E	EA	

	8 (Contributions and grants (Part VIII, I	ne 1h)			3,046,739	512,946
Revenue	9 F	Program service revenue (Part VIII,	line 2g)			1,200,625	1,089,273
ver	10 I	nvestment income (Part VIII, colum	n (A), lines 3, 4, and 7d)			4,453	165,399
Re	11 (Other revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11e) .			212,567	161,398
	12 -	Total revenue - add lines 8 through 1	1 (must equal Part VIII, column (A), line 1	2)		4,464,384	1,929,016
	13 (Grants and similar amounts paid (Pa		0			
	14 E	Benefits paid to or for members (Pa		0			
ø	15 S	Salaries, other compensation, emplo	oyee benefits (Part IX, column (A), lines 5	-10)		855,709	762,644
Se	16a F	Professional fundraising fees (Part I	K, column (A), line 11e)				0
Expenses	b	Total fundraising expenses (Part IX,	column (D), line 25) 🛛 🕨	70,689			
ŭ	17 (Other expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e) • • • • • •			1,160,221	1,241,938
	18 -	Total expenses. Add lines 13-17 (m	ust equal Part IX, column (A), line 25)			2,015,930	2,004,582
	19 F	Revenue less expenses. Subtract li	ne 18 from line 12			2,448,454	(75,566)
or					Beginning	g of Current Year	End of Year
Net Assets or Fund Balances	20 -	Total assets (Part X, line 16)			1	1,516,435	11,469,153
E Ass	21 -	Total liabilities (Part X, line 26)				239,444	267,728
		Net assets or fund balances. Subtra	ct line 21 from line 20 • • • • • • • •		1	1,276,991	11,201,425
Par	t II	Signature Block					
			return, including accompanying schedules and stater n officer) is based on all information of which prepare		ny knowledge	and belief, it is	
			, , , , , , , , , , , , , , , , , , , ,	, ,			
Sign		Jack Jones					
-		Signature of officer				D	late
Here		Jack Jones, Preside	ent				
	,	Type or print name and title		1-0			1
- · ·		Print/Type preparer's name	Preparer's signature	Date		Check 🗴 if	PTIN
Paid		Michael A LoGrande	Michael A LoGrande	08-12-202		self-employed	P01322285
Prep			el A LoGrande Accounting &	Tax	Firm's	EIN 🕨	
Use	Only		st Pettebone Street		Phone		
			Fort PA 18704			570	-817-2645
		discuss this return with the preparer					Yes 🛛 🛛 🛛 🛛 🗶
For Pa	aperwo	ork Reduction Act Notice, see the	separate instructions.				Form 990 (2021)
EEA							

Return of Organization Exempt From Income Tax

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

4947(a)(1) or

Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.

.

10-01

527

lifestyle choices which are healthy, conservation minded and practical, achieved through family

oriented educational programs, sustainable agricultural activities, and living history based on

.

L Year of formation:

, 2021, and ending

Room/suite

2005

To preserve land, history, and promote

OMB No. 1545-0047

Open to Public

Inspection

, 20 22

(570) 696-4500

Yes

PA

Þ

2,175,340

X No

8

8

69

0

500

152,508

Current Year

Yes

D Employer identification number

20-2975553

09-30

E Telephone number

G Gross receipts

If "No," attach a list. See instructions

M State of legal domicile:

3

4

5

6

7a

7b

.

Prior Year

\$

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

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

C Name of organizationThe Lands at Hillside Farms

Number and street (or P.O. box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

Name and address of principal officer: Jack Jones

Trust Association Other

) 🗲 (insert no.)

Department of the Treasury
Internal Revenue Service

For the 2021 calendar year, or tax year beginning

X 501(c)(3)

X Corporation

Doing business as

65 Hillside Road

Same as C above

501(c) (

strong moral and ethical principles.

Total number of volunteers (estimate if necessary)

Contributions and grants (Part VIII, line 1h)

Shavertown, PA 18708

www.thelandsathillsidefarms.org

Briefly describe the organization's mission or most significant activities:

Number of voting members of the governing body (Part VI, line 1a)

Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, Part I, line 11

Number of independent voting members of the governing body (Part VI, line 1b)

Total number of individuals employed in calendar year 2021 (Part V, line 2a)

Form **990**

Check if applicable:

Final return/terminated

Address change

Name change

Amended return

Application pending

Tax-exempt status: Website: 🕨

Form of organization:

1

2

3

4

5

6

7a

8

Summary

Initial return

Α

в

J.

Activities & Governance

Part I

Form	n 990 (2021) The Lands at Hillside Farms	20-2975553	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To preserve land, history, and promote lifestyle choices which are healthy, co	nservation	minded
	and practical, achieved through family oriented educational programs, sustainab	<u>le agricult</u>	ural
	activities, and living history based on strong moral and ethical principles.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		□ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
U	services?	🗌 Yes	□ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	v	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,798,077 including grants of \$) (Revenue		
	TO PRESERVE LAND, HISTORY, AND PROMOTE LIFESTYLE CHOICES WHICH ARE HEALTHY, C	ONSERVATION	-MINDED,
	AND PRACTICAL		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,798,077	,	

_	n 990 (202		20-29755	53	Р	age 3
Pa	rt IV	Checklist of Required Schedules				
					Yes	No
1		ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i>				
	complet	e Schedule A		1	х	
2	Is the or	ganization required to complete Schedule B, Schedule of Contributors? See instructions		2	х	
3	Did the	organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candida	tes for public office? If "Yes," complete Schedule C, Part I		3		х
4		501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
		in effect during the tax year? If "Yes," complete Schedule C, Part II		4		x
5		ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
		nents, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		5		x
6		organization maintain any donor advised funds or any similar funds or accounts for which donors				
		e right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	-	omplete Schedule D, Part I		6		x
7		organization receive or hold a conservation easement, including easements to preserve open space,				
_		ronment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
_	•	e Schedule D, Part III		8		x
9		organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
		an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
		gotiation services? If "Yes," complete Schedule D, Part IV		9		X
10		organization, directly or through a related organization, hold assets in donor-restricted endowments				
	•			10		X
11		ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
_		IX, or X as applicable.				
а		prganization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		44.0		
L.				11a	x	
L.		organization report an amount for investments - other securities in Part X, line 12, that is 5% or more al assets reported in Part X. line 16? <i>If "Yes." complete Schedule D. Part VII</i>		116		
				11b		x
С		organization report an amount for investments - program related in Part X, line 13, that is 5% or more al assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII		11c		
d				TIC		x
ŭ		organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		11d		
	•	I in Part X, line 16? If "Yes," complete Schedule D, Part IX			X	
e f		organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> organization's separate or consolidated financial statements for the tax year include a footnote that addresses		11e	x	
		nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		v
122	-	brganization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				x
12a		le D, Parts XI and XII		12a	x	
b		e organization included in consolidated, independent audited financial statements for the tax year? If		120	~	
J J				12b		x
13		ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a		organization maintain an office, employees, or agents outside of the United States?		14a		x
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
		ing, business, investment, and program service activities outside the United States, or aggregate				
		nvestments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		x
15	-	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				-
		oreign organization? If "Yes," complete Schedule F, Parts II and IV		15		x
16		organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
		ice to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17		organization report a total of more than \$15,000 of expenses for professional fundraising services on				
		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		17		x
18		organization report more than \$15,000 total of fundraising event gross income and contributions on				
		, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
				19		x
20 a		brganization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		x
		to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or				
		c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		x
_				_		_

	990 (2021) The Lands at Hillside Farms 20	-29755	53	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		ſ		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		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, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		500		
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		35b		x
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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				x
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		51		<u>x</u>
	19? Note: All Form 990 filers are required to complete Schedule O.		38	v	ĺ
Par			50	Х	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V				
			•••	Yes	No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	~~		162	110
1a b		22			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		10	v	
	reportable gaming (gambling) winnings to prize winners?		1c	X	<u> </u>

	990 (2021) The Lands at Hillside Farms 20-2975	553	F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	x	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	•	154		
b	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			
D	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		~~
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

_	m 990 (2021) The Lands at Hillside Farms 20-29755 The VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N		Р	age 6
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	0		
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	ction A. Governing Body and Management			• 🕰
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	NO
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		х
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		х
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?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
7 a	one or more members of the governing body?	7a		v
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		<u>x</u>
b	stockholders, or persons other than the governing body?	76		
		7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-		
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		10	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	<u> </u>
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on 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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and records			
	Chet Mozloom (570)696-4500, 65 Hillside Road, Shavertown, PA 18708			

Form 990 (202		20-2975553	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the	9	
organization's	tax year.		
Listelle	f the experimentary's surrent officers, directors, tructors (whether individuals or experimentarions), reportions of among	unt of	

 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(5) John Plucenik 2.00 x 0 0 Board Member 2.00 x 0 0 (6) Joan Grossman 2.00 x x 0 0 Vice President x x 0 0 0 (7) Jack Jones 4.00 x x 0 0 President 2.00 x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary 2.00 x x 0 0 (10) x x 0 0 0 (11)	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck me s pers	son is	han one ar both ar /trustee) employee	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
[2] John Debalso 2.00 x 0 0 Board Member 2.00 x 0 0 Board Member x 0 0 0 Board Member x 0 0 0 Board Member x 0 0 0 Board Member 2.00 x 0 0 (6) Joan Grossman 2.00 x 0 0 Vice President x x 0 0 President 2.00 x x 0 0 Secretary x x 0 0 0 (10)		65.00				_				0.070
Board Member X 0 0 (3) James Reino 2.00 X 0 0 Board Member X 0 0 0 Board Member 2.00 X 0 0 Wice President 2.00 X 0 0 (?) Jack Jones 4.00 X X 0 0 President 2.00 X X 0 0 0 (8) Ellen Ferretti 2.00 X X 0 0 0 (9) Ponald Roskos 2.00 X X 0 0 0 (10) 1 1 1 1 1 1 1		0.00			_	_ <u>x</u>		110,810	0	9,970
(3) James Reino 2.00 x 0 0 Board Member x 0 0 0 (4) Angela Stevens 2.00 x 0 0 Board Member x 0 0 0 (5) John Plucenik -2.00 x 0 0 Board Member x 0 0 0 Board Member x 0 0 0 Board Member -2.00 x 0 0 Board Member -2.00 x 0 0 Wice President x x 0 0 (1) Jack Jones -4.00 x x 0 0 President x x 0 0 0 (8) Ellen Ferretti 2.00 x x 0 0 (9) Donald Roskos -2.00 x x 0 0 (10) 0 0 (11) 0		<u> 2.00</u>								<u> </u>
Board Member x 0 0 (4) Angela Stevens 2.00 x 0 0 Board Member x 0 0 0 (5) John Plucenik 2.00 x 0 0 Board Member 2.00 x 0 0 Board Member x 0 0 0 Board Member 2.00 x 0 0 Board Member 2.00 x 0 0 Wice President x x 0 0 Vice President 2.00 x x 0 0 President 2.00 x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 (9) Donald Roskos 2.00 x x 0 0 (10)		0.00	X					0	0	0
(4) Angela Stevens 2.00 x 0 0 Board Member 2.00 x 0 0 (6) Joan Grossman 2.00 x x 0 0 Vice President x x 0 0 0 (7) Jack Jones		<u>2.00</u>						0		•
Board Member x 0 0 (6) John Plucenik		0.00	X					0	0	0
(5) John_Plucenik 2.00 x 0 0 Board Member x x 0 0 (6) Joan_Grossman 2.00 x x 0 0 Vice President x x x 0 0 (7) Jack_Jones 4.00 x x 0 0 President x x x 0 0 (8) Ellen_Ferretti 2.00 x x 0 0 Secretary x x 0 0 0 (9) Donald Roskos 2.00 x x 0 0 (10)		<u> </u>						0		•
Board Member x 0 0 (6) Joan Grossman 2.00 x x 0 0 Vice President x x x 0 0 (7) Jack Jones 4.00 x x 0 0 President 2.00 x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary x x 0 0 0 (9) Donald Roskos 2.00 x x 0 0 (10)		0.00	X					0	0	0
(6) Joan Grossman 2.00 x x 0 0 Vice President x x x 0 0 (7) Jack Jones 4.00 x x 0 0 President 2.00 x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary 2.00 x x 0 0 (9) Donald Roskos 2.00 x x 0 0 (10) x x x 0 0 (11) (11) (12) (12) (12) (12)		<u> 2.00</u>								<u> </u>
Vice President x x x 0 0 (7) Jack Jones 4.00 x x 0 0 President x x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary x x x 0 0 (9) Donald Roskos 2.00 x x 0 0 Treasurer x x x 0 0 (10)			х		_			0	0	0
(7) Jack Jones 4.00 x x 0 0 President 2.00 x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary 2.00 x x 0 0 (9) Donald Roskos 2.00 x x 0 0 Treasurer x x 0 0 0 (10) x x 0 0 (11) (12) (42)		<u> 2.00</u>								
President x x x x 0 0 (8) Ellen Ferretti 2.00 x x 0 0 Secretary 2.00 x x 0 0 (9) Donald Roskos 2.00 x x 0 0 Treasurer 2.00 x x 0 0 (10)			x		х			0	0	0
(8) Ellen Ferretti 2.00 x x 0 0 Secretary 2.00 x x 0 0 (9) Donald Roskos 2.00 x x 0 0 Treasurer x x 0 0 0 (10)		<u> </u>								
Secretary x x x 0 0 (9) Donald Roskos 2.00 x x 0 0 Treasurer x x 0 0 (10)					х			0	0	0
(9) Donald Roskos 2.00 x x 0 0 Treasurer x x x 0 0 (10) 0 0 (11) (11) (12)		<u> 2.00</u>								
Treasurer x x x 0 0 (10)					х	_		0	0	0
(10) (11) (11) (12) (12) (12)		<u> 2.00</u>								
			x		x			0	0	0
	<u>(11)</u>									
(13)	<u>(12)</u>									
	<u>(13)</u>									
<u>[14]</u>	<u>[14]</u>									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related compensation from the per week organization (W-2/ organizations (W-2/ from the (list anv Individual trustee or director Officer 1099-MISC/ 1099-MISC/ Forme organization and Institutional trustee employee Highest compensated Key employee hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15)_____ (16) (17) (18) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (19) (20) (21) (22) (23) (24) (25) 1h Subtotal Total from continuation sheets to Part VII, Section A С Total (add lines 1b and 1c) d 110,810 0 9,970 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 х 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

The Lands at Hillside Farms

20-2975553

Page 8

Form 990 (2021)

Part	90 (20) VIII	Statement of Rev			131(de Farms			20-29755	5 3 Pa
		Check if Schedule O co	ntains	a response	or no	te to any line in this	Part VIII			
						,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–5 ²
	1a	Federated campaigns .			1a					
<i>9</i> .0	b	Membership dues			1b					
unts	c	Fundraising events			1c					
Ξē	d	Related organizations .			1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutior	ns)	1e					
s, mil	f	All other contributions, gift	s, gra	nts,						
ar Si		and similar amounts not ir	nclude	d above	1f	512,946				
othe	g	Noncash contributions inc	luded	in						
nd		lines 1a-1f			1g	\$				
9 O	h	Total. Add lines 1a-1f				<u> </u>	512,946			
						Business Code				
ë	2a	Dairy store sales	8			310000	607,324	607,324		
ž a	b	Parlor sales				722210	426,721	426,721		
Program Service Revenue	c	Educational/farm	ever	nts		611600	55,228	55,228		
eve	d									
2 B R	е									
2	f	All other program service re	evenu	е						
	g	Total. Add lines 2a-2f				• • • • • • • •	1,089,273			
	3	Investment income (includi								
		other similar amounts)					565	565		
		Income from investment of				1				
	5	Royalties			• • •	· · · · · · •				
				(i) Real		(ii) Personal				
		Gross rents			800					
		b Less: rental expenses 6b 18,66								
		Rental income or (loss)	6c	(10,						
		Net rental income or (loss)	· · ·			►	(10,866)	(10,866)		
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets other than inventory	7a			1.64 .024				
	h	Less: cost or other basis	14			164,834				
e		and sales expenses	Zh							
ent	_ c	Gain or (loss)				164,834				
Sev		Net gain or (loss)	<u> </u>				164,834	164,834		
Other Revenue		Gross income from fundrai					104,054	101,054		
đ		events (not including \$								
-		of contributions reported or	n line							
					8a					
	b	Less: direct expenses			8b)				
	с	Net income or (loss) from f	undrai	ising events		ト				
	9a	Gross income from gaming	J							
		activities, See Part IV, line	19 .		9a					
	b	Less: direct expenses	• • •		9b					
	С	Net income or (loss) from g	gaming	g activities	<u> </u>	<u></u> • •				
	10a	Gross sales of inventory, le								
		returns and allowances .			10a	· · · · · · · · · · · · · · · · · · ·				
		Less: cost of goods sold			10k					
	C	Net income or (loss) from s	ales c	of inventory		· · · · · · •	152,508		152,508	
						Business Code				
e		Livestock sales				900099	2,573	2,573		
nuə		Earned discounts				310000	3,624	3,624		
Revenue		Miscellaneous inc				900099	13,559	13,559		
ĺ		All other revenue			•••	L	10 77 7			
		Total. Add lines 11a-11d				· · · · · · •	19,756	1 0 00 5 05	150 505	
	12	Total revenue. See instruc	แบกร			•	1,929,016	1,263,562	152,508	

21) The Lands at Hillside Farms Statement of Functional Expenses

	Check if Schedule O contains a response or note to a		(D)		
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	668,613	626,985	41,628	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,900	12,863	1,037	
9	Other employee benefits	12,360	11,629	731	
0	Payroll taxes	67,771	63,773	3,998	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	15,195		15,195	
d	Lobbying				
е	Professional fundraising 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.)				
2	Advertising and promotion				
3	Office expenses	1,146	333	813	
4	Information technology				
5	Royalties				
6					
7	Travel	618	349	269	
8	Payments of travel or entertainment expenses	010	545	205	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0		1 541	949	E 0.2	
1	Payments to affiliates	1,541	949	592	
2	Depreciation, depletion, and amortization	250.007	204 107	06.160	
2 3		350,287	324,127	26,160	
	Other expenses. Itemize expenses not covered	112,592	106,666	5,926	
4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Contract labor	60,450	450		60,00
b	Supplies	213,983	206,179	7,604	20
C.	Fees and permits	82,664	76,831	4,618	1,21
d	Repairs and maintenance	87,852	85,020	1,190	1,64
е	All other expenses	315,610	281,923	26,055	7,63
5	Total functional expenses. Add lines 1 through 24e	2,004,582	1,798,077	135,816	70,68
6	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				

following SOP 98-2 (ASC 958-720)

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Form 990 (2021)	The	Lands	at	Hillside

20-2975553

Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	27,183	1	9,001
	2	Savings and temporary cash investments	1,097,591	2	850,784
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,792	4	7,017
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\hfill \hfill \hf$		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	131,795	8	143,797
	9	Prepaid expenses and deferred charges	24,161	9	27,123
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 13,307,919			
	b	Less: accumulated depreciation	9,980,716	10c	9,835,072
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	248,197	15	596,359
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,516,435	16	11,469,153
	17	Accounts payable and accrued expenses	178,935	17	189,936
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oillit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	26,488	23	29,991
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	17 001
	26	of Schedule D	34,021		47,801
	26	Total liabilities. Add lines 17 through 25 ••••••••••••••••••••••••••••••••••••	239,444	26	267,728
S		Organizations that follow FASB ASC 958, check here			
nce	27	Net assets without donor restrictions	10 720 060	27	10 656 001
ala	28	Net assets with donor restrictions	10,739,968	28	10,656,881
	20	Organizations that do not follow FASB ASC 958, check here	537,023	20	544,544
		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	<u> </u>
¢t A	32	Total net assets or fund balances	11,276,991	32	11,201,425
ž	33	Total liabilities and net assets/fund balances	11,516,435	33	11,201,425
			,5-5,455		

Farms

EEA

Form 990 (2021)

Form	990 (2021) The Lands at Hillside Farms 2	0-297555	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	929,	016
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	004,	582
3	Revenue less expenses. Subtract line 2 from line 1	3		(75,	566)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,3	276,	991
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	11,3	201,	425
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (2	2021)

SCHEDULE	Α
(Form 990)	

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.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

►	Go to www.irs.gov/Form990 for instructions and the latest information.
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OMB No. 1545-0047

2021

Open to Public

Inspection

Name	of th	e organization					Employer identification	number
The	La	nds at Hillside Farms					20-297555	3
Par		Reason for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rgar	nization is not a private foundation be	cause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chur	ches described in sectior	n 170(b)(1)	(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach S	Schedule E (Form 990).)				
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(ii	i).		
4	\Box	A medical research organization ope	rated in conjunction	with a hospital described	in section	, 170(b)(1)((A)(iii). Enter the	
		hospital's name, city, and state:	-					
5		An organization operated for the ber	nefit of a college or	university owned or opera	ted by a go	overnment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6	Π	A federal, state, or local government	or governmental un	nit described in section 17	0(b)(1)(A)	v).		
7	x	An organization that normally receive	es a substantial par	rt of its support from a gov	vernmental	unit or froi	m the general public	
		described in section 170(b)(1)(A)(vi						
8		A community trust described in secti						
9	$\overline{\Box}$	An agricultural research organization			ted in conju	nction with	a land-grant college	
	_	or university or a non-land-grant coll						
		university:				-	-	
10	\Box	An organization that normally receive	es: (1) more than 3	3 1/3% of its support from	contributio	ons, memb	ership fees, and gross	
	_	receipts from activities related to its	exempt functions, s	subject to certain exceptio	ns; and (2)	no more t	han 33 1/3% of its	
		support from gross investment incor acquired by the organization after Ju					rom businesses	
11	\Box	An organization organized and opera			,			
12	Π	An organization organized and operation	ated exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	of
	_	one or more publicly supported organ	nizations described	in section 509(a)(1) or se	ction 509(a)(2). See	section 509(a)(3). Che	ck
		the box in lines 12a through 12d that						
а		Type I. A supporting organization	n operated, supervis	sed, or controlled by its su	pported or	, ganization(:	s), typically by giving	
		the supported organization(s) th		-				
		supporting organization. You mu	ust complete Part	IV, Sections A and B.	-			
b		Type II. A supporting organization	n supervised or cor	ntrolled in connection with	its supporte	ed organiza	ation(s), by having	
		control or management of the su	•			-		
		organization(s). You must com	plete Part IV, Secti	ons A and C.				
с		Type III functionally integrated	I. A supporting orga	nization operated in conne	ection with,	and function	onally integrated with,	
		its supported organization(s) (se	e instructions). You	must complete Part IV,	Sections A	A, D, and E		
d		Type III non-functionally integ	rated. A supporting	organization operated in o	connection	with its sup	oported organization(s)	
		that is not functionally integrated	I. The organization	generally must satisfy a d	istribution i	equiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
е		Check this box if the organizatio	n received a writter	n determination from the I	RS that it is	s a Type I,	Type II, Type III	
		functionally integrated, or Type I	II non-functionally in	ntegrated supporting orga	nization.			
f	Е	nter the number of supported organiz	ations					
g	Р	rovide the following information abou	t the supported org	anization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	0 0	support (see instructions)	other support (see instructions)
					docum			maradanaj
					Yes	No		
(A)								
(~) 								
(B)								
(B) 								
(C)								
(D)								
(E)								
(=)								
Total								
For P	ape	rwork Reduction Act Notice, see th	e Instructions for	Form 990 or 990-EZ.			Sch	nedule A (Form 990) 2021

	e A (Form 990) 2021 The Lands a	at Hillside	Farms			20-2975553	3 Page 2
Part							
	(Complete only if you checked the second				•		lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						1
	include any "unusual grants.")	1,511,669	923,707	1,089,895	3,046,739	512,946	7,084,956
2	Tax revenues levied for the						
	organization's benefit and either paid to						1
	or expended on its behalf						1
3	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge						1
4	Total. Add lines 1 through 3	1,511,669	923,707	1,089,895	3,046,739	512,946	7,084,956
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)						1,944,732
6	Public support. Subtract line 5 from line 4						5,140,224
Section	on B. Total Support				I.		,,
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,511,669	923,707	1,089,895	3,046,739	512,946	7,084,956
8	Gross income from interest, dividends,						
	payments received on securities loans,						1
	rents, royalties, and income from						1
	similar sources	653	715	307	344	565	2,584
9	Net income from unrelated business						
	activities, whether or not the business						1
	is regularly carried on						1
10	Other income. Do not include gain or						
	loss from the sale of capital assets						1
	(Explain in Part VI.)						1
11	Total support. Add lines 7 through 10						7,087,540
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the org	ganization's firs	t, second, third	d, fourth, or fifth	n tax year as a s	section 501(c)(3	3)
	organization, check this box and stop here	e					🕨 🔲
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2021 (line 6					14	72.52 %
15	Public support percentage from 2020 Sch					15	51.05 %
16a	33 1/3% support test - 2021. If the organi						
	box and stop here. The organization qual	-	• • • •	-			
b	33 1/3% support test - 2020. If the organi						
	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization meet						
	Part VI how the organization meets the fa			-	-		_
	organization						
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-	-		· _
	organization						_
18	Private foundation. If the organization did	d not check a bo	ox on line 13, 1	16a, 16b, 17a, o	or 17b, check th	nis box and see	_
	instructions						🕨 📋

	le A (Form 990) 2021 The Lands a					20-2975553	Page 3
Part							
	(Complete only if you checked th						ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II.))	
-	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
•	acquired after June 30, 1975 Add lines 10a and 10b						
с 11							
TI	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's firs	t second third	fourth or fifth	tax vear as a se	ection 501(c)(3)
••	organization, check this box and stop here					() (′
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8			3. column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (li			line 13, colum	n (f))	17	%
18	Investment income percentage from 2020		• • •			18	%
19a	33 1/3% support tests - 2021. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2020. If the organization	-	-				_
	line 18 is not more than 33 1/3%, check this box a						► [
20	Private foundation. If the organization did	not check a bo	ox on line 14, 1	9a, or 19b, che	eck this box and	see instruction	s Þ 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

e Part V.)						
	Yes	No				
	103					
1						
2						
3a						
3b						
50						
3c						
4a						
4b						
10						
4c						
5a						
5b						
5c						
6						
0						
7						
8						
-						
9a						
9b						
30						
9c						
10a	1					
10b						

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021 The Lands at Hillside Farms 20-297555	3	P	age 5
Part				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Secti	provide detail in Part VI .	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1			res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	······································		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	<i>.</i>).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Sche	dule A (Fo	orm 99) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust	on Nov. 20, 1970 (explai	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz	zatio	ns must complete Section	ns A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	illy in	tegrated Type III support	ting organization
	(see instructions).	•		- •

The Lands at Hillside Farms

EEA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	zations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			_	
'	and 4c.				
8	Breakdown of line 7:				
	Europe from 0017				
<u>a</u>	E				
b	E				
<u> </u>	Free a				
	Excess from 2020				
<u>e</u>	Excess from 2021				Oshadada A (E
EEA					Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

	Sum 1990/2021
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

•	Attach t	o Form	990 or	Form	990-PF.	
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Departmen	t of the Treasury	Attach to Form 990 of Form 990-PF.		
	venue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of	the organization		Employer iden	tification number
The La	ands at Hil	lside Farms	20-297	5553
Organiza	ation type (check	k one):		
Filers of	:	Section:		
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Check if	your organization	n is covered by the General Rule or a Special Rule.		
Note: Or instructio	•	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See	
General	Rule			
	-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali ey or property) from any one contributor. Complete Parts I and II. See instructions for det al contributions.	-	
Special	Rules			
x	regulations unde 16b, and that rec	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supporter sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, li ceived from any one contributor, during the year, total contributions of the greater of (1) \$5, nount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II	ne 13, 16a, or 000; or	
	For an organizat	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro	om any one	

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ٠

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

\$

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Ayers Sustainablity Foundation 1296 Hillside Road Shavertown PA 18708	\$421,824	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Page **2**

Employer identification number

20-2975553

Schedule B (Form 990) (2021)

The Lands at Hillside Farms

Name of organization

SCHE	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

2021 Open to Public

Inspection

OMB No. 1545-0047

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

Name o	f the organization Em	ployer id	dentification nu	mber	
The I	Lands at Hillside Farms	20-2	2975553		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) Funds and oth	er accounts	
1	Total number at end of year		. ,		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised				
3			г	Yes	No
6	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		· · · · · ·	162	
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose				
			Г	7	
Par	conferring impermissible private benefit?			Yes	<u>No</u>
Fai					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (for example, recreation or education)		•	area	
	Protection of natural habitat	fied hist	oric structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervatior	1		
	easement on the last day of the tax year.		Held at the E	nd of the	Tax Year
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
С	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 organiz	ation du	iring the		
	tax year 🕨				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?		[Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easeme	ents during the	year	_
			0		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements o	during the vear	-	
	► S		5,		
8	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)?		Г	Yes	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemet	ent and	-		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that		es the		
	organization's accounting for conservation easements.				
Par		er Sim	nilar Asset	s.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	ce shee	t works		
14	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		Sile		
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	shoot w	orke of		
b					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	or public	c service,		
	provide the following amounts relating to these items:		• •		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$		
-	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide t	he		
	following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
b	Assets included in Form 990, Part X		▶ \$		
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990.		Schedul	e D (Form	990) 2021

	D (Form 990) 2021 The Lands at H:	illside Farms					20-297	5553	Page 2
Par	t III Organizations Maintaining	Collections of A	Art, His	storical T	reasures, o	or Oth	ner Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, accessi	on, and other records	, check a	ny of the foll	owing that mal	ke signi	ficant use of its		
	collection items (check all that apply):			_					
а	Public exhibition		d	Loan o	r exchange pro	grams			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they	further the	organization's e	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit o	r receive donations of	f art, histo	orical treasu	es, or other sir	nilar			
	assets to be sold to raise funds rather than to	o be maintained as pa	art of the o	organization	's collection?			. 🗌 Ye	s 🗌 No
Par	t IV Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line §), or r	eported an an	nount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for co	ntributions o	r other assets	not			
	included on Form 990, Part X?							. 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing tab	le:					
							An	nount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cus	todial account	liability	· · · · · · · ·	. 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	olanation	has been pr	ovided on Part	XIII			
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line 1	10.			
		(a) Current year	(b) P	rior year	(c) Two years b	ack	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g,	column (a))	held as:				
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
с	Term endowment)							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that a	re held and	administered fo	or the			
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sch	nedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	e organization's endov	vment fur	nds.					
Par	t VI Land, Buildings, and Equi	oment.							
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line 1	l1a. S	ee Form 990,	Part X, I	ine 10.
	Description of property	(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value
		(investme	ent)	(other)	de	epreciation		
1a	Land			4,:	180,011			4,	180,011
b	Buildings				530,961		568,839		962,122
с	Leasehold improvements						,		
d	Equipment			1.	759,273		1,293,360		465,913
е	OtherSTMD1	в.			337,674		1,610,648		227,026
	Add lines 1a through 1e. (<i>Column (d) must equ</i>		column (E						B35,072
		-,,	1-						(Earm 990) 202

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

The Lands at Hillside Farms

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ther receivable	229,455
(2project deposits	13,671
(3Construction projects in progress	353,233
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	596,359

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	ral income taxes	
(2)Gift	cards outstanding	47,801
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.	.).▶ 47,801

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

20-2975553

Page 3

Part X

	D (Form 990) 2021 The Lands at Hillside Farms	20-2975553	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,953,293
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••	7	
е	Add lines 2a through 2d	2e	24,277
3	Subtract line 2e from line 1	3	1,929,016
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,929,016
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,028,859
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••	7	
е	Add lines 2a through 2d	2e	24,277
3	Subtract line 2e from line 1	3	2,004,582
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,004,582
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; Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Lands at Hillside Farms

Employer identification number 20–2975553

01. Form 990 governing body review (Part VI, line 11)

The board of directors reviews form 990 prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Conflict of interest statements are reviewed annually by the board of directors.

03. CEO, executive director, top management comp (Part VI, line 15a)

The annual salaray of the executive director and initial salary of key employees is

determined by the board of directors.

04. Other officer or key employee compensation (Part VI, line 15b

Initial salary of key employees is reviewed by the board of directors.

05. Governing documents, etc, available to public (Part VI, line 19)

Form 1023 and forms 990 are all available for public inspection at the offices of the

Lands at Hillside Farms.

06. List of other expenses (Part IX, line 24e)

Feed & veterinary	67,280	
Workers comp insurance	24,291	2,160
workers comp insurance	24,291	2,100
Fuel and oil	20,958	2,392
Trash removal	3,552	
Telephone	6,708	3,025
Equipment rental and maint.	8,697	7,194

Schedule O (Form 990) 2021				Page 2
Name of the organization				Employer identification number
The Lands at Hillside Farms				20-2975553
Cleaning supplies	6,006			
Printing and copying	360		3,198	
Payroll services	1,622	4,821		
Postage	271	524		
Other expenses	5,550	178	140	
Utilities	36,881	977		
Sewer	3,762	566		
<u>Continued</u>				
	2.500			
Sewer		566		
Food and beverages	38	85	0	
Real estate taxes	0	2,093	0	

F	4562		Depreciatio						OMB No. 1545-0172
Form			(Including Infor	mation on L hto your tax		y)			2021
	nent of the Treasury Revenue Service (99)	► Go to	www.irs.gov/Form4562	-		t infor	mation.		Attachment Sequence No. 179
	s) shown on return				ich this form relate				ifying number
	e Lands at Hil	llside Farms		FORM	990 - 1				975553
Par	t I Election T	o Expense Ce	rtain Property Und	er Section	179				
			property, complete Pa			art I.			
1		•	s)					1	
2			placed in service (see					2	
3			perty before reduction	•		,		3	
4			e 3 from line 2. If zero					4	
		-	act line 4 from line 1. I				-	5	
6			<u> </u>	I				5	
	(a) I	Description of property		(b) Cost (busin	ess use only)		(c) Elected cost		-
									-
7	Listed property. E	nter the amount	from line 29		7				_
8			roperty. Add amounts					8	_
9			aller of line 5 or line 8					9	
10	Carryover of disal	lowed deduction	from line 13 of your 2	020 Form 45	62			10	
11	Business income lim	itation. Enter the sn	naller of business income	(not less than z	ero) or line 5. Se	e instr	uctions	11	
			dd lines 9 and 10, but			11		12	
-			to 2022. Add lines 9 a			13			
			for listed property. Inst				~		
			owance and Other					ee insti	ructions.)
14			qualified property (otl						
45	• •		18					14	
			1) election					15	
16 Part		n (including ACR	S)		tructions)			10	312,196
I al				ection A	aucions.j				
17	MACRS deductio	ns for assets pla	ced in service in tax ye		a before 2021			17	
			sets placed in service				ore general		
	asset accounts, c	heck here					► 🔲		
	Section	B - Assets Plac	ed in Service During	2021 Tax Ye	ar Using the	Gene	ral Depreciation	i Syste	m
(a)	Classification of propert	(b) Month and year y placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention		(f) Method	(g) [Depreciation deduction
19a	3-year property								
b	5-yeas parparter							_	16,115
<u> </u>	7-yeas proporter							_	467
f	15-year property							-	260
	<u>-</u>			25 yrs.			S/L		
	Residential renta			27.5 yrs.	MM		S/L	-	
	property	"		27.5 yrs.	MM				
i	Nonresidentialer	ael #570		39 yrs.	MM		S/L		4,055
	property			,	MM		S/L		-,
		C - Assets Place	d in Service During	2021 Tax Yea	r Using the A	lterna	ative Depreciation	on Sys	tem
20a	Class life						S/L		
b	12-year			12 yrs.			S/L		
	30-year			30 yrs.	MM		S/L		
	40-year			40 yrs.	MM		S/L		
	t IV Summary (S	,							1
	Listed property. E					•••		21	
22			nes 14 through 17, line		,				
00			of your return. Partner	-		see in	structions	22	333,093
23		-	ed in service during the section 263A costs	-		23			
	portion of the bas		30011011 200A 60515			23			

Form 4797	
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EEA

e ...

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) .

OMB No. 1545-0184 20)21 Attachment

	al Revenue Service	Go to www irs		to your tax return. instructions and f	the latest information.		Í	Sequence No. 27
Name	e(s) shown on return			instructions and i	ine latest mormation.	Identifying n	umber	
	Lands at Hillside	Farms				20-297	5553	
1	Enter the gross proceeds fr		es reported to you fo	or 2021 on Form(s)	1099-B or 1099-S (or	20 20 7		
	substitute statement) that ye	ou are including on lir	ne 2, 10, or 20. See	instructions			1	
Pa					ss and Involunta		sions	From Other
					/ear (see instructi		orono	
					(e) Depreciation	(f) Cost or oth	ner	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plus improvements	and	(g) Gain or (loss) Subtract (f) from the
	or property	(, auj, j)	(, ady, j)	calco prico	acquisition	expense of s		sum of (d) and (e)
3	Gain, if any, from Form 468	4 line 39					3	
4	Section 1231 gain from inst	-	orm 6252 line 26 or	37			4	
5	Section 1231 gain or (loss)						5	
6	Gain, if any, from line 32, fro		0	- 			6	
7	Combine lines 2 through 6.		•	oppropriate line as f			7	
•						V	- 1	
	Partnerships and S corpo line 10, or Form 1120S, Sch		()	5	Form 1065, Schedule	r,		
	Individuals, partners, S co	rporation sharehold	lers, and all others.	If line 7 is zero or a	loss, enter the amount	from		
	line 7 on line 11 below and	•						
	losses, or they were recapt	•		• •	•			
	Schedule D filed with your r		-	-				
8	Nonrecaptured net section	1231 losses from pric	or years. See instruc	tions • • • • •			8	
9	Subtract line 8 from line 7. I	f zero or less, enter -	0 If line 9 is zero, e	nter the gain from li	ne 7 on line 12 below. I	f line		
	9 is more than zero, enter the	ne amount from line 8	on line 12 below ar	nd enter the gain fro	m line 9 as a long-term	l		
	capital gain on the Schedule			;			9	
Pa	rt II Ordinary Gains	and Losses (se	ee instructions)					
10	Ordinary gains and losses r	not included on lines '	11 through 16 (inclue	de property held 1 y	ear or less):			
BUI	LDING - 924 HILLSI	DE1180927-2009	11-15-2021		299	1	,000	(701)
							_	
11	Loss, if any, from line 7 .						11	()
12	Gain, if any, from line 7 or a						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Forn						14	
15	Ordinary gain from installme						15	
16	Ordinary gain or (loss) from	like-kind exchanges	from Form 8824				16	
17	Combine lines 10 through 1	6					17	(701)
18	For all except individual retu	irns, enter the amour	nt from line 17 on the	e appropriate line of	your return and skip lir	ies a		
	and b below. For individual	returns, complete line	es a and b below.					
а	If the loss on line 11 include	s a loss from Form 4	684, line 35, column	ı (b)(ii), enter that pa	art of the loss here. Ent	er the loss		
	from income-producing pro							
	employee.) Identify as from						18a	
b	Redetermine the gain or (lo							
	(Form 1040), Part I, line 4						18b	

	Elections (This page is e-filed with the return. Include it if paper-filing.)	2021	PG01
Name(s) as shown on return		SSN/EIN	1001
The Lands at	: Hillside Farms	2	0-2975553

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: The Lands at Hillside Farms ADDRESS: 65 Hillside Road, Shavertown, PA 18708 SSN/EIN: 20-2975553

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: TOOLS FOR WORKSHOP

Federal Supporting Statements Name(s) as shown on return The Lands at Hillside Farms 990-T Schedule A Part II - Line 14 Other Deductions Form 990-T Schedule A: Merchandise sales and rentals Description	Tax ID Number 20-2975553 Statement #
<u>990-T Schedule A Part II - Line 14</u> <u>Other Deductions</u> Form 990-T Schedule A: Merchandise sales and rentals	
Other Deductions Form 990-T Schedule A: Merchandise sales and rentals	Statement #
Description	
	Amount
Supplies	4,970
Insurance	17,778
Fees and permits	21,034
Utilities	2,918
Workers compensation insurance	4,073
Fuel and oil	728
Office expense	67
Telephone	2,374
Trash removal	744
Repairs and maintenance	572
Sewer fees	816
Payroll processing	907
Uniform linen and carpet rental	402
Travel	82
	186
Other expense	
Other expense Total	57,651
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals	PG01 Statement #
^{Total} <u>990-T Schedule A Part IV - Line 4</u>	PG01 Statement #
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description	PG01 Statement # Amount
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description Insurance	PG01 Statement # Amount 5,926
990-T Schedule A Part IV - Line 4 Deductions Directly Connected with Income Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description Insurance Depreciation	PG01 Statement #: Amount 5,926 1,890
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description Insurance Depreciation Utilities	PG01 Statement # Amount 5,926 1,890 3,193
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description Insurance Depreciation Utilities Fuel and oil	PG01 Statement # Amount 5,926 1,890 3,193 1,951
Fotal <u>990-T Schedule A Part IV - Line 4</u> Deductions Directly Connected with Income Form 990-T Schedule A: Merchandise sales and rentals Property: Rental, Address: Church Road Shavertown PA 18708 Description Insurance Depreciation Utilities Fuel and oil Repairs and maintenance	PG01 Statement # Amount 5,926 1,890 3,193 1,951 2,243
Total <u>990-T Schedule A Part IV - Line 4</u> <u>Deductions Directly Connected with Income</u> Form 990-T Schedule A: Merchandise sales and rentals	PG01 Statement # Amount 5,926 1,890 3,193 1,951

F	FOR YOUR RECOF		2021	PG01				
Name(s) as shown on return			Tax ID Numb	er				
The Lands at Hillside F	The Lands at Hillside Farms 20-2975553							
Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other Description Cost/basis Cost/basis Book								
of Investment	(Investment)	(Other)	Depr	Value				
Land improvements	0	1,077,388	651,647	425,741				
Building improvements	0	2,481,676	735,647	1,746,029				
Vehicles	0	111,893	63,199	48,694				
Livestock	0	166,717	160,155	6,562				
Total	0	3,837,674	1,610,648	2,227,026				

Form 4562 - Line 19b

PG01 Statement #567

Basis	RP	CV	Method	Deduction
7,685	5	ΗY	SL	769
12,872	5	НҮ	SL	1,287
2,262	5 5	НҮ	SL	226
235	5	НҮ	SL	24
7,700	5 5	НҮ	SL	770
2,900	5	НҮ	SL	290
37,709	5	ΗY	SL	3 , 771
13,464	5 5	НҮ	SL	1,346
3,192		HY	SL	319
1,205	5	НҮ	SL	121
2,950	5	НҮ	SL	295
8,904	5	ΗY	SL	890
2,550	5 5	HY	SL	255
1,475	5	HY	SL	148
1,375	5	HY	SL	138
519	5 5	ΗY	SL	52
1,523	5	HY	SL	152
28,700	5	ΗY	SL	2,870
3,406	5	HY	SL	341
317	5	ΗY	SL	32
2,324	5 5 5	HY	SL	232
848	5	ΗY	SL	85
3,085	5 5 5	HY	SL	309
4,800	5	HY	SL	480
1,900	5	ΗY	SL	190
4,450	5	ΗY	SL	445
1,580	5	ΗY	SL	158
1,200	5	ΗY	SL	120
Total				16,115

Name(s) as shown on retu		Federal Supporting Sta	atements	2021 PG01 Tax ID Number
The Lands	s at Hillside	Farms Form 4562 - Line	<u>19c</u>	20-2975553 Statement #568
Basis 2,001 3,850 40 640 Total	RP 7 7 7 7	СУ НҮ НҮ НҮ	Method SL SL SL SL	Deduction 143 275 3 46 467
		Form 4562 - Line	19e	PG01 Statement #569
<u>Basis</u> 2,101 5,687 Total	RP 15 15	СV НҮ НҮ	Method SL SL	<u>Deduction</u> 70 190 260
		Form 4562 - Line :	<u>19i</u>	PG01 Statement #570
Date 10-2021 12-2021 12-2021 12-2021 12-2021 02-2022 05-2022 Total		Cost 7,280 1,992 1,991 1,992 179,894 5,515 1,662		Deduction 179 40 40 40 3,652 88 16 4,055

	Federal Supporting Statements	2021	PG01
Name(s) as shown on return		Tax ID Number	

The Lands at Hillside Farms

20-2975553

Statement #EL42

Election to Waive Net Operating Loss Carryback

Pursuant to IRC Section 172(b)(3), The Lands at Hillside Farms hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 09-30-2022.

990	(This page is not filed with the return. It is for your records only.)				
Name(s) as shown on return The Lands a ⁻	t Hillside Farms		FEIN 20-2975553		
Description Individual Foundation	/ Business Contributions & Trust Donations and Grants	Total:	Amount \$ 40,607 472,339 \$ 512,946		
Description Net insuran	ce proceeds from casualty loss - fire	Total:	Amount \$ 164,834 \$ 164,834		
Description Mercantile	store sales	Total:	Amount \$ 380,166 \$ 380,166		
Description Cost of good	ds_sold	Total:	Amount \$ 227,658 \$227,658		
Description Program ser Mercantile	vice salaries and wagessalaries and wages	Total:	Amount \$ 516,537 110,448 \$ 626,985		
	vice pension expense pension expense	Total:	<u>Amount</u> <u>\$ 10,804</u> 2,059 \$ 12,863		

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2021 Page 2
Name(s) as shown on return The Lands at	t Hillside Farms		FEIN 20-2975553
Description Program serv Mercantile	vice employee benefits employee benefits	Total:	<u>Amount</u> \$ 10,703 926 \$ 11,629
_Description			Amount
<u>Program serv</u> Mercantile	vice payroll taxespayroll taxes		_ <u>\$ 55,241</u> 8,532
		Total:	
Description	nse		_ <u>Amount</u>
	nse - Mercantile	Total:	67
_ Description Travel Travel - Mes	rcantile	Total:	\$349
Description			Amount
<u>Interest - 1</u>	Program services	Total:	\$ <u>949</u> \$949
_Description			Amount
Depreciation Depreciation	n - Program services n - Mercantile		<u>\$ 281,056</u> 43,071
		Total:	

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2021 Page 3
Name(s) as shown on return The Lands a	t Hillside Farms		FEIN 20-2975553
Description Insurance - Insurance -	Program service Mercantile	otal:	<u>Amount</u> <u>\$ 88,889</u> <u>17,777</u> \$ 106,666
Description			Amount
Supplies - Supplies -	Program service Mercantile	otal:	\$ 201,209 4,970 \$ 206,179
Description			======================================
Fees and pe Fees and pe	rmits - Program service rmits - Mercantile	otal:	\$ <u>55,797</u> 21,034 \$ 76,831
_Description	maintonanco - Program sorvico		Amount \$ 84,525
Repairs and Repairs and	maintenance - Program service maintenance - Mercantile	otal:	495
	1	OLAI:	³ ^{65,020}

Overflow Statement (This page is not filed with the return. It is for your records only.)

2021 Page 4

FEIN

Name(s) as shown on return

20-2975553

The Lands at Hillside Farms

Form 990 Part IX Functional expenses line 24e

Description	Amount
Feed and veterinary	\$ 102,411
Workers compensation insurance	25,668
Workers compensation insurance - Mercantile	4,073
Trash removal	3,720
Trash removal - Mercantile	744
Equipment rental and maintenance	1,314
Equipment rental and maintenance - Mercantile	477
Payroll services	5,634
Payroll services - Mercantile	907
Telephone	8,798
Telephone - Mercantile	2,374
Utilities	59,277
Utilities - Mercantile	2,918
Cleaning supplies	3,511
_Fuel and oil	28,797
Fuel and oil - Mercantile	728
Food and beverages	894
Food and beverages - Mercantile	187
_Other expenses	960
Printing and copying	501
_Sewer	4,033
Sewer - Mercantile	816
Postage	8
Real estate taxes	7,602
Professional fees	15,571
Total	.: \$281,923

Name(s) as shown on return

The Lands at Hillside Farms

Form 990 Part IX Functional expenses Line 24e

Overflow Statement

(This page is not filed with the return. It is for your records only.)

Description	Amount
Workers compensation insurance	\$ 1,535
Fuel and oil	2,818
Professional fees	650
Cleaning supplies	44
Real estate taxes	1,136
Payroll services	425
Postage	602
	534
Other expenses	7,518
Utilities	3,680
Telephone	2,113
Donation - local summer camp	5,000
Total:	\$26,055

Form 990 Part IX Functional expenses Line 24e

Description		Amount		
Printing and copying	<u></u>	2,194		
Professional fees		1,710		
Advertising		2,671		
Postage		857		
Other expense		200		
	Total: \$	7,632		

Description		Amount		
Special event expenses in expenses on 990	<u>\$</u>	5,611		
Rental expenses in expenses on 990		18,666		
	Total: \$	24,277		
	•••••••••			

Description	Amount
Special event expenses in income on financial statements	\$ 5,611
Rental expenses in income on financial statements	 18,666
Total:	\$ 24,277

990

2021 Page 5

FEIN

20-2975553

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2021 Page 6
Name(s) as shown on return The Lands at	t Hillside Farms		FEIN 20-2975553
			20 20 70000
	Taxes		
	Taxes		
Description			Amount
Payroll taxe	es		\$ 8,53
		Total:	\$8,53
	Employee benefits		
Description			Amount
Pension expe	ense		\$ 2,06
Other employ	yee benefits		92
		Total:	\$2,98
	Dairy Store Sales		
Description			Amount
Dairy sales			\$ 1,441,22
Dairy cost o	of sales		(833,90
		Total:	\$607,32
Description Parlor sales Parlor cost		Total:	Amount \$ 478,61 (51,89) \$ 426,72
	/ farm events		<u>Amount</u>
Event suppl:	and beverages		(87
Event equipr			(1,19
Event enter			(65
Event insura Event utilit			(1,07
<u>Event utili</u> Event - othe			(75)
		Total:	

Form 990 Worksheet	Schedule A	A, Line 5 - Exe	cess 2% Limitat	tion Contribu	itors			
	(This page is not filed with the return. It is for your records only.)				2021	2021		
Name(s) as shown on return						Tax ID Number	Tax ID Number	
The Lands at Hillside Farms						20-297555	3	
2% of the amount on Schedule A, Part II, line 11, column	n (f)						141,751	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name	2017	2018	2019	2020	2021	Total	Excess contributions	
							(col. (f) minus	
							the 2% limitation)	
Ayers Sustainablity Foundation			1,017,541	647,118	421,824	2,086,483	1,944,732	
Maslow Family Foundation					10,000	10,000		
Duncan Family Charitable Fund					10,000	10,000		
Ann B Zekauskas Family Foundation					10,000	10,000		
Overlook Estate Foundation					7,000	7,000		

<u>Total</u>

1,944,732