - OTHE	3
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FI		36,986
COST OF MERCHANDISE SOLD		36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986
COST OF MERCHANDISE SOLD	<b>\$</b>	36,986

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

2013

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 Part I **Questions Regarding Compensation** Yes Nρ 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? \_\_\_\_\_\_ Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any X compensation contingent on the net earnings of: 6a a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?..

Page 2

HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022

Schedule J (Form 990) 2013

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

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

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

NOTE: THE SOLI OF COLUMNS (EV) THE CASH INSECTION OF THE THE PRICE OF THE SOLI SOLITION OF THE	tuai tite totai allioulit	OF TUILI 330, FAIL VII,	Section A, line 1a,	ipplicable column (D	) and (E) amounts for	mat individual.	
	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nortaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive (iii) Other compensation compensation compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
JEFFREY RUMPF	113,553	0	O	0		122	0
1 EXECUTIVE DIRECTOR (0)			O		0		0
							* * * * * * * * * * * * * * * * * * *
(1)							THE PERSON NAMED IN COLUMN
(0)							
(0)							
(0)							
(1)							
(u) 6							
(0)							
(D) (m) (m)							
(D) (U) (U) (U)							
(0) 13 (n)							
(0)							
(0)							
		, , , , , , , , , , , , , , , , , , ,					
		The state of the s					

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.

2013

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT ORGANIZATION'S WORK APPROXIMATELY \$100,000 A YEAR IN VOLUNTEER TIME NOT INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS OR FORM 990. FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT DURING SAILING SEASON. THROUGH OUR GREEN CITIES AND ENVIRONMENTAL ACTION PROGRAMS, WE ACTIVATE PEOPLE IN COMMUNITIES UP AND DOWN THE HUDSON TO LEADERSHIP ROLES IN THEIR COMMUNITIES ON ENVIRONMENTAL ISSUES. EACH YEAR, MORE THAN 150 PEOPLE VOLUNTEER AS CREW AND EDUCATORS ABOARD THE SLOOP OR OUR SISTER SHIP THE MYSTIC WHALER, LIVING ON BOARD FOR ONE OR MORE WEEKS AT ESTIMATING AN EIGHT-HOUR DAY FOR EACH VOLUNTEER, THEY DONATE A A TIME. TOTAL OF APPROXIMATELY 7,000 HOURS. VALUING THEIR CONTRIBUTIONS OF CREW AND EDUCATOR VOLUNTEERS AT \$10 PER HOUR, THEY DONATE APPROXIMATELY \$70,000 IN VOLUNTEER TIME NOT INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS OR FORM 990. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT EDUCATIONAL PROGRAMS - "SAILING CLASSROOM" AND ENVIRONMENTAL EDUCATION PROGRAMS SERVING CHILDREN AND ADULTS. PUBLIC AWARENESS- DISTRIBUTION OF RELEVANT RIVER WATER QUALITY INFORMATION FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS MEMBERS HAVE THE RIGHT TO

Name of the organization Employer identification number HUDSON RIVER SLOOP CLEARWATER, INC 14-6049022 PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE INCLUDING THE RIGHT TO NOMINATE BOARD MEMBERS AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE ORGANIZATION ARE ABLE TO NOMINATE BOARD MEMBERS AND THEY ELECT BOARD MEMBERS AT THE ANNUAL MEETINGS. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THERE ARE CERTAIN GOVERNANCE DECISIONS SUBJECT TO THE APPROVAL OF THE MEMBERS, INCLUDING BUT NOT LIMITED TO, ANY AMENDMENTS TO THE BYLAWS OR CERTIFICATE OF INCORPORATION. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE DRAFT 990 VIA E-MAIL AND WILL HAVE A WEEK TO REVIEW IT AND WITHIN THAT TIME PERIOD ASK ANY QUESTIONS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD MONITORS THE CONFLICT OF INTEREST DISCLOSURES FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A COMPENSATION COMMITTEE WHICH CONSISTS OF DIFFERENT BOARD MEMBERS DECIDES ANNUALLY ON THE EXECUTIVE DIRECTORS SALARY WHICH IS THEN PRESENTED AND APPROVED BY THE FULL BOARD. COMPARABLE SALARIES OF OTHER EXECUTIVE DIRECTORS ARE EXAMINED IN COMING UP WITH A FAIR AND REASONABLE COMPENSATION 42119 Hudson River Sloop Clearwater, Inc 14-6049022 **Federal Statements** 

FYE: 11/30/2014

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Per Villiania de la constanta	Description					
	_	Total Expenses	Program Service	Management & General		Fund Raising
OTHER FEES					-	The second secon
	\$_	52,196	\$ 46,180	\$ 422	\$	5,594
TOTAL	\$	52,196	\$ 46,180	\$ 422	\$	5,594

## Form 990, Part IX, Line 24e - All Other Expenses

Description							
		Total Expenses	Program Service	M	lanagement & General		Fund Raising
OPERATING SUPPLIES	1800	, , , , , , , , , , , , , , , , , , ,		*****		0.41-111	
OTHER RENTAL FEES	\$	43,995 \$	42,057	\$	1,696	\$	242
		18,617	18,617				
BANK AND CREDIT CARD FEES		17,205	1,470		8,092		7,643
REG, PERMITS & LICENSES		14.010	4.4.00				
CONTRIBUTIONS		14,818	14,193		625		
OTHER EXPENSES		3,500	3,500				
		1,526	1,341		185		
TOTAL	\$	99,661 \$	81,178	\$	10,598	\$	7,885