

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2023

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2023 calendar year, or tax year beginning</b> _____, <b>and ending</b> _____			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.</b>		<b>D Employer identification number</b> <b>23-3017901</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>222 CHESTNUT STREET</b>		<b>E Telephone number</b> <b>610-310-5002</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>POTTSTOWN PA 19464</b>		<b>F Group Exemption Number</b> 
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
<b>I Website:</b> <u>WWW.SAVEOURLANDSAVEOURTOWNS.ORG</u>			
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.</b> If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ _____ \$ <b>51,168</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
<b>Revenue</b>	1 Contributions, gifts, and similar amounts received	1	50,765
	2 Program service revenue including government fees and contracts	2	151
	3 Membership dues and assessments	3	
	4 Investment income	4	252
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,168	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,250
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	54,211
	17 <b>Total expenses.</b> Add lines 10 through 16	17	56,461
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-5,293
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	35,841
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-30
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	30,518

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	35,841	22	30,518	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	0	24		
25 Total assets	35,841	25	30,518	
26 Total liabilities (describe in Schedule O)	0	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,841	27	30,518	

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 STREET TREE MAINTENANCE - TREATING 120 ASH TREES TO PROTECT THEM FROM EMERALD ASH BORE.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,954
29 TREE PLANTING - TRANSPLANTED 70 HIGH SCHOOL NURSERY TREES AND PURCHASED AND PLANTED 6 ADDITIONAL TREES.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,569
30 SPRAYING & MOWING THE POTTSTOWN SCHOOL DISTRICT MEADOWS.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,010
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	4,051
32 Total program service expenses (add lines 28a through 31a)		32	52,584

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC (if not paid, enter -0-))	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS HYLTON PRES, SEC, TREAS	10.00	0	0	0
GEORGE WAUSNOCK DIRETOR	1.00	0	0	0
DULCIE FLAHARTY DIRECTOR	1.00	0	0	0
MARY DENADAI DIRECTOR	1.00	0	0	0
ED WALKER DIRECTOR	1.00	0	0	0
KAREN WEIL DIRECTOR	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed PA
42a The organization's books are in care of THOMAS HYLTON Telephone no. 610-310-5002
222 CHESTNUT STREET
Located at POTTSTOWN PA ZIP + 4 19464
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Thomas Hylton Date 2-2-2024  
 Type or print name and title THOMAS HYLTON PRES, SEC, TREAS

Paid Preparer Use Only: Print/Type preparer's name Barbara A. Akins, CPA Preparer's signature Barbara A. Akins, CPA Date 02/02/24 Check  if self-employed PTIN P00614262  
 Firm's name BARBARA AKINS, CPA Firm's EIN 47-3768625  
 Firm's address 835 ROUTE 100 N BECHTELSVILLE, PA 19505 Phone no. 484-321-3839

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC. Employer identification number: 23-3017901

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research 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 [X] 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.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Schedule A (Form 990) 2023

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,893	64,138	52,869	67,679	50,765	336,344
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	947	265	363	336	151	2,062
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	101,840	64,403	53,232	68,015	50,916	338,406
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						338,406

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	101,840	64,403	53,232	68,015	50,916	338,406
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126	81	328	471	252	1,258
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	126	81	328	471	252	1,258
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				91		91
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	101,966	64,484	53,560	68,577	51,168	339,755

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.60 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	16	99.56 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1			
2			
3			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
4			
a			
b			
c			
5			
6			
7			
a			
b			
c			
d			
e			

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

**Part III, Line 12 - Other Income Detail**

\$ 91

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

Table with 2 columns: Name of the organization (SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.) and Employer identification number (23-3017901)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... \$

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

Name of organization <b>SAVE OUR LAND, SAVE OUR TOWNS</b>	Employer identification number <b>23-3017901</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>BOROUGH OF POTTSTOWN</b> 100 E HIGH STREET  POTTSTOWN PA 19464	\$ 20,142	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>THOMAS &amp; FRANCES HYLTON</b> 222 CHESTNUT STREET  POTTSTOWN PA 19464	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>POTTSTOWN AREA HEALTH &amp; WELLNESS FOUNDATION</b> 152 E HIGH ST #500  POTTSTOWN PA 19464	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization	<b>SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.</b>	Employer identification number	<b>23-3017901</b>
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**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Advertising and Promotion	\$ 676
Insurance	\$ 1,058
BANK FEES	\$ 48
CHARITABLE ORGANIZ. FEE	\$ 100
WATER	\$ 188
POTTS BURIAL GROUND MTCE	\$ 1,950
SPRAYING MEADOWS	\$ 9,010
STREET TREE MAINTENANCE	\$ 19,954
TREE PLANTING	\$ 19,569
TREE & STUMP REMOVAL	\$ 589
TREE PARK MAINTENANCE	\$ 1,069
<b>Total</b>	<b>\$ 54,211</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED (LOSS) ON INVESTMENTS	\$ -30

**Form 990-EZ, Part III - Primary Exempt Purpose**

**PROMOTE THE PLANTING & MAINTENANCE OF PUBLIC SHADE TREES IN THE BOROUGH OF  
POTTSTOWN.**

**Form 990-EZ, Part III, Line 31 - All Other Accomplishment**

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

**SAVE OUR LAND, SAVE OUR TOWNS**

**23-3017901**

**TREE PARK MAINTENANCE, TREE & STUMP REMOVAL.**



Mail to:  
Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120  
See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

**Charitable Organization  
Registration Statement**  
BCO-10 (rev. 8/2017)  
**Fee: See instructions**

Read all instructions prior to completing form.

Certificate number: 28130  
(N/A if initial registration)

Fiscal year ended: 12 / 31 / 2023  
MM DD YYYY

FEIN: 2 3 - 3 0 1 7 9 0 1

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: Save Our Land, Save Our Towns Enterprises, Inc.

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: None

3. Contact person: Thomas Hylton, President Contact's e-mail: thomashylton@comcast.net

4. Principal address of organization: 222 Chestnut Street Mailing address (if different than principal address):  
Pottstown, PA 19464 same

County: Montgomery Phone number: 610-310-5002

800 number: n/a Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: www.saveourlandsaveourtowns.org

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
Non-Profit Corporation

Where established: Pennsylvania Date established:\* October 4, 1999

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)  
 222 Chestnut Street, Pottstown, PA 19464
- 
- 
- 

7. Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check “Not Applicable”:

- §162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) – Organizations which only solicit within the membership of the organization by other members of the organization. The term “membership” shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. “Member” means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If “Not Applicable” is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

Other \_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status?  Yes  No
- A. If "Yes," under which IRS code section: 501(c)(3) and attach a copy of the IRS exemption letter if not previously submitted.
- B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No  
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):  
Facebook Page, Word of Mouth

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.  
Removal and replacement of dead trees in the public right of way.

Maintenance of meadows on public school grounds.

Maintenance of tree park open to the public and the Potts Burial Ground.

14. Is the organization registered to solicit contributions in any other state or municipality?  
 Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

None

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

None

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18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

None

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19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

\_\_\_\_\_  
Legal name of parent organization

\_\_\_\_\_  
Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

Thomas Hylton (Pres, Treas, Sec), George Wausnock (Director)

Dulcie Flaharty (Director), Mary DeNadai (Director); Ed Walker (Director);  
and Karen Weil (Director).

All Board Members can be contacted at 222 Chestnut St, Pottstown, PA 19464

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

**Board of Directors**

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B. Have final responsibility for the custody of contributions:

**Thomas Hylton, President**

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C. Have final responsibility for final distribution of contributions:

**Board of Directors**

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D. Are responsible for custody of financial records:

**Thomas Hylton, President**

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23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?  Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\*  Yes  No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*  
 Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes  No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**Certification** – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

Thomas Hylton  
Signature of Chief Fiscal Officer

2.2.2024  
Date

**Thomas Hylton, President**

Type or print name and title of Chief Fiscal Officer

Joe Stuard  
Signature of Other Authorized Officer

2-2-2024  
Date

GEORGE WAUSNOCK  
Type or print name and title of Other Authorized Officer

**Checklist for registration:**

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME:	<b>Save Our Land, Save Our Towns Enterprises, Inc.</b>		
CERTIFICATE NUMBER:	<b>28130</b>	FOR FISCAL YEAR ENDED:	<b>12/31/2023</b>

**Part I: Gross Contributions**

1) General Contributions	1	<b>50,765</b>
2) Gross Receipts from Special Events	2	<b>0</b>
3) Contributions from Affiliates	3	<b>0</b>
4) Contributions Received from Federated Fundraising Organizations	4	<b>0</b>
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	<b>0</b>
<b>6) Gross Contributions (add lines 1 through 5)</b>	<b>6</b>	<b>50,765</b>

**Part II: Other Income**

7) Program Service Revenues	7	<b>0</b>
8) Bona Fide Membership Dues and Assessments	8	<b>0</b>
9) Government Grants and Contracts	9	<b>0</b>
10) Miscellaneous Income	10	<b>373</b>
<b>11) Total Income (add lines 6 through 10)</b>	<b>11</b>	<b>51,138</b>

**Part III: Expenses**

12) Program Services	12	<b>52,584</b>
13) Administrative Expenses	13	<b>3,877</b>
14) Fundraising Expenses	14	
15) Payments to Affiliated Organizations	15	
16) Other Expenses from Special Events (other than fundraising expenses)	16	
17) Miscellaneous Expenses	17	
<b>18) Total Expenses (add lines 12 through 17)</b>	<b>18</b>	<b>56,461</b>

**Part IV: Net Assets**

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	<b>(5,323)</b>
20) Net Assets or Fund Balances at Beginning of Year	20	<b>35,841</b>
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	
<b>22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)</b>	<b>22</b>	<b>30,518</b>

(See Next Page for "Salaries and Expense Allowance Statement")

**SALARIES AND EXPENSE ALLOWANCE STATEMENT**

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
--------------------	--	--------	--------------------------------------

Five Highest Paid Employees:

1. NONE			
2.			
3.			
4.			
5.			

Officers:

NONE			



**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**

**FINANCIAL STATEMENTS**

**Years Ended December 31, 2023 and 2022**

*Barbara Atkins*  
certified public accountant  
relationships. service. integrity

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**

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## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To The Board of Trustees of  
Save Our Land, Save Our Towns Enterprises, Inc.

We have reviewed the accompanying financial statements of Save Our Land, Save Our Towns Enterprises, Inc. (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets - cash basis as of December 31, 2023 and 2022 and the related statement of revenues, expenses and other changes in net assets - cash basis and the statement of functional expenses - cash basis for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

### **Accountant's Responsibility**

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with the cash basis of accounting. We believe that the results of our procedures provide a reasonable basis for our conclusion.

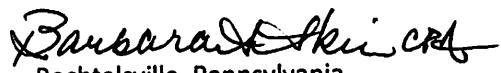
We are required to be independent of Save Our Land, Save Our Towns Enterprises, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

### **Accountant's Conclusion**

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the cash basis of accounting.

**Basis of Accounting**

We draw attention to Note #2 of the financial statements, which describes the basis of accounting. The financial statements are prepared in accordance with the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our conclusion is not modified with respect to this matter.

  
Bechtelsville, Pennsylvania  
February 2, 2024

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**STATEMENTS OF ASSETS, LIABILITIES AND NET ASSETS - CASH BASIS**  
**December 31, 2023 and 2022**

	2023	2022
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash - Note #3	<u>\$ 24,355</u>	<u>\$ 29,900</u>
Investment - Note #4	<u>6,163</u>	<u>5,941</u>
<b>Total Assets</b>	<u><u>\$ 30,518</u></u>	<u><u>\$ 35,841</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>	\$ 0	\$ 0
<b>Net Assets</b>		
Without Donor Restrictions	20,330	35,841
With Donor Restrictions - Note #5	<u>10,188</u>	<u>0</u>
Total Net Assets	<u><u>30,518</u></u>	<u><u>35,841</u></u>
<b>Total Liabilities And Net Assets</b>	<u><u>\$ 30,518</u></u>	<u><u>\$ 35,841</u></u>

*See Accompanying Notes and Independent Accountant's Review Report.*

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**STATEMENTS OF REVENUES, EXPENSES AND OTHER CHANGES IN NET ASSETS - CASH BASIS**  
**Years Ended December 31, 2023 and 2022**

	2023			2022		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUES</b>						
Contributions & Grants	\$ 40,577	\$ 10,188	\$ 50,765	\$ 67,679	\$ 0	\$ 67,679
Honoraria, Royalties Received	151	0	151	336	0	336
Miscellaneous	0	0	0	91	0	91
Investment Income - Note #4	222	0	222	(812)	0	(812)
	40,950	10,188	51,138	67,294	0	67,294
Net Assets Released						
From Restrictions - Note #6	0	0	0	43,221	(43,221)	0
Total Revenues	40,950	10,188	51,138	110,515	(43,221)	67,294
<b>EXPENSES</b>						
Program Services	52,584	0	52,584	102,642	0	102,642
Management & General	3,877	0	3,877	3,291	0	3,291
Total Expenses	56,461	0	56,461	105,933	0	105,933
CHANGES IN NET ASSETS	(15,511)	10,188	(5,323)	4,582	(43,221)	(38,639)
Net Assets Beginning of Year	35,841	0	35,841	31,259	43,221	74,480
Net Assets, End of Year	\$ 20,330	\$ 10,188	\$ 30,518	\$ 35,841	\$ 0	\$ 35,841

*See Accompanying Notes and Independent Accountant's Review Report.*

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES - CASH BASIS**  
**Years Ended December 31, 2023 and 2022**

	2023			2022		
	Program Services	Management & General	Total	Program Services	Management & General	Total
Bank Fees	\$ 0	\$ 48	\$ 48	\$ 0	\$ 48	\$ 48
Books Donated to PA DCNR	0	0	0	17,307	0	17,307
Charitable Organization Fee	0	100	100	0	100	100
Insurance	255	803	1,058	255	803	1,058
Miscellaneous	0	0	0	0	65	65
Municipal Nursery Maintenance	0	0	0	2,320	0	2,320
Potts Burial Ground Maintenance	1,950	0	1,950	1,775	0	1,775
Professional Fees	0	2,250	2,250	14,385	1,875	16,260
Sidewalk Maintenance	0	0	0	2,890	0	2,890
Spraying & Mowing Meadows	9,010	0	9,010	5,630	0	5,630
Street Tree Maintenance	19,954	0	19,954	7,409	0	7,409
Tree Park Maintenance	1,069	0	1,069	0	0	0
Tree Planting	19,569	0	19,569	10,259	0	10,259
Tree & Stump Removal	589	0	589	40,224	0	40,224
Water	188	0	188	188	0	188
Website Expense	0	676	676	0	400	400
Total Expenses	<u>\$ 52,584</u>	<u>\$ 3,877</u>	<u>\$ 56,461</u>	<u>\$ 102,642</u>	<u>\$ 3,291</u>	<u>\$ 105,933</u>

*See Accompanying Notes and Independent Accountant's Review Report.*

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**Note #1 - Organization and Nature of Activities**

Save Our Land, Save Our Towns Enterprises, Inc. (entity) is a nonprofit organization, which was incorporated on October 4, 1999 for the preservation and enhancement of traditional cities and towns and natural landscapes, such as farms and forests throughout the United States, but especially in Pottstown, Pennsylvania. On December 27, 2017, a certified Statement of Merger was presented to and approved by the Bureau of Corporations and Charitable Organizations of the Pennsylvania Department of Revenue to merge with Trees, Inc (a 501(c)(3) organization). The book value of those assets received in 2017 were \$68,807 and are not reflected in the books and records of Save Our Land, Save Our Towns, Enterprises, Inc. The entity relies on public support in the form of contributions from individuals, other charitable organizations, grants and other types of funding.

**Note #2 - Summary of Significant Accounting Policies**

Basis of Accounting

The entity's policy is to prepare its financial statements on the cash basis of accounting; consequently, contributions and other revenues are recognized when received rather than when promised or earned, and certain expenses and purchases of assets are recognized when cash is disbursed rather than when the obligation is incurred.

Financial Statement Presentation

The entity reports information regarding its financial position and activities according to two classes of net assets as follows:

*Without Donor Restrictions* - Net assets that are not subject to donor-imposed restrictions. These assets may be designated for specific purposes by action of the Board of Directors.

*With Donor Restrictions* - Net assets whose use by the entity is restricted by the donor in perpetuity, restricted for specified purposes and restricted by the passage of time.

Expenses are reported as decreases in net assets without donor restrictions. Expirations of donor-imposed restrictions that simultaneously increase one class of net assets and decrease another are reported as reclassifications between the applicable classes of net assets. Donor-restricted contributions are reported as operating revenue without donor restrictions when the restriction is satisfied.

Income Tax Status

The entity is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. The entity takes the position that it has no net income derived from unrelated business activities and believes it has appropriate support for any tax positions taken and, as such, does not have any uncertain tax positions that are significant to the financial statements.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value of Financial Instruments

The entity discloses the fair value of certain financial instruments including investments. Financial instruments are all stated at either cost or net realizable value, which approximates fair value.



**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**Note #2 - Summary of Significant Accounting Policies (Continued)**

Contributions

Contributions restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the same year in which the contributions are recognized. All other contributions restricted by the donor are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restriction.

Contributed Services

The entity's Board of Directors donate significant amounts of time to the various programs and operations of the entity. Contributed services that (a) create or improve long-lived assets or (b) require specialized skills provided by individuals possessing those skills that would typically need to be purchased if not provided by donation meet the requirement for recognition in the financial statements. The value of services meeting the requirements for recognition in the financial statements was not material and has not been recorded.

Gifts-In-Kind

Gifts-in-kind are recorded as contributions at their estimated fair value at the date of donation. Such donations are reported as increases in net assets without donor restrictions unless the donor has restricted the donated assets to a specific purpose. Assets donated with explicit restrictions regarding their use are reported as restricted contributions. In 2023 and 2022, there were no gifts-in-kind.

Functional Expense Allocation

The costs of providing programs and other activities have been summarized on a functional basis in the statements of revenues, expenses and other changes in net assets and in the statements of functional expenses. Management and general expense are costs directly related to the overall operation of the entity, which are not associated with program activities. Accordingly, certain costs have been allocated among programs and supporting services based on employee time estimates or other appropriate factors according to management estimates.

Date of Management's Review

Management has evaluated subsequent events through February 2, 2024, the date on which the financial statements were available to be issued.

**Note #3 - Cash**

Cash totaling \$24,355 and \$29,900 on December 31, 2023 and 2022, respectively, is in a non-interest-bearing checking account. On December 31, 2023, \$10,188 of cash is restricted (See Note #5). In 2022, \$0 cash was restricted.

**Note #4 - Investment**

The entity applies generally accepted accounting principles for fair value measurements of financial assets on a recurring basis. That framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (*Level 1*) and the lowest priority to measurements involving significant unobservable inputs (*Level 3*).

**SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**Note #4 - Investment (Continued)**

*Level 1* inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date. *Level 2* inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. *Level 3* inputs are observable inputs for the asset or liability. The investment consists of *Level 1* inputs as follows:

	2023		2022	
	Cost	Market Value	Cost	Market Value
Vanguard Inflation-Protect Sec Inv 525.380 Shares -2023 & 503.882 Shares-2022	<u>\$ 6,639</u>	<u>\$ 6,163</u>	<u>\$ 6,387</u>	<u>\$ 5,941</u>

**Investment Return**

	2023	2022
Dividend Income	\$ 252	\$ 471
Net Unrealized Gain/(Loss)	<u>(30)</u>	<u>(1,283)</u>
Total	<u>\$ 222</u>	<u>\$ (812)</u>

**Note #5 - Net Assets With Donor Restrictions**

In 2023, the entity received \$20,142 from the Borough of Pottstown and \$10,000 from Pottstown Area Health and Wellness Foundation for street tree maintenance. In 2022, the entity spent \$19,954 to treat (120) ash trees to protect them from Emerald Ash Borer. On December 31, 2023, \$10,188 remains for street tree maintenance.

**Note #6 - Net Assets Released From Restrictions**

In 2022, \$43,221 was released from donor restrictions. \$42,500 was for the removal of dead trees, trimming & replacing trees and \$721 was for maintenance of the meadows.

**Note #7 - Risk Management**

The entity is exposed to various risks of loss related to torts; theft of or damage to and destruction of assets; errors and omissions; injuries to employees and natural disasters. Significant losses are covered by commercial insurance for all areas of which the entity retains risks of loss.

**Note #8 - Liquidity and Availability of Resources**

The entity has \$20,330 of financial assets available within one year of the statement of assets, liabilities and net assets date to meet cash needs for general expenditures consisting of cash and investments. The entity has a goal to maintain cash on hand to meet 60 days of normal operating expenses. The Board approved total costs not to exceed \$100,000 for the 2024 maximum annual budget. The entity has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.