Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Inspection

	tment of that Revenue	he Treasury e Service	► Go to wv	ww.irs.gov/Form990 for	instructions	and the late	est inforn	nation.		Ins	pection	
			dar year, or tax year beginning			and endin						
	JI 1116 Z		ne of organization					D Employer ide	ıtificatio	on number		
B c	neck if applic		W YORK-NEW JERSEY I	RAIL CONFERENC	CE, INC.							
	Address		g business as					22-6042	838			
-	change Name cha	Num	nber and street (or P.O. box if mail is	s not delivered to street add	ress)	Room/suite		E Telephone nu	nber			
-	Initial retu		O RAMAPO VALLEY ROA	4D				(201)5	12-9	348		
-	Final retu	urn/ City	or town, state or province, country,	, and ZIP or foreign postal c	ode							
-	terminate Amended	ed	HWAH, NJ 07430					G Gross receipts	; \$	6,2	02,69	91.
-	return Application	Commission of the last owner.	ne and address of principal officer:	JOSHUA HOW <i>A</i>	ARD			H(a) Is this a ground subordinates		for Y	'es X	No
	」 pending		RAMAPO VALLEY ROAL). MAHWAH, NJ (7430			H(b) Are all subord		uded? Y	'es	No
	Tay-eyem	npt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 5	27	If "No," a	ttach a lis	t. See instruc	tions	
		·	.NYNJTC.ORG					H(c) Group exem	ption nun	nber 🕨		
-			X Corporation Trust	Association Other	>	L Year	of formati	ion: 1920 M	State of	f legal domi	cile:	NJ
THE OWNER OF THE OWNER, WHEN	art I	Summar										
	1 B	riefly descr	ribe the organization's mission	or most significant activi	ties: THE	NEW YOR	K-NEW	JERSEY T	RAIL	CONFE	RENCE	3
a	т Б	- G 7 770.	LUNTEER-POWERED ORG	ANTZATION THAT	BUILDS,	MAINTA	INS,	AND				
ü			S PUBLIC TRAILS.		•							
Governance		heck this b	if the organization	discontinued its operat	ions or dispos	sed of more t	han 25%	of its net asset	S.			
ove.			roting members of the governing						3			1
	3 N	lumber of i	ndependent voting members of	f the governing body (P:	art VI line 1b)				4			1
es			er of individuals employed in ca						5			8.
Νİ			er of volunteers (estimate if nece						6		2,	50
Activities &	72 T	otal uprala	ted business revenue from Part	VIII column (C), line 12					7a			
	h N	lot unrolate	ed business taxable income fron	n Form 990-T. Part I. line	e 11				7b			
	DIV	iet umeiate	d business taxable income nen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Prior Year		Curre	nt Year	
	8 C	Contribution	s and grants (Part VIII, line 1h)					3,189,6	75.	4,9	03,4	06.
nue			rvice revenue (Part VIII, line 2g)					206,8	35.	2	233,0	18.
Revenue			income (Part VIII, column (A), li					180,1	09.	3	316,2	69.
R			ue (Part VIII, column (A), lines					3,1	25.		6,0	196
			ue - add lines 8 through 11 (mu					3,579,7	94.	5,4	158,7	89.
			similar amounts paid (Part IX, co					N	ONE		N	10N
			d to or for members (Part IX, co					N	ONE			10N
	45 0		ner compensation, employee be					2,102,2	33.	2,2	295,9	10.
Expenses	16a P		I fundraising fees (Part IX, colun					150,0	00.		N	NON:
ben	b T	otal fundra	aising expenses (Part IX, column	ı (D). line 25) ▶	475,316							
Ж	17 0	Otal Tullians Other evner	nses (Part IX, column (A), lines	11a-11d. 11f-24e)				954,7	15.	1,1	L54,7	17
			ses. Add lines 13-17 (must equ					3,206,9	98.	3,4	150,6	27
			ss expenses. Subtract line 18 from					372,7	96.	2,0	008,1	.62
or		(CVCITAC TO	о охроново. В выпавания на				Begin	ning of Current	Year	End o	f Year	
sets or	20 T	otal assets	(Part X, line 16)					11,794,4	67.	13,5	527,6	46
Ass Bal	21 T		ies (Part X, line 26)					761,1	11.		378 , 4	:83
Vet			or fund balances. Subtract line					11,033,3	56.	13,	149,1	.63
P	rt II	Signatu	re Block									
			I de desertible de la branche autominad	this return, including acco	mpanying sche	dules and sta	tements,	and to the best of	of my kr	nowledge a	nd belie	f, it is
tru	e, correct	t, and comple	ete. Declaration of preparer (other th	nan officer) is based on all i	nformation of w	nich preparei	nas any k	nowledge.	10	1 -		
		07	ha Pen -						19	120	22	
Sig	ın 📗	Signatu	ire of officer					Date	ŧ			
He	re		12ru Perco									
		Type or	print name and title									
		Print/Type p	preparer's name	Preparer's signature		Date		Check	if P	TIN		
Pai	11	BRAD C	CARUSO	BRAD CARUSO		11/	08/202	self-emplo	yed I	201249	134	
	parer	Firm's name	b management pp.					Firm's EIN	22	2-20270	92	
Us	e Only 🖯	Firm's addre		BLVD 14TH FL EAST BRU	JNSWICK, NJ (08816		Phone no.	73	32-828-	-1614	
Ma	v the IF	RS discus	s this return with the prepar							. X Ye	s	No
			ction Act Notice, see the sepa		4					Form	990 (2021
rol	raperv	work Redu	ction Act Notice, see the sepa	aco mon acciono.								

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P	art III	Statement of Program Service Accomplishments	
_	Daiathra	Check if Schedule O contains a response or note to any line in this Part III	
1	•	describe the organization's mission:	
		TC IS A VOLUNTEER-POWERED ORGANIZATION THAT BUILDS, MAINTAINS,	
		PROTECTS PUBLIC TRAILS. TOGETHER WITH OUR PARTNERS, WE STRIVE TO	
		RE THAT THE TRAILS AND NATURAL AREAS WE SHARE ARE SUSTAINABLE AND	
_		SSIBLE FOR ALL TO ENJOY FOR GENERATIONS TO COME.	
2		organization undertake any significant program services during the year which were not listed on the orm 990 or 990-EZ?	s X No
	If "Yes,"	describe these new services on Schedule O.	
3		e organization cease conducting, or make significant changes in how it conducts, any program s?	s X No
	If "Yes,"	' describe these changes on Schedule O.	
4	expense	be the organization's program service accomplishments for each of its three largest program services, as modes. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation all expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,319,645. including grants of \$) (Revenue \$)
	TRAI	L BUILDING AND PROGRAMS - FOUNDED IN 1920 TO HELP CONNECT	
	PEOP	LE WITH NATURE, THE TRAIL CONFERENCE HAS BEEN KNOWN AS A	
	BUIL	DER AND MAINTAINER OF TRAILS. OUR VOLUNTEER-POWERED	
	ORGA	NIZATION IS NOW ALSO RECOGNIZED AS AN INNOVATIVE LEADER IN	
	PROT	ECTING NATIVE HABITATS BY COMBATING INVASIVE SPECIES. WE	
	ENGA	GE VOLUNTEERS AND EDUCATE PEOPLE ON THE SIMPLE STEPS THEY CAN	
	TAKE	TO HELP CARE FOR TRAILS AND SAVE OUR ECOSYSTEMS. WE BELIEVE	
	EVER	YONE HAS THE POWER TO PROTECT THE LAND THEY LOVE.	
4b	BOOK ACCU OUTDO)(Expenses 196,328. including grants of)(Revenue 233,01 ICATIONS - SINCE THE ORIGINAL PUBLICATION OF THE NEW YORK WALK IN 1923, THE TRAIL CONFERENCE HAS PROVIDED USERS WITH THE RATE INFORMATION ON LOCAL TRAILS. WHEN YOU DECIDE TO GET OORS, WE PROVIDE THE INFORMATION YOU NEED TO CHOOSE YOUR RIENCE AND SUCCESSFULLY NAVIGATE YOUR WAY THERE AND BACK. OUR TED TRIP PLANNING AND WAYFINDING EXPERTISE IS A SERVICE THAT FFER THROUGH MAPS, GUIDEBOOKS, AND OUR WEBSITE.	8)
4c	SCHO)(Expenses \$ 139,956. including grants of \$)(Revenue \$ INGTON HEADQUARTERS - FOR 40 YEARS, THE DARLINGTON OLHOUSE, BUILT IN 1891, SAT EMPTY. THE TRAIL CONFERENCE LETED THE RESTORATION OF THE BUILDING AS ITS AWARD-WINNING QUARTERS IN 2015.)
		X0111.111.10 111 2010,	
4d	•	program services (Describe on Schedule O.)	
4e	(Expens	ses \$ including grants of \$) (Revenue \$) rogram service expenses ▶ 2.655.929.	

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Part	IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ.	
• • •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to any domestic organization or } \\$			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

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Part	Checklist of Required Schedules (continued)		1	
			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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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	24c		
A	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
23 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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 line 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? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? <i>If "Yes," complete Schedule M</i>	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,"	20		3.7
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		X
-	or IV, and Part V, line 1	34		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
۵	sponsoring organization have excess business holdings at any time during the year?			
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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	4-		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		3.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 –	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.	.,		

]	NEW	YOR	K-N	EW 3	JERS	ΕY	TR.	AIL	CONF	'ERENCE,	.]	NC.			22	-60)42	838		Pag	ge 6	
nag	eme	nt, a	ınd	Disc	losu	re.	For	each	"Yes"	response	to	lines	2 th	rough	7b	be	low,	and	for	a "	'No"	
														_			_					

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	oʻ
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	
	Check if Schedule O contains a response or note to any line in this Part VI	٦

<u></u>	ion A. Coverning Body and Management	· · · ·	• • •	X
Sect	ion A. Governing Body and Management		Yes	No
			res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 11	\dashv		
	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 on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing 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			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
	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 record	ds 🕨		
	MARY PERRO 600 RAMAPO VALLEY ROAD MAHWAH, NJ 07430			

201-512-9348

Form **990** (2021)

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(4) TOCHUTA HOMADD	40.00									
(1) JOSHUA HOWARD	NONE			37				127 000	NONE	2 027
EXECUTIVE DIRECTOR (2) MARY PERRO	40.00			Х				127,890.	NONE	3,837.
CHIEF FINANCE OFFICER	NONE			Х				103,679.	NONE	8,923.
(3) PATRICIA WOOTERS	8.00			Λ				103,073.	NONE	0,723.
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE
(4) DR. ELIZABETH RAVIT	8.00	Λ		Λ				NONE	NONE	NONE
BOARD TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) KENNETH POSNER	8.00	21		23				IVOIVE	110111	110111
BOARD SECRETARY	NONE	Х		X				NONE	NONE	NONE
(6) SUSAN BARBUTO	5.00							TOTAL	110112	NONE
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) CHARLES GADOL	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) ANDREW GARRISON	5.00							-	-	
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) JOHN MAGERLEIN	8.00							-	-	
BOARD VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) EDWARD B. WHITNEY	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) DAVID FELSENTHAL	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) DEANA CULBREATH	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) MARY ANN VILLARI	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14)										

Form **990** (2021)

Form 990 (2021)

•	00	12000	
			_

	rt VII Section A. Officers, Directors, Tru	ictors Ka	v Em	nla			and L	امالا	host Component	od Employees /ex	Page O
Гα			:y ⊑11	ipic	_		anu r	ııyı			•
	(A)	(B)				C)			(D) Reportable	(E) Reportable	(F)
	Name and title	Average hours per	(do r	not c		sition more	e than o	ne	compensation	compensation from	Estimated amount of
		week (list any	box,	related	other						
		hours for			_	_	or/trust		the	organizations	compensation
		related	ndi or d	nsti	Officer	Key employee	em di High	Former	organization	(W-2/1099-MISC)	from the
		organizations below dotted	/idu	tutic	ĕr	emp	est	ner	(W-2/1099-MISC)		organization and related
		line)	or tr	onal		loy	e con				organizations
			Individual trustee or director	Institutional truste		e	per				
			0	tee			Highest compensated employee				
							8				
		ļ 									
		L									
		ļ									
		L									
		ļ +									
		L									
		L									
		L									
1b	Sub-total							\blacktriangleright	231,569.	NONE	12,760.
С	Total from continuation sheets to Part VII, S							\blacktriangleright	NONE	NONE	NONE
d	Total (add lines 1b and 1c)							>	231,569.	NONE	12,760.
2	Total number of individuals (including but not		hose	liste	d a	bove	e) who	o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n ▶					2				
											Yes No
3	Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highes	compensated	
	employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	ivid	ual						3 X
4	For any individual listed on line 1a, is the	sum of rer	ortah	ole d	com	nen	satio	n ai	nd other compens	sation from the	
•	organization and related organizations gro										
	individual										4 X
5	Did any person listed on line 1a receive or										
_	for services rendered to the organization? <i>If "Yes</i>										5 X
Se	ction B. Independent Contractors										
1	Complete this table for your five highest com										
	compensation from the organization. Report of										
	year.										

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a r	espor	nse or note to an	y line in this Part V	/III		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	265,089.				
פֿפֿ	c	Fundraising events			1c	6,291.				
fts	d	Related organizations .			1d					
פֿוּ	e	Government grants (cor			1e	2,003,425.				
Sin	f	All other contributions,		· · · · · ·						
utio er 9	-	and similar amounts not in	-	-	1f	2,628,601.				
Ę Ė	g	Noncash contributions		ľ						
g	9	lines 1a-1f			1g :	\$ 63,230.				
a Se	h	Total. Add lines 1a-1f.					4,903,406.			
		Totali / Ida iii loo ia ii i	• •			Business Code	, ,			
e	20	SALES OF MAPS, BOOKS	AND (OTHER ITEM	4S	900099	233,018.	233,018.		
٦≧	2a									
Se	b									
Z S	C									
Re	d									
Program Service Revenue	e	All other program service revenue								
_	f g	Total. Add lines 2a-2f.					233,018.			
	3									
	Investment income (including dividends, in other similar amounts)			275,491.			275,491.			
	4	Income from investmen				. [NONE			2.07,1020
	5	Royalties		•		•	6,096.			6,096.
	•	Troyanies	• •	(i) Rea		(ii) Personal	0,030.			0,050.
	6-	Cross rents	6-	()						
	6a		6a							
	b	. –	6b		NONE	NONE				
	C	`	6c				NONE			
	d	Net rental income or (los	ss) .	(i) Secur		(ii) Other	NONE			
	7a	Gross amount from		(i) occur	itics	(II) Outer				
		sales of assets	_	7.0	0 571	21 005				
_	١.	1	7a	12	8,571.	31,885.				
Revenue	b	Less: cost or other basis		C 41	7 077	71 001				
Ver		·	7b		7,877.	71,801.				
_		Gain or (loss) L	7c		0,694.	-39,916.	40.770			40.770
er	a	Net gain or (loss)			· · · · ·		40,778.			40,778.
Other	8a	Gross income from		J						
		events (not including \$		6,291.						
		of contributions repo								
		1c). See Part IV, line 18				24,224.				
	b	Less: direct expenses .				24,224.				
	С	Net income or (loss) fro	om tu	-		•	NONE			NONE
	9a		om	gaming						
		activities. See Part IV, Iir				NONE				
	b	Less: direct expenses .				NONE				
	С	Net income or (loss) from	_		ivities .	•	NONE			
	10a	Gross sales of in		•						
		returns and allowances				NONE				
		Less: cost of goods sold			10b	NONE				
	С	Net income or (loss) fro	m sa	ies of inven	iory		NONE			
Sno						Business Code				
Miscellaneous Revenue	11a									
la /en	b									
Re	С									
Ξ Z	d	All other revenue								
	е	Total. Add lines 11a-11					NONE			
	12	Total revenue. See instr	ructio	ns		▶	5,458,789.	233,018.		322,365.

22-6042838

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a re		in this Part IX		
Do not include amounts reported on lines 6b, 7b 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	. NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	. NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	. NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	244,401.	139,219.	73,765.	31,417
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	. NONE			
7 Other salaries and wages	1,772,672.	1,328,370.	156,870.	287,432.
8 Pension plan accruals and contributions (include	30,107.	23,036.	2,108.	4,963
section 401(k) and 403(b) employer contributions	3)			
9 Other employee benefits	. 84,233.	62,718.	7,232.	14,283
10 Payroll taxes	164,497.	119,882.	18,521.	26,094
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	6 440	5,716.	292.	432
c Accounting		43,737.	2,236.	3,303
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees			20,003.	
g Other. (If line 11g amount exceeds 10% of line 25, colum				
(A), amount, list line 11g expenses on Schedule O.)	1 = 0 4 6 0	135,326.	6,918.	10,219
12 Advertising and promotion	1	,	117.	·
13 Office expenses		207,296.	6,345.	80,169
14 Information technology		44,051.	2,252.	3,327
15 Royalties		,	,	•
16 Occupancy	•	54,984.	3,841.	5,412
17 Travel	•	40,574.	178.	818
18 Payments of travel or entertainment expenses	•	, , , , ,		
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings		29,845.	73.	546
20 Interest		.,		5 1 0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization		170,904.	13,733.	
23 Insurance	•	43,985.	4,898.	6,901
24 Other expenses. Itemize expenses not covered			-,	3,00=
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.)				
a TRAIL DEVELOPMENT COSTS	206,286.	206,286.		
		200,200.		
b				
C				
d				
e All other expenses	2 450 627	2 655 020	210 202	17E 21C
Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the		2,655,929.	319,382.	475,316.
organization reported in column (B) joint costs from a combined educational campaign and	i			
fundraising solicitation. Check here iff				

Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	411,008.	1	324,235.
	2	Savings and temporary cash investments	. 125,196.	2	363,117.
	3	Pledges and grants receivable, net	1,370,867.	3	2,242,904.
	4	Accounts receivable, net	. 58,147.	4	73,214.
	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	NONE
	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).		6	NONE
ß	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .O		9	16,521.
	_	Land, buildings, and equipment: cost or other	. 3,000.		10,021.
	1.00	basis. Complete Part VI of Schedule D 10a 4, 634, 02	1		
	h	Less: accumulated depreciation		100	3,625,268.
	11	Investments - publicly traded securities SEE SCHEDULE .Q		11	5,138,095.
	12				
		Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11			NONE
	14	Intangible assets		14	4,318.
	15	Other assets. See Part IV, line 11		15	1,739,974.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	13,527,646.
	17	Accounts payable and accrued expenses		17	211,022.
	18	Grants payable	. NONE		NONE
	19	Deferred revenue . SEE SCHEDULE O			6,225.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
es	22	Loans and other payables to any current or former officer, director			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	. 176,221.	23	161,236.
	24	Unsecured notes and loans payable to unrelated third parties	. 380,761.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	. NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	761,111.	26	378 , 483.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	7,656,093.	27	8,719,616.
ĕ	28	Net assets with donor restrictions		28	4,429,547.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	,		,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
χĀ	32	Total net assets or fund balances		32	13,149,163.
ž	33	Total liabilities and net assets/fund balances		33	13,527,646.
	00		11,//1,10/.	- 55	Form 990 (2021)

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Part	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				<u> 789</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	50,	<u>627</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	08,	<u> 162</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,0	33,	<u> 356</u>
5	Net unrealized gains (losses) on investments	5		1	14,	<u>735</u>
6	Donated services and use of facilities	6			-7,	<u>090</u>
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	3,1	49,	<u> 163</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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 over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits		3b		

Form **990** (2021)

SCHEDULE A (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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

NEV	V Y	ORK-NEW JERSEY TRAI	L CONFERENCE,	INC.			22-6	042838
Pa		Reason for Public Cha			complet	te this p	art.) See instruction	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E (Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	_					
7		An organization that norma	•	•	pport fro	om a go	vernmental unit or fr	om the general public
•		described in section 170(b)		·	D 11.\			
8	\vdash	A community trust describe	-		-	onoratos	l in conjunction with a	land grant college
9		An agricultural research orgor university or a non-land-	=			-	-	
		university:	grant conege or ag	friculture (see iristruct	10115). EI	ilei lile i	name, dily, and state o	i the college of
10	V	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	sunnort	from cou	ntributions membersh	nin fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from gross investmacquired by the organization						businesses
11		An organization organized	·	,	. , . , .		,	
12		An organization organized a	•	•	-			rry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or sect i	ion 509(a)(2). See sec	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or el	lect a m	ajority of	f the directors or truste	es of the
		_ supporting organization. \	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	nage the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ						lly integrated with,
		its supported organization		•				
d		Type III non-functionally			-			- : :
		that is not functionally inte	•	• •	•		•	d an attentiveness
_	Г	requirement (see instructCheck this box if the orga	•	-				II. Two III
е	_	functionally integrated, or						п, туре п
f	Fn	iter the number of supported				nyanizai	uon.	
g		ovide the following information						
_		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (oco monaciono))	Yes	No	, metradamon	motradioney
(A)								
,								
(B)								
(C)								
(D)								
(E)								
(E)								
Tota	al							
	••							

Sche	dule A (Form 990) 2021						Page 2
Par	Complete only if you checket Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or iḟ tĺ	he organizatio	n failed to qua	
Sec	tion A. Public Support	. ,		· ·	· · ·	,	
	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4	(a) 2011	(8) 2010	(6) 2013	(u) 2020	(6) 2021	(i) rotal
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First 5 years. If the Form 990 is for						
0.5.5	organization, check this box and stop here			<u> </u>			▶ 🔼
	tion C. Computation of Public Sup			. 44			0/
14	Public support percentage for 2021 (li						<u>%</u> %
15	Public support percentage from 2020 331/3% support test - 2021. If the org						
ıba	box and stop here . The organization q						
h	331/3% support test - 2020. If the org						
J							
	this box and stop here . The organization qualifies as a publicly supported organization						
18	15 is 10% or more, and if the organizin Part VI how the organization meets organization	zation meets the the facts-and	ne facts-and-circ	cumstances test, test. The organi	, check this bo ization qualifies	x and stop here s as a publicly s	e. Explain supported
. •	ato roundation in the organization	4.4 1101 01101	a 20x 011 1111	- 10, 10u, 10D	,,	-1100K 1110 DUA	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				·	,	
	ndar 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	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	1,895,212.	1,712,864.	2,353,236.	2,694,075.	4,897,115.	13,552,502.
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	523,019.	491,975.	195,191.	206,885.	233,018.	1,650,088.
3	Gross receipts from activities that are not an	,		,	,	,	· · · · · · · · · · · · · · · · · · ·
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	2,418,231.	2,204,839.	2,548,427.	2,900,960.	5,130,133.	15,202,590.
	Amounts included on lines 1, 2, and 3	2,120,2021		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,222,222	
ı a	received from disqualified persons	53,000.	52,000.	59,000.	98,100.	90,850.	352,950.
b	Amounts included on lines 2 and 3	33,777	,	00,000		22,3321	
	received from other than disqualified						
	persons that exceed the greater of \$5,000	305,917.	88,519.	182,824.	156,700.	204,868.	938,828.
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b	358,917.	140,519.	241,824.	254,800.	295,718.	1,291,778.
8 8	Public support. (Subtract line 7c from	330/317.	110,010.	211,021.	231,000.	233,710.	1,231,770.
Ü	line 6.)						13,910,812.
Sec	tion B. Total Support						13,310,012.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	2,418,231.	2,204,839.	2,548,427.	2,900,960.	5,130,133.	15,202,590.
	Gross income from interest, dividends, payments received on securities loans,					2,233,233	
	rents, royalties, and income from similar sources	221,390.	266,854.	168,966.	126,590.	281,587.	1,065,387.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	221,390.	266,854.	168,966.	126,590.	281,587.	1,065,387.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	24,173.	NONE	NONE	NONE	NONE	24,173.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,663,794.	2,471,693.	2,717,393.	3,027,550.	5,411,720.	16,292,150.
14	First 5 years. If the Form 990 is fo	r the organization	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8	, column (f), divide	ed by line 13, colun	nn (f))		15	85.38 %
16	Public support percentage from 2020 Scho	edule A, Part III, lin	e 15			16	83.57%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2021 (li			3, column (f))		17	6.54%
18	Investment income percentage from 2020					18	6.82%
	331/3% support tests - 2021. If the o						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the org						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			•	. ,		H 1

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 box 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.**
- 10 a 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 line 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.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	_		
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	5. 1.5 Cappetion of garmanone. If 100, accombe in the France Fore project by the organization in the legal.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction 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):			
_				
	Acquisition indebtedness applicable to non-exempt-use assets	2		
_	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization

Schedule A (Form 990) 2021

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page **7**

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		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	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2021				(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 - explain in Part VI). 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				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A (Form 990 or 990-EZ) 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 A, PART III - OTHER INCOM	ΙE					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER REVENUE	24,173.	NONE	NONE	NONE	NONE	24,173.
TOTALS	24,173.	NONE	NONE	NONE	NONE	24,173.
===						

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC 22-6042838 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗓 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, 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

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.

Schedule B (Form 990) (2021)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 63,102.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Type of contribution
5	N/A	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.			Person X Payroll Noncash (Complete Part II for

Employer identification number

22-6042838 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Χ N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 N/A Χ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 N/A Χ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Χ N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Χ N/A Person **Payroll** 25,000. Χ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 12 N/A Person **Payroll** 25,000. Noncash (Complete Part II for

noncash contributions.)

Employer identification number 22-6042838

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$21,208.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A		Person X Payroll

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$16,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$16,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	N/A	\$14,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	N/A	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	N/A	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	N/A	\$12,417.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copi	·	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution

		\$10,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Χ

Person Payroll

29

N/A

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
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(-)	//->	(2)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate co		eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

		\$10,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$9,494.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

(d)

Type of contribution

Person Payroll

Χ

(a)

No.

41

N/A

(b)

Name, address, and ZIP + 4

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	NEW YORK-NEW JERSEY TRAIL CONFER	ENCE, INC.	22-6042838
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$\$, 5,167.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$5,000	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Employer identification number 22-6042838

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA

art I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is need	ed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	d.
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		I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.
(2)	(b)		(0)	(4)

(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
73	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
74	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
75	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
76	N/A	\$34,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d) Type of contribution	
No.	Name, address, and ZIP + 4	Total contributions		
77	N/A	\$607,464.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	

Name of organization

Employer identification number

	NEW YORK-NEW JERSEY TRAIL CONFE	RENCE, INC.	22-6042838	
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
79	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
80	N/A	\$ \$ 36,270.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
81_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
82	N/A	\$\$83,596.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
83_	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

noncash contributions.)

(d) Type of contribution

Person Payroll

Noncash
(Complete Part II for

Χ

Schedule B (Form 990) (2021)

(c)

Total contributions

297,996.

\$

(a)

No.

84

N/A

(b)

Name, address, and ZIP + 4

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

Tax)	(See separate instructions), the		r Tax) (See separate i	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	· ·			' '	
	V YORK-NEW JERSEY TRA	AIL CONFERENCE, INC.			042838
		rganization is exempt under			
1	•	ne organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa				
2		xpenditures. See instructions			
		campaign activities. See instruction			
Par		rganization is exempt under			
1		ise tax incurred by the organization			
2	Enter the amount of any exc	ise tax incurred by organization n	nanagers under sect	ion 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	rganization is exempt under	section 501(c), ex	xcept section 501(c)(3).
1		xpended by the filing organization			
_					
2	527 exempt function activiti	g organization's funds contributedes		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year?. and employer identification numbers. For each organization listed, exploring the properties of the propert	ber (EIN) of all section nter the amount pain nptly and directly de	on 527 political organiza d from the filing organiz elivered to a separate po	ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

schedule C (Form 990) 2021	NEW YORK-NEW	JERSEY '	TRAIL CON	NFERENCE,	INC.	22	-6042838	Page 2	
Part II-A Complete if the o section 501(h)).	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under								
	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
3 Check ▶ if the filing orga	anization checked box	A and "lim	ited control"	provisions a	oply.				
	its on Lobbying Expe ditures" means amo		or incurred.)		(a) Filin organization	٠ ا	(b) Affiliat group tota		
1a Total lobbying expenditures t	to influence public on	inion (grass	roots Johnvi	na)					

3	Check ► if the filing organization checked box A and "limited control" provisions apply.									
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals						
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying)								
		a legislative body (direct lobbying)								
		a and 1b)								
		I lines 1c and 1d)								
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both								
	columns.									
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	Not over \$500,000	20% of the amount on line 1e.								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.								
	Over \$17,000,000	\$1,000,000.								
g	Grassroots nontaxable amount (enter 25	3% of line 1f)								
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0								
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-								
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720							
	reporting section 4911 tax for this year?			Yes No						

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column (e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
е	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021						CONFERENCE,			22-6042838
Part II-B	Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).								
For each	"Yes," response	on lines	1a through	1i below,	provide	in Part IV a	detailed	(a)	(b)

 -	and "Man" manager on lines to through the below manifed in Port IV a detailed	(8	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?	Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ		
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			7,621
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			1,139
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		696
i	Other activities?		Χ	
j	Total. Add lines 1c through 1i			9,456
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da	t III A Complete if the experiencies is example under coeffice E04(a)(4) coeffice E04	/~\/E\		action

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a
2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

CEE	$D \land C \Box$	1

LOBBYING ACTIVITIES

- 1A VOLUNTEERS ATTENDED EVENTS IN SUPPORT OF OPEN SPACE PRESERVATION AND PARKS FUNDING.
- 1B PAID STAFF ATTENDED EVENTS AND WROTE E-MAILS AND NEWSLETTERS IN SUPPORT OF OPEN SPACE AND PARKS FUNDING.
- 1D E-MAILS WERE SENT ASKING TO SUPPPORT FUNDING FOR PARKS AND OPEN SPACE.
- 1E NEWSLETTER ARTICLES SUPPORTING OPEN SPACE ACQUISITION AND PROTECTION WERE WRITTEN.
- 1G ATTENDED MEETINGS IN SUPPORT OF OPEN SPACE PRESERVATION AND PARKS FUNDING.
- 1H ATTENDED EVENTS IN SUPPORT OF OPEN SPACE PRESERVATION AND PARKS FUNDING.

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number

NEW	YORK-NEW JERSEY TRAIL CONFERENCE, INC.	22-6042838
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes . No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt Conservation Easements.	
	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)	f a historically important land area
	Y Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a 2
b	Total acreage restricted by conservation easements	2b 1,499.78
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	
	3	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	1
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	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
_	► <u>6.00</u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section	~ 170/h)/4)/D)/i)
8		
9	and section $170(h)(4)(B)(ii)$?	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	in statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	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 balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or reservoide 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 as	ssets for financial gain, provide the
	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	▶ \$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public axhibition b Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. b Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pa	rt III Organizations Maintaini	ng Collections of							ontinue		age 💻
collection items (check all that apply): a							-					of its
Public exhibition d						•		•	J			
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	• /	d 🗌	Loan o	r excha	nge pro	gram				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IV. Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY, line 21. 1a Is the organization and subject the following table: Complete if the organization and the part XIII and complete the following table: Beginning balance 1. 1c	b	Scholarly research		е 🗍			0 .	J				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?			rations		-							
XIII.	4			and explain	how th	hev fur	ther the	organization'	s exemp	purpos	se in	Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				'		,		3				
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.	5		on solicit or receive o	donations of a	art. histo	orical tre	easures.	or other similar	ar			
Part IV		9							_	Yes		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa					<u> </u>						
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount □ C Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Distribu				es" on Form	990. P	art IV.	line 9. d	or reported a	n amour	nt on Fo	orm	
Included on Form 990, Part X?					, .	,						
Included on Form 990, Part X?	1a		tee. custodian or o	ther intermed	diarv fo	r contr	ibutions	or other ass	ets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance									Γ	Yes		No
C Beginning balance	b]
C Beginning balance 1 C						[Amount			
d Additions during the year .	С	Beginning balance				1	1c					
Ending balance 16 17 18 18 19 19 19 19 19 19	_					-						
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. See Form 990 Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Ine 10. Part V P	e											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 3,746,718 3,736,5718 3,470,083 4,424,782 4,021,644 b Contributions 350,000 None	f											
Part V	2a							dial account lia	bility?	Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_										1
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (-	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three y			ition answered "Ye	es" on Form	990, P	art IV.	line 10	_				
b Contributions									ears back	(e) Four	years	back
b Contributions	1 2	Reginning of year balance	3,746,718.	3,739,	573.	3,4	70,083.	4,42	4,782.	4,	021,6	44.
C Net investment earnings, gains, and losses	_											
and losses. 383,424. 348,145. 628,140. −251,496. 634,947. d Grants or scholarships NONE NONE NONE NONE NONE NONE NONE Other expenditures for facilities and programs 181,997. 321,000. 338,650. 682,000. 211,000. f Administrative expenses 20,003. 20,000. 20,000. 21,203. 20,809. g End of year balance 14,278,142. 3,746,718. 3,739,573. 3,470,083. 4,424,782. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 100,0000 % Permanent endowment ► NONE % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations sisted as required on Schedule R? 3a(ii) x b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) Land. 221,340. 221,340. 221,340. b Buildings (a) 4,036,624. 780,128. 3,256,496. c Leasehold improvements (21,360. 7,820. 62,560. d Equipment. 118,895. 100,215. 18,680.			,					-				
d Grants or scholarships NONE NONE NONE NONE NONE NONE NONE	C		383,424.	348,	145.	6	28,140.	-25	1,496.		634.9	47.
Other expenditures for facilities and programs	٨											
and programs		- 1	<u> </u>						-			
## Administrative expenses	е	-	181.997.	321.	.000.	3	38.650.	68	2,000.		211.0	00.
g End of year balance	£	· -										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0000 % b Permanent endowment ▶ NONE % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		-								4.		
a Board designated or quasi-endowment ▶ 100.000 % b Permanent endowment ▶ NONE % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land 221,340 b Buildings 4,036,624 780,128 3,256,496 c Leasehold improvements 70,380 7,820 62,560 d Equipment. 118,895 100,215 18,680					-			<u> </u>	.,	-,	,	
b Permanent endowment ▶ NONE % Term endowment ▶ NONE % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation (d) Book value depreciation 1a Land 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 221, 340. 3, 256, 496. C Leasehold improvements 70, 380. 7, 820. 62, 560. d Equipment.					ille ig,	COIUITITI	(a)) nei	u as.				
Term endowment ▶ NONE % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations .	_	-		_,~								
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value 221, 340. 221, 340. 5 Buildings. 4, 036, 624. 780, 128. 3, 256, 496. C Leasehold improvements. 70, 380. 7, 820. 62, 560. d Equipment. 118, 895. 100, 215. 18, 680.		· ———										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (investment) 4 Description of property (a) Cost or other basis (other) (other) 221, 340. 221, 340. 221, 340. 221, 340. 4 , 036, 624. 780, 128. 3, 256, 496. C Leasehold improvements. 70, 380. 7, 820. 62, 560. d Equipment.	•			100%								
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organization in Sa(iii) (iv) Related organizations (iv) Related organization in Sa(iii) (iv) Related organizations (iv) Related organization in Sa(iii) (iv) Related organizations (iv) Related organizatio	3 a		•		on that a	are helo	d and ac	dministered for	the			
(i) Unrelated organizations. (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. 221, 340. 221, 340. b Buildings 4,036,624. 780,128. 3,256,496. c Leasehold improvements 70,380. 7,820. 62,560. d Equipment. 118,895. 100,215.				· g						[Yes	No
(ii) Related organizations		•								3a(i)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?												
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) Land. Land. 221, 340. 221, 340. Buildings 4,036,624. 780,128. 3,256,496. Leasehold improvements 70,380. 7,820. 62,560. d Equipment. 118,895. 100,215.	b											
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 221, 340. 221, 340. 221, 340. b Buildings 4,036, 624. 780, 128. 3,256, 496. c Leasehold improvements 70,380. 7,820. 62,560. d Equipment 118,895. 100,215. 18,680.		• •	•	•								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 221, 340. 221, 340. 221, 340. b Buildings 4,036, 624. 780, 128. 3,256, 496. c Leasehold improvements 70,380. 7,820. 62,560. d Equipment 118,895. 100,215. 18,680.		rt VI Land, Buildings, and Equ	uipment.									
tal Land (investment) (other) depreciation b Buildings 221,340. 221,340. c Leasehold improvements 4,036,624. 780,128. 3,256,496. c Leasehold improvements 70,380. 7,820. 62,560. d Equipment 118,895. 100,215. 18,680.		Complete if the organiza	ation answered "Ye									
1a Land 221,340. 221,340. b Buildings 4,036,624. 780,128. 3,256,496. c Leasehold improvements 70,380. 7,820. 62,560. d Equipment 118,895. 100,215. 18,680.		Description of property							(d) Book va	lue	
b Buildings 4,036,624 780,128 3,256,496 c Leasehold improvements 70,380 7,820 62,560 d Equipment 118,895 100,215 18,680	1a	Land	,							22	21.3	4 0
c Leasehold improvements 70,380. 7,820. 62,560. d Equipment 118,895. 100,215. 18,680.	_							780-128				
d Equipment		<u> </u>										
	e							120,593.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				n 990. Part X								

Schedule D (Form 990) 2021

Schedule D (F	form 990) 2021 NEW YORK-NEW J	ERSEY TRAIL CON	FERENCE, INC. 2	2-6042838 Page
Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Ves" on Form 000	Part IV line 11c See Form 000	Part V line 13
			(c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	escription		(b) Book value
(1)TRAIL	LANDS AND EASEMENTS			1,739,974
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (5 000 5 (1) (10)			
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)	· · · · · · · · · · · · · · · · · · ·	1,739,974.
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
				(In) De ala cuelca
1. (1) Feder	al income taxes	otion of liability		(b) Book value
	al illourie taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				

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 .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

JSA 1E1270 1.000

(9)

 \blacktriangleright

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	0012000 5
1	Total revenue, gains, and other support per audited financial statements	1	5,708,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a	Net unrealized gains (losses) on investments		
_	3 ()	-	
b			
C	The section of prior your grants, i		
d	, , , , , , , , , , , , , , , , , , , ,	2e	276,780.
e	Add lines 2a through 2d	3	5,431,696.
3	Subtract line 2e from line 1	3	3,431,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b 4a 20,003.		
a	investment expenses het included en remisses, rait vin, inte ret.	-	
b	(= ====================================	4c	27,093.
С 5	Add lines 4a and 4b	5	5,458,789.
Part			3,430,703.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,592,669.
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	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	162,045.
3	Subtract line 2e from line 1	3	3,430,624.
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 20,003.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	20,003.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,450,627.
	XIII Supplemental Information.		
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nation	iline 4, Part X, line
SEE	SUPPLEMENTAL PAGE		

SCHEDULE D, PART X, LINE 2 - INCOME TAXES

THE TRAIL CONFERENCE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THE TRAIL CONFERENCE FOLLOWS THE PRONOUNCEMENT RELATED TO INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2021 AND 2020. THE TRAIL CONFERENCE DID NOT HAVE ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS PRESENTED IN THESE STATEMENTS.

SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS

CONSERVATION LAND AND EASEMENTS ARE REPORTED AS NON-CURRENT ASSETS ON THE BALANCE SHEET. THERE IS NO INCOME ASSOCIATED WITH THEM UNTIL THEY ARE SOLD AT WHICH TIME A GAIN OR LOSS IS RECOGNIZED.

SCHEDULE D, PART II, LINE 9 - POLICY REGARDING CONSERVATION EASEMENTS

THE ORGANIZATION HAS A CONSERVATION AGREEMENT WITH THE GRANTOR OF THE EASEMENT PROPERTY WHICH OUTLINES THEIR RESPONSIBILITIES AND RIGHTS AS GRANTEE PERTAINING TO THE PROPERTY. THEY HAVE THE RIGHT TO INSPECT THE PROPERTY. AS FOR ENFORCEMENT, ANY VIOLATIONS SHALL BE REPORTED TO THE FEE OWNER OF THE PROPERTY WHO WILL CURE THE VIOLATION. THE ORGANIZATION CANNOT GIVE OUT VIOLATIONS TO ANY INDIVIDUALS WHO MAY VIOLATE THE PROVISIONS OF THE EASEMENT.

SCHEDULE D, PART V, LINE 4 - ENDOWMENT FUNDS

THE LEGACY FUND, A BOARD CREATED QUASI-ENDOWMENT FUND, WAS ESTABLISHED TO ENABLE THE ORGANIZATION TO HAVE SEPARATE FUNDS AVAILABLE TO FUND BOARD DESIGNATED PURPOSES. THE LAND ACQUISITION AND STEWARDSHIP FUND IS MAINTAINED FOR FUTURE PURCHASE AND MAINTENANCE OF LAND.

SCHEDULE D, PART XI, LINE 4B

THE ORGANIZATION RECEIVED DONATED SPACE WHICH WAS RECORDED AS AN IN-KIND DONATION IN THE FINANCIAL STATEMENTS AND THE CURRENT YEAR PORTION OF \$7,090 WAS SHOWN IN REVENUE IN THE FINANCIAL STATEMENT AND NOT IN FORM 990, PART VIII.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	30,515.			30,515
<u>~</u>	2	Less: Contributions	6,291.			6,291
	3	Gross income (line 1 minus line 2)	24,224.			24,224
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses	24,224.			24,224
	10	Direct expense summary. Add lin	es 4 through 9 in colui	mn (d)		24,224.
	<u>11</u>	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u></u>	
	11 rt I	Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "\	ımn (d)	<u></u>	
Pa	<u>11</u>	Gaming. Complete if the org	ne 10 from line 3, colu anization answered "\	ımn (d)	<u></u>	reported more than
Pa	11 rt I	Gaming. Complete if the org	ne 10 from line 3, colu anization answered "\ e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	11 rt 1	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	11 rt I 1 2	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Expenses Revenue a	11 rt I 2 3	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
	11 rt 1 2 3 4	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	reported more than
Expenses Revenue a	11 rt I 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	reported more than (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue a	11 rt 1 2 3 4 5 6	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue	ne 10 from line 3, coluanization answered "\e 6a. (a) Bingo Yes % No	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No	Part IV, line 19, or (c) Other gaming Yes% No	reported more than (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue a	11 rt 1 2 3 4 5 6 7	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue. Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ne 10 from line 3, columnization answered "Ne 6a. (a) Bingo Yes % No es 2 through 5 in columnia	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No mn (d)	Part IV, line 19, or (c) Other gaming Yes% No	reported more than (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue a	11 rt I 2 3 4 5 6 7 8	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue	re 10 from line 3, columnization answered "Ne 6a. (a) Bingo Yes % No es 2 through 5 in columnization conducts garduct gaming activities	Yes% No Tyes% Yes% No Tyes% No Tyes% No Tyes	Part IV, line 19, or (c) Other gaming Yes% No	reported more than (d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2021 NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC. 22-6042838 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
ısa	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Canning manager compensation > \(\psi
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number

NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC. 22-6042838 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles. Boats and planes 7 Intellectual property 8 13 63,230. FMV 9 Securities - Publicly traded 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other...... 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 20 Drugs and medical supplies . . . 21 22 Historical artifacts. Scientific specimens 23 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ b If "Yes," describe in Part II.

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

Schedule M (Form 990) 2021

describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplem

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

FORM 990, SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection
Employer identification number

22-6042838

NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC.

CORE FORM 990

Name of the organization

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

TOGETHER WITH OUR PARTNERS, WE STRIVE TO ENSURE THAT THE TRAILS AND

NATURAL AREAS WE SHARE ARE SUSTAINABLE AND ACCESSIBLE FOR ALL TO ENJOY

FOR GENERATIONS TO COME.

FORM 990, PART VI, SECTION A, LINE 6 - MEMBERS

THE ORGANIZATION CHARGES A FEE TO INDIVIDUALS OR GROUPS TO BE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A/7B - ELECTION OF MEMBERS

EACH YEAR, THE NOMINATING COMMITTEE PRESENTS A LIST OF CANDIDATES FOR

ELECTION TO THE OPEN POSITIONS ON THE BOARD AND ALL OF THE DELEGATES AT

LARGE. ONE DELEGATE AT LARGE IS ELECTED ANNUALLY FOR EACH 400 MEMBERS OF

THE TRAIL CONFERENCE. NOMINATIONS BY PETITION ARE ALSO ACCEPTED, AS WELL

AS NOMINATIONS FROM THE FLOOR IN CERTAIN CIRCUMSTANCES. ELECTIONS ARE

MADE BY PROCLAMATION OR BY ELECTION BALLOT, WHICHEVER APPLIES, IN

ACCORDANCE WITH THE BY-LAWS.

DECISIONS BY PERSONS

DECISIONS OF THE GOVERNING BODY (BOARD OF DIRECTORS), SUBJECT TO MEMBER APPROVAL RELATE TO CHANGES IN BASIC MEMBERSHIP DUES, ADMISSION OF NEW ORGANIZATIONS AND HONORARY MEMBERS, INITIATION OF NON-ROUTINE COURT PROCEEDINGS, AND APPROVAL OF AMENDMENTS TO BY-LAWS.

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE FIRST DRAFT OF FORM 990 IS SENT TO THE EXECUTIVE DIRECTOR, AUDIT COMMITTEE CHAIR AND TREASURER. THEY REVIEW AND SUGGEST CHANGES. A SECOND DRAFT IS PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND SUGGESTED CHANGES. THE FINAL DRAFT IS SENT TO MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO ITS BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST

THE ENTIRE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST FORM

ANNUALLY AND RETURNS THEM TO THE CHAIR OF THE FINANCE

COMMITTEE (TREASURER).

FORM 990, PART VI, SECTION B, LINE 15 A&B - COMPENSATION

LED BY THE BOARD CHAIR AND VICE CHAIR, THE BOARD OF DIRECTORS AND

VOLUNTEER LEADERS ARE ALL SOLICITED FOR FEEDBACK ON THE PERFORMANCE OF

THE ORGANIZATION'S EXECUTIVE DIRECTOR. BASED ON PERFORMANCE, THE BOARD OF

DIRECTORS, USING SALARY DATA OF SIMILAR ORGANIZATIONS AND INTERNET

RESEARCH ON SALARY TRENDS, THEN DECIDES ON THE SALARY FOR THE EXECUTIVE

DIRECTOR. USING THIS SAME METHODOLOGY, THE EXECUTIVE DIRECTOR EVALUATES

THE PERFORMANCE AND DETERMINES AND APPROVES THE SALARY OF ALL STAFF.

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

THE BY-LAWS ARE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST

POLICY IS AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS

ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

Name of the organization		Employer identification number
NEW YORK-NEW JERSEY TRAIL CONFEREN	ICE, INC.	22-6042838
FORM 990, PART X - PREPAID EXPENSES AND DEFE	ERRED CHARGS	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	9,603.	16,521.
TOTALS	9,603.	 16,521.

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Name of the organization

NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC.

Employer identification number
22-6042838

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
MONEY MARKET FUNDS	68,690.	127,790.	FMV
EQUITY FUNDS	2,566,091.	3,121,286.	FMV
BOND FUNDS	712,383.	698,705.	FMV
MUTUAL FUNDS	1,324,917.	1,190,314.	FMV
TOTALS			
	4,672,081.	5,138,095.	
	=======================================	=========	

Page 2 Name of the organization Employer identification number NEW YORK-NEW JERSEY TRAIL CONFERENCE, INC. 22-6042838 FORM 990, PART X - DEFERRED REVENUE ______ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE DEFERRED REVENUE 5,000. 6,225. TOTALS

5,000.

6,225.

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