Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

endar year 2023, or fiscal year beginning	, 2023, and ending	, 20

For cale

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer HARFORD LAND TRUST, INC. 52-1721553 NANCY ANN SAYRE Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 57 , 885. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) ______ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 22792 X Lauthorize WEYRICH, CRONIN & SORRA, LLC to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52208713010 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/16/24 ANGELINE WHITE, CPA, CCA ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of t	the forms						
	elow except for Form 8870, Information Return for Transfe										
reques	t for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form						
	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p										
Cautio	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment					
instruc	tions.										
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must u	se Form 7004 to request an extension of time to file income	e tax returi	ns.								
Part I	Identification										
Туре	r Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identificatio	n number (TIN)					
Print											
HARFORD LAND TRUST, INC. 52-172155											
File by th due date	by the										
filing you return. Se	22 W PENNSYLVANTA AVENUE 2										
instructio		reign addr	ress, see instructions.								
	BEL AIR, MD 21014	Ü	,								
Enter t	ne Return Code for the return that this application is for (file	a separat	e application for each return)			01					
Applic	ation Is For	Return	Application Is For			Return					
		Code				Code					
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09					
	720 (individual)	03	Form 5227			10					
Form 9		04	Form 6069			11					
	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870								
	90-T (trust other than above)	06	Form 5330 (individual)			12 13					
	90-T (corporation)	07	Form 5330 (other than individual)			14					
Form 1	, , ,	08	Term edec (etrici triair iriaividadi)								
	you enter your Return Code, complete either Part II or Part		including signature is applicable o	nly for an	extension of	;					
	file Form 5330.	in. raicin	, including dignature, is applicable of	iny for air	CALCITOIOTTO						
	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information								
	Plan Name	ou must of	tter the following information.								
	Plan Number										
	Plan Year Ending (MM/DD/YYYY)										
	Automatic Extension of Time To File for Exempt Organi	izatione (e	oo instructions)								
	books are in the care of KRISTIN KIRKWOOD	izalions (S	ee ilistructions)								
1116		דדוופ	E 2 - BEL AIR, MD	21014							
Tolo	phone No. 410-836-2103	DOLL		21019	•						
		نماله ملامنا	Fax No.								
	e organization does not have an office or place of business is is for a Group Return, enter the organization's four-digit (
	If it is for part of the group, check this box	_ '	ch a list with the names and TINs of		•	group, check this					
box		OVEMBI	_ 1 = _ ^ 1								
	· —			e trie exeri	ipi organizai	tion return for					
	he organization named above. The extension is for the orga	anization's	return for.								
<u> </u>						00					
L	tax year beginning	, 20 _	, and ending		•	, 20					
				-							
2 I	f the tax year entered in line 1 is for less than 12 months, cl	neck reasc	on: Initial return	Final retur	'n						
	Change in accounting period			Т	1						
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			^					
-	ny nonrefundable credits. See instructions.			3a	\$	0.					
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	•			l .	•					
-	estimated tax payments made. Include any prior year overp			3b	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include your pa				1.	•					
	ising EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.					

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

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For the	e 2023 calendar year, or tax year beginning and er	nding					
	Check if applicable	C Name of organization		D Employer identifie	cation number			
	Addre	HARFORD LAND TRUST, INC.						
	Name chang	Doing business as		52-17215	53			
	Initial return Final return	22 W DENINGVI.VANTA AVENITE 2	loom/suite	E Telephone number 410-836-2103				
	termin ated			G Gross receipts \$	1,198,004.			
	Ameno			H(a) Is this a group re				
	Applic tion	F name and address of principal officer: NAMC1 ANN SATKE		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemptio	n number			
	orm of	organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1991 N	1 State of legal domicile: MD			
		Briefly describe the organization's mission or most significant activities: THE PI	RESER	VATION OF LA	AND AND			
Se	'	CONSERVATION OF NATURAL RESOURCES FOR PUBL						
Governance	2	Check this box if the organization discontinued its operations or disposed						
Ver	3			3	12			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3			
/itie		Total number of volunteers (estimate if necessary)			50			
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		304,520.	483,259.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63,044.	-579,931.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,913.	38,787.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		405,477.	-57,885.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		246,873.	262,196.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă X	. b	Total fundraising expenses (Part IX, column (D), line 25) 15, 100		164 117	166 025			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		164,117.	466,035. 728,231.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		410,990. -5,513.				
	19	Revenue less expenses. Subtract line 18 from line 12	Red	ginning of Current Year	-786,116. End of Year			
Net Assets or		Total accete (Dort V. line 16)	Dei	3,678,954.	2,971,236.			
SSe	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		44,533.	25,489.			
let/	22	Net assets or fund balances. Subtract line 21 from line 20		3,634,421.	2,945,747.			
	art II	Signature Block		3,031,121	2/313//1/0			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		-	,			
	,							
Sig	n	Signature of officer		Date				
Her		NANCY ANN SAYRE, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Oate Check	PTIN			
Paid	j	ANGELINE WHITE, CPA, CCA ANGELINE WHITE, C	CPA, 0					
Pre	parer	Firm's name WEYRICH, CRONIN & SORRA, LLC		Firm's EIN 8	1-4643077			
Use	Only	Firm's address 139 NORTH MAIN STREET						
		BEL AIR, MD 21014		Phone no. 41	0-879-2237			
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PRESERVATION OF LAND AND CONSERVATION OF NATURAL RESOURCES FOR
	PUBLIC ENJOYMENT AND PASSIVE RECREATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	<u> </u>
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$352,128including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$
	THE PRESERVATION OF LAND AND CONSERVATION OF NATURAL RESOURCES FOR
	PUBLIC ENJOYMENT AND RECREATION.
	TODDIC DROUTHDAT THE RECREMITION.
4b	(Code:) (Expenses \$127,158. including grants of \$) (Revenue \$)
	OUTREACH AND MEMBERSHIP:
	PUBLIC ENVIRONMENTAL EDUCATION, PRESENTATIONS TO CIVIC & EDUCATIONAL
	ORGANIZATIONS, CANOE, KAYAK & HIKING TRIPS FOR ENVIRONMENTAL EDUCATION.
4c	(Code:) (Expenses \$ 192,883 • including grants of \$) (Revenue \$)
	LAND MANAGEMENT:
	MAINTAINING OWNED LAND FOR PUBLIC ENJOYMENT IN A SAFE MANNER. MAKING
	BOUNDARIES, IDENTIFYING & PROVIDING EDUCATIONAL SIGNS FOR SIGNIFICANT
	ENVIRONMENTAL FEATURES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program continue expenses 672 169.

Form 990 (2023) HARFORD LAND TRUST, INC.
Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (x/S) or 4947(x/II) (other than a private foundation)? 1				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes_" complete Schedule C, Part I I I the organization engage in direct or indirect political campaign activities, or have a section 501(i) election in effect during the tax year? If "Pes_" complete Schedule C, Part I I I I the organization as defined in Rev. Proc. 98-197 if "Pes_" complete Schedule C, Part I I I I the organization as defined in Rev. Proc. 98-197 if "Pes_" complete Schedule C, Part I I I I I I I I I I I I I I I I I I I	1				
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I		•			
public office? If "Yes," complete Schedule C, Part I Section 501(R) acquaintation. Did the organization action 501(R) graph actions. Did the organization action 501(R) acquaintation that receives membership dues, assessments, or sinilar amounts as defined in Rev. Proc. 98 197; Pres, "complete Schedule C, Part II I but the organization and market and 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 II I but the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, complete Schedule D, Part II I but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV I but the organization amounts for land, buildings, and equipment, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV I I the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I I the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I I I the organization report an amount for investments or program related in Part X, line 16? If "Yes," complete Schedule D, Part V I I I the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part V I I I I I I I I I I I I I I I I I I			2	<u> </u>	
4 Section 501(x)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 (P. Part II) as the organization as section 501(h)8, 501(e)8), or 501(e)8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. 99:197 if "Yes," complete Schedule (P. Part II) and it is the organization market any donor advised undor or any similar mode 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 II as Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II as Did the organization market and amount in Part X, line 21, for secrew or custodial account liability; serve as a custodian for amounts not listed in Part X, in Part X, line 21, for secrew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V as applicable. Bid the organization report an amount for industry in the organization organization report an amount for investments—order securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 10? If "Yes," complete Schedule D, Part VII as Did the organization report an amount for investments—order securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 10? If "Yes," complete Schedule D, Part VII as Did the organization report an amount for other lassifilities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 10? If "Yes," complete Schedule D, Part VII as Did the organization report an amount for other lassifilities in Part X, line 25? If "Yes," com	3				- T
during the tax year? If "Yes," complete Schedule C, Part II sets the organization a section 50 (10(8)), 50 (10(8))			3		
5 Is the organization a section 50 ft(c)(4), 50 ft(c)(5) or 50 ft(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.179 / /*vs. complete Schedule C, Part III. 5 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 of the provides Schedule C, Part II. 8 Did the organization members to hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If *vse,* complete Schedule D, Part II. 8 Did the organization maintain and the part X, line 21, for easerow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If *vse,* complete Schedule D, Part IV. 9 Did the organization sanswer to virtuouh a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If *vse,* complete Schedule D, Part V. 10 Did the organization report an amount for investments of the service of the organization report an amount for investments of the service of the service of the service of the Part X, line 16? If *vse,* complete Schedule D, Part VIII. 11 Did the organization report an amount for the assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If *vse,* complete Schedule D, Part VIII. 11 Did the organization report an amount for other lassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If *vse,* complete Schedule D, Part X in 114 Did VX. 11 Did the organization separate, independent audited financial statements for the tax year? If *vse,* complete Schedule D, Part X in 114 Did VX. 12 Did the organization se	4		_		- T
similar amounts as defined in Rev. Proc. 98-197 // 187-95; "complete Schedule C, Part III of 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? // 187-95; "complete Schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other similar assets? // 179-95; "complete Schedule D, Part II of the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? // 187-95; "complete Schedule D, Part IV of the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // 187-95; "complete Schedule D, Part IV of the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, VII, V, or X, as applicable. 10 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? // 187-95; "complete Schedule D, Part XV or Did the organization report an amount for investments - other securities in Part X, line 10? // 187-95; "complete Schedule D, Part XV or 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? // 187-95; "complete Schedule D, Part XV or Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // 187-95; "complete Schedule D, Part X or Did the organization report an amount for other sases in Part X, line 15? // 187-95; "complete Schedule D, Part X or Did the organization situations and amount for other labilities in Part X, line 15? // 187-95; "complete Schedule D, Part X or Did the organizat	_		4		
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 announts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V III the organization sawer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 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 V II III X III Did the organization report an amount for other assets 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 V II III X III X III III X III X III III	5		_		- T
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I but he 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 I I but he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I I but he 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 consening, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II I the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V I I I the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IVI, IVII, IVI, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I I I I I I I I I I I I I I I I	_		5		
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 I Schedule D, Part IV I I I I I I Schedule D, Part IV I I I I I Schedule D, Part IV I I I I I I I I I I I I I I I I I I	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8	_		6		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		_	v	
Schedule D, Part III Stress of the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "ves," complete Schedule D, Part IV 10 Did the organization is answer to any of the following questions is "ves," then complete Schedule D, Part SV, lift the organization is answer to any of the following questions is "ves," then complete Schedule D, Part SV, lift the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII 11 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 VIII 2 Did the organization and amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization separate or consolidated financial statements for the tax year? 11 Did the organization separate or consolidated financial statements for the tax year? 12 Did the organization separate or consolidated financial statements for the tax year? 13 If yes, "complete Schedule D, Part X X 14 Did the organization included in consolidated, independent audited financial statements for the tax year? 15 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII S X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign	_		7	Λ	
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Is the organization maintain an office, employees, or agents outside of the United States? Is 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 Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Is 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 Is 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 Is 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 II In Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Is Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H In The Column (A) in the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or			12a	Λ	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	202				_
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			_00		
			21		х

Form 990 (2023) HARFORD LAND TRUST, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u> </u>
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?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T _	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С			37	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023) HARFORD LAND TRUST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		3	.,,	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country Continue to the f			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain 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		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	, , , , , , , , , , , , , , , , , , ,	12a	X	
	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?		77	
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	7.7
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			37
	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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records KRISTIN KIRKWOOD - 410-836-2103			
	22 W PENNSYLVANTA SUITTE 2 BEL ATR MD 21014			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	J. ga					<u>lour</u>	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than o	one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a)	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTIN KIRKWOOD	40.00									
EXECUTIVE DIRECTOR				Х				87,000.	0.	7,080.
(2) NANCY ANN SAYRE	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) ANNE HELTON	1.00									
VICE PREISDENT		Х		Х				0.	0.	0.
(4) BENJAMIN A. LLOYD	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) SCOTT KEARBY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) DEBORAH BOWERS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) HON. WILLIAM O. CARR	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LEE DEPKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RICK FLETCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DIANE V. JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(11) H. TURNEY MCKNIGHT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HILLARY TAYSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) JEANNE SISK	1.00								_	_
DIRECTOR		Х						0.	0.	0.
		1								
		-								

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	ΙΗίζ	gnes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average			(C Posi		1		(D) Reportable	(E) Reportable		Ec	(F) stimate	d
Name and title	hours per	box	, unles	ss per	son is	than o	n an	compensation	compensation			nount (
	week (list any		cer an	d a di	recto	r/trust	tee)	from the	from related organization	- 1		other pensa	tion
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS			om the	
	related organizations	ustee o	Institutional trustee		96	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relate	
	below	idual tr	utional	ar.	Key employee	est con oyee	er	1099-NEC)				anizatio	
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
								97.000		_		7 00	2.0
1b Subtotal c Total from continuation sheets to Part VI								87,000.		0.		7,08	0.
d Total (add lines 1b and 1c)								87,000.		0.	7,080.		
2 Total number of individuals (including but n									000 of reportable	•			
compensation from the organization												V	0
3 Did the organization list any former officer,	director trust	oo k	(AV A	mnl	OVE	e or	hia	hest compensated empl	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150			•								4		<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	piete Scrieduie)	or su	ICH Ļ	<i>jers</i>	OH .					<u> </u>		
Complete this table for your five highest containing the argumentation. Papert companyed to five the argumentation for the argumentation for the argumentation for the argumentation.										oensat	ion fro	om	
the organization. Report compensation for t					itii C	DI WII		(B)			(0	C)	
Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	ervices	C	ompe	nsatior	<u> </u>
2 Total number of independent contractors (in	acluding but a	at lin	nitec	l to t	thos	a lic	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		J. 1111	ıııec	ו טו	0		ıeu	above, willo received IIIC	ne unall				

52-1721553

			Check if Schedule O	conta	ins a r	espor	ise c	or note to any lin	e in this Part VIII			
						'		•	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										iunction revenue	business revenue	sections 512 - 514
ស្ន	1	l a	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b		19,471.				
2 8			Fundraising events			1c		-				
ifts			Related organizations			1d						
s, G		e Government grants (contributi				1e		174,314.				
Sign			All other contributions, gifts,					-				
ber			similar amounts not included			1f		289,474.				
Ę		g	Noncash contributions included in			1g \$		106,686.				
Cor		•	Total. Add lines 1a-1f						483,259.			
								Business Code				
Ð	2	2 a										
Š		b										
Sel		С										
am		d										
Program Service Revenue		е										
Pro		f	All other program service	rever	nue		_					
			Total. Add lines 2a-2f									
	3		Investment income (includ									
			other similar amounts)						78,899.			78,899.
	4	ļ	Income from investment of	of tax-	-exem	ot bon	ıd pr	roceeds				
	5	5	Royalties	. <u></u>								
					(i)	Real		(ii) Personal				
	6	a a	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss)) <u></u>								
	7	7 а	Gross amount from sales of		(i) Se	curitie	es	(ii) Other				
			assets other than inventory	7a	2	42,03	37.	305,900.				
		b	Less: cost or other basis									
ne			and sales expenses	7b	2	35,3		971,452.				
ven		С	Gain or (loss)	7с		6,72	22.	-665,552.				
her Revenue		d	Net gain or (loss)						-658,830.			-658,830.
her	8	3 a	Gross income from fundraising	ng eve	ents (n	ot						
ŏ			including \$			of						
			contributions reported on		•							
			Part IV, line 18				8a	86,359.				
		b	Less: direct expenses				8b	49,122.				
			Net income or (loss) from				S		37,237.			37,237.
	9) a	Gross income from gamin									
			Part IV, line 19				9a					
			Less: direct expenses				9b					
			Net income or (loss) from	-	-	- 1						
	10) a	Gross sales of inventory, I									
			and allowances				10a					
			Less: cost of goods sold				10b					
-		С	Net income or (loss) from	sales	ot inv	entory	/	Puciness Orde				
sn			OTHER INCOME					900099	1,550.	1,550.		
Jeo Le	11	la h	OTHER INCOME				_	700073	1,330.	1,330.		
Miscellaneous Revenue		b					_					
sce Re		Ç	All other revenue				_					
Ξ			All other revenue						1,550.			
	12		Total. Add lines 11a-11d Total revenue. See instruction						-57,885.	1,550.	0.	-542,694.
	12	-	iotai iovolluo. Ode ilisti delle	nio -					57,005.	1,550.	1	, · · · ·

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,000. 77,807. 5,735. 3,458. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 143,502. Other salaries and wages 128,339. 9,459. 5,704. 7 Pension plan accruals and contributions (include 5,498. 6,109. 354 257. section 401(k) and 403(b) employer contributions) 8,869. 581. 7,900. 388. Other employee benefits 9 16,716. 15,044. 1,003. 669. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 10,113. 9,855. 214. 44. Accounting Lobbying Professional fundraising services. See Part IV, line 17 10,145. 10,145. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 109,153. 106,422. 2,223. 508. column (A), amount, list line 11g expenses on Sch O.) 7,<mark>839.</mark> 7,691. 82. 66. Advertising and promotion 12 3,370. 3,016. 225. 129. 13 Office expenses 3,279. 2,802. 352. 125. Information technology 14 Royalties 15 21,715. 17,989. 2,927. 799. 16 Occupancy 890. 744. 146. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,971. 6,003. 740. 228. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,718. 4,718. Depreciation, depletion, and amortization 22 8,711. 8,156. 300. 255. 23 Other expenses. Itemize expenses not covered 24 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.) 260,988. 260,988. ACUB PROJECT EXPENSE 3,287. NEWSLETTER & MEMBER MAI 1,687. 0. 1,600. 3,236. 3,236. **OUTREACH** 3,125. 188. <u>125.</u> 2,812. DUES 8,495. 6,180. 1,570. 745. All other expenses 728,231. 672,169. 40,962. 15,100. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99,747.	1	43,291.
	2	Savings and temporary cash investments			311,303.	2	304,857.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,020.	4	14,974.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
¥	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,034,232.			
	b	Less: accumulated depreciation	10b	9,874.	2,021,563.	10c	1,024,358.
	11	Investments - publicly traded securities		1,239,321.	11	1,583,756.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15	0.054.006	
	16	Total assets. Add lines 1 through 15 (must equ			3,678,954.	16	2,971,236.
	17	Accounts payable and accrued expenses	1	10,415.	17	12,590.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
Liak		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		·	,	·	34,118.	25	12,899.
	26	of Schedule D Total liabilities. Add lines 17 through 25			44,533.	25 26	25,489.
	20	Organizations that follow FASB ASC 958, che	ock hore	X	11,333.	20	23 / 103 (
S		and complete lines 27, 28, 32, and 33.	cok nere				
J.	27				2,888,627.	27	2,188,938.
3ali	28			745,794.	28	756,809.	
둳		Organizations that do not follow FASB ASC 9			·		
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds	6			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				3,634,421.	32	2,945,747.
	33				3,678,954.	33	2,971,236.
		-					000

Pa	TXI 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		7,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-78		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,63		
5	Net unrealized gains (losses) on investments	5	9'	7,4	<u>42.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,94	5,7	<u>47.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization HARFORD LAND TRUST Employer identification number

Part I Reason for Public Charity Status. Au organizations must compete this part See instructions.		HARF	ORD LAND T	RUST, INC.				5	2-1721553
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i)(Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii)(Complete Part II.) A regular of the support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii)() (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iii), (organization 170(b)(1)(A)(iii), (orga	Part I				omplete th	nis part.) S	ee instructions.		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by laving the supported organization operated	The organ								
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to treb benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type II. A supporting organization supervised or controlled in connection with i	. —	•	•	·	•		I)(A)(i).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization transport organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10	2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization transport organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10	з 🗌								
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(1)(A)(iv). (Orange Part III.) An agricultural research organization described in section 170(b)(1)(1)(A)(iv). (Orange Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 124 through 124 that describes the type of supporting organization omplete lines 12, et 12, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization of the supporting organization. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by naving control or management of the supporting organization ope	4						-). Enter	the hospital's name,
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				above (see instructions))	Yes	No			capper (coe mendenens)
Total	Total								

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	277,370.	150,330.	225,134.	304,520.	483,259.	1440613.
2	Tax revenues levied for the organ-						
	ization'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	277,370.	150,330.	225,134.	304,520.	483,259.	1440613.
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.						1440613.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	277,370.	150,330.	225,134.	304,520.	483,259.	1440613.
	Gross income from interest.	-	-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	52,843.	57,781.	79,743.	63,044.	78,899.	332,310.
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.)				2,752.	1,550.	4.302.
11	Total support. Add lines 7 through 10						4,302. 1777225.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax v	ear as a section 5		
	organization, check this box and stop	•					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	81.06 %
	Public support percentage from 2022					15	82.40 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	G		
	6		
	7		
	8		
	9a		
	Ωh		
	9b		
	9с		
	10a		
	10b		
	A (Forn	~ aan)	ついつつ

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no 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		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	•	perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a'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	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

10

10 Line 8 amount divided by line 9 amount

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6

10	Line o amount divided by line 9 amount	T	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HARFORD LAND TRUST, INC.

Employer identification number 52-1721553

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		r Similar Funds	or Accou	nts. Complete if the
	organization answered Tee City of 11 000, 1 art 14, 111	(a) Donor ad	vised funds	(b) Fur	nds 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 v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	X Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Yrotection of natural habitat		Preservation o	of a certified hi	storic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<u>2a</u>	34
b	-				1,744.81
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year		1		
4	Number of states where property subject to conservation eas	_		i	
5	Does the organization have a written policy regarding the per				X Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting, $300 \\$	manuling of violations	, and emorcing con	Servation easi	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation easemen	its during the year
•	10,000.	alling of violations, and	cinording conscive	tion cascinoi	its during the year
8	Does each conservation easement reported on line 2d above	satisfy the requireme	ents of section 170(h	n)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treatments			al gain, provid	e
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

		LAND TRUS			52-17	21553	B Pa	ge 2
	t III Organizations Maintaining C					(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make s	significant use of its			
	collection items (check all that apply).							
a	Public exhibition	d		change program				
b	Scholarly research Preservation for future generations	е	e Other					
с 4	Provide a description of the organization's co	ollections and evolair	n how they further th	ne organization's eve	mnt nurnose in Part	YIII		
5	During the year, did the organization solicit of					AIII.		
•	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran					ne 9, or		
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contribution	ns or other assets no	t included	_		
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
						Amount		
	Beginning balance							
	Additions during the year							
e f	Distributions during the year							
	Ending balance Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Par					10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	`	e (line 1a. column (a	ı)) held as:		ı		
а	Board designated or quasi-endowment	,	%	,,				
b	Permanent endowment	%	_					
С	Term endowment	_%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for t	ne	_		
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		
	(ii) Related organizations?					3a(ii)	\dashv	
b 1	If "Yes" on line 3a(ii), are the related organiza					3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent iuñas.					
	Complete if the organization answere), Part IV, line 11a. S	See Form 990, Part X	, line 10.			
	5	(-) ()				/ N D		

		•		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	998,072.			998,072.
b Buildings				
c Leasehold improvements				
d Equipment	23,589.		9,874.	13,715.
e Other	12,571.			12,571.
Total, Add lines 1a through 1e. (Column (d) must eq	ual Form 990 Part Y line 1	Oc. column (R))		1,024,358.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	TRUST, INC.		-1721553 Page
Complete if the organization answered "Yes" of			l afora a constant called
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. dee Form 330, Fart X, line 13.	(b) Book value
(1)	- Contracti		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			40.00
(2) OPERATING LEASE LIABILITY			12,899
(3)			
(4)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	12,899.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	12,899.

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

Scho	dule D (Form 990) 2023 HARFORD LAND TRUST, INC.			52-15	⁷ 21553 _{Page}
	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re		ZIJJJ Fage
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	29,412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	97,442.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	97,442 -68,030
3	Subtract line 2e from line 1			3	-68,030
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,145.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	10,145
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		<u></u>	5	-57,885
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	718,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	718,086
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,145.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	10,145
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	728,231
Ра	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, I	ine 2; Part XI,
PT	II				
PT	II LINE 5 - MONITORING IS CONDUCTED PER	ADOPTED	LAND TRUST	ALLI	ANCE
ST	ANDARDS & PRACTICES - ANNUALLY				
PT	II LINE 9 - THERE IS ZERO VALUATION OF	EASEMENTS	SINCE THE	LANI	TRUST
HA	S NO AFFIRMATIVE RIGHTS				

Schedule D (Form 990) 2023 332054 09-28-23

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

HARFORD	LAND TRUST, INC.					mployer ide 52-1721	553
Part I Fundraising Activities	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I			
required to complete this part of the part	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.				or has been notified	l it is ex	empt from re	gistration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, III les T and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PARTY TO	KAYAK POKER		, , ,
			PRESERVE	RUN	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(),	((
Revenue	_	Our constraints	40 401	12 102	25 77 <i>6</i>	96 350
Re	1	Gross receipts	48,401.	12,182.	25,776.	86,359.
_						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	48,401.	12,182.	25,776.	86,359.
	4	Cash prizes				
	5	Noncash prizes				
S		1101104011 prizoo				
Direct Expenses	_	Pont/facility costs				
per	6	Rent/facility costs				
Ě						
ect	7	Food and beverages				
٦						
	8	Entertainment				
	9	Other direct expenses		5,102.	20,555.	49,122.
	10	Direct expense summary. Add lines 4 through				49,122.
		Net income summary. Subtract line 10 from li	٠,			37,237.
Pa	rt I	II Gaming. Complete if the organization				2.,23,4
		\$15,000 on Form 990-EZ, line 6a.				
		\$10,000 O.11 O.111 000 EZ, III10 0a.	T	(b) Pull tabs/instant		(d) Total gaming (add
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				Singo/progressive bingo		(c)
3ev						
	1	Gross revenue				
S	2	Cash prizes				
JSe						
Direct Expenses	3	Noncash prizes		<u> </u>		
Ě						
ect	4	Rent/facility costs				
Ē	•					
	F	Other direct expenses				
_	3	Other direct expenses	V 0/	Vec 2/	Van 01	
	_	Malauska av Jahani	Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_			Yes No
		No," explain:			•••••	
		,				
40-	\^/-	are only of the organization!	wolcod outpressed and a sufficient	umain at a dispuis as the a t		Vac Dir
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				

Sch	edule G (Form 990) 2023 HARFORD LAND TRUST, INC. 52-1	721	553	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?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1	ı	
	The organization's facility	13a	-	<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		<u>%</u>
17	Effect the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15.	Poss the erganization have a contract with a third party from whom the erganization receives gaming revenue?		Yes	No
156	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. —	163	140
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Carring manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
	blrector/officer Employee independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	L III - 15-a	0 ()h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. 111, 1111	les 9, 8	90, 100,
		—		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	HARFORD LAND	TRUST,	INC.	52-1721553	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

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.

HARFORD LAND TRUST INC. Employer identification number 52-1721553

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion am	ounts	3
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	399	102.244.	STOCK EXCHA	NGE	VAI	JUE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
						,	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b			•					
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule N	M (Form 990) 2023 HARFORD LAND TRUST, INC.	52-1721553	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization of both. Also complete	on lete

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HARFORD LAND TRUST, INC.	52-1721553
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
RECREATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER AND BOARD OF DIRECTORS REVIEW THE FORM 990 B	EFORE IT IS
FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION SENDS OUT THEIR CONFLICT OF INTEREST POLI	CY ANNUALLY AND
ASKS EVERY BOARD MEMBER TO FILL IN THE DISCLOSURE FORM. TH	ESE FORMS ARE
REVIEWED BY THE PRESIDENT OF THE BOARD AND THE EXECUTIVE D	IRECTOR.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING THE C	OMPENSATION LEVEL
OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	97,431.
MANAGEMENT AND GENERAL EXPENSES	2,117.
FUNDRAISING EXPENSES	438.
TOTAL EXPENSES	99,986.

Schedule O (Form 990) 2023 Page **2**

Name of the organization HARFORD LAND TRUST, INC.	Employer identification number 52-1721553
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	7,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,400.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	1,591.
MANAGEMENT AND GENERAL EXPENSES	106.
FUNDRAISING EXPENSES	70.
TOTAL EXPENSES	1,767.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	109,153.
PART XI, LINE 2C	
THE FINANCE COMMITTEE HAS OVERSIGHT AND REVIEW OF THE AUDI	IT. FINAL
APPROVAL IS MADE BY THE BOARD. THE PROCESS HAS NOT CHANGEI	FROM THE
PRIOR YEAR.	