Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

		of the Treasury nue Service	Go to www.irs.gov/F	Form990 for instructions and	the latest in	nformatio	n.	Open to Inspe	ction
			lar year, or tax year beginning	an	d ending				
	Check if applicabl		f organization			D Emp	loyer identific	cation number	
	Addre	ess HUDSON	N INSTITUTE, INC						
	Name	-	usiness as			1	L3-1945157		
	Initial return		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Teler	phone number	r	
	Final	1201 1	PENNSYLVANIA AVENUE, NW		400		2-974-2400		
	termin	1-	town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$	40,	742,408.
	Amen	ded WACHTN	NGTON, DC 20004				this a group re		,
			nd address of principal officer: JOHN	P. WALTERS				? Ye s	X No
	pendi		C ABOVE					icluded? Yes	
1	Tax-ex	empt status: [x 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 🚺 527			list. See instruc	
٦V	Websi	te: WWW. H	HUDSON, ORG			H(c) Gro	oup exemptio	n number	
κ	Form of	f organization: [X Corporation Trust A	ssociation 🗌 Other	L Year	of formatio	on: 1961 🛛 🛛	/ State of legal d	omicile: NY
Pa	art I	Summary							
	1	Briefly describ	be the organization's mission or most	significant activities: PROMO	TING STRON	NG AND H	ENGAGED		
Governance		U.S. INTER	NATIONAL LEADERSHIP IN PART	NERSHIP WITH OUR ALLIE	S				
irna	2	Check this bo	if the organization disco	ntinued its operations or dispo	osed of more	than 25%	6 of its net ass	sets.	
ove	3	Number of vo	ting members of the governing body	(Part VI, line 1a)					13
		Number of inc	dependent voting members of the go	verning body (Part VI, line 1b)					12
ŝ	5		of individuals employed in calendary						84
Ţ	6	Total number	of volunteers (estimate if necessary)				6		110
Activities &	7 a		d business revenue from Part VIII, co						0.
_	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11	<u></u>				0.
							Year	Current	
ē	8					19	9,919,809.	22,	510,826.
ent	9						0.		0.
Revenue	10		come (Part VIII, column (A), lines 3, 4			3	3,643,177.		930,150.
	יין		e (Part VIII, column (A), lines 5, 6d, 8c				-362,785.		265,990.
			- add lines 8 through 11 (must equal			23	3,200,201.	25,	174,986.
	13		milar amounts paid (Part IX, column (0.		0.
	14		to or for members (Part IX, column (A				0.		0.
es	15		r compensation, employee benefits (l			10	0,862,219.	<u>_</u> ,	728,800.
Expenses	16a		undraising fees (Part IX, column (A), I				90,000.		0.
ğ	. b		ing expenses (Part IX, column (D), lin				2 147 062	10	F07 041
-	1 "		es (Part IX, column (A), lines 11a-11d				8,147,862.	,	597,041.
			es. Add lines 13-17 (must equal Part I				9,100,081. 1 100 120		325,841. 949 145
		Revenue less	expenses. Subtract line 18 from line	12			4,100,120. Current Year	 End of `	849,145.
ts o		Tatal assista //				• •	3,422,402.		726,571.
Asse	20 21		Part X, line 16) s (Part X, line 26)				5,408,058.		091,577.
Net Assets or	22		fund balances. Subtract line 21 from	lino 20			7,014,344.	,	634,994.
_	art II	Signature				-	,,	,	••••,••••
Und	ler pena	alties of perjury,	I declare that I have examined this return, by: Declaration of preparer (other than offici					knowledge and l	oelief, it is
		John V	Palters				5/10/202	3	
Sig	n	Signatureeba	\$#6\$40F				Date		
Her	e	JOHN P. WA	LTERS, PRESIDENT AND CEO						
		Type or print r	name and title						
		Print/Type pre	parer's name	Preparer's signature	[Date	Check	PTIN	
Paie	d	ROBERT WIL	LIAMS	ROBERT WILLIAMS	0	5/01/23	self-employ	_{ed} P0134596	0
Pre	parer	Firm's name	CLIFTONLARSONALLEN LLP				Firm's EIN	41-0746749	
Use	Only	Firm's address	$_{\rm S}$ 901 N GLEBE ROAD #200						
			ARLINGTON, VA 22203				Phone no.571	-227-9500	
Ma	v the II	RS discuss this	s return with the preparer shown abo	ve? See instructions				X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) HUDSON INSTITUTE, INC	13-1945157	Page 2
	t III Statement of Program Service Accomplishments		5
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	HUDSON INSTITUTE'S MISSION IS PRIMARILY TO PROMOTE AMERICAN LEADERSHIP		
	AND GLOBAL ENGAGEMENT FOR A SECURE, FREE, AND PROSPEROUS FUTURE.		
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	No X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	No X
-	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 r	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	-,	
4a	(Code:) (Expenses \$14,162,515. including grants of \$) (Revenue))
	TO PROMOTE THE DISCUSSION AND EXCHANGE OF IDEAS ON ISSUES RELATED TO		/
	NATIONAL SECURITY, HUMAN RIGHTS, RELIGIOUS FREEDOM, AND FOREIGN POLICY.		
	(PLEASE SEE WWW.HUDSON.ORG FOR ADDITIONAL INFORMATION).		
4b		ue \$)
	TO PROMOTE THE DISCUSSION AND EXCHANGE OF IDEAS ON ISSUES RELATED TO		
	ECONOMICS, DOMESTIC POLICY, AND POLITICAL STUDIES. (PLEASE SEE		
	WWW.HUDSON.ORG FOR ADDITIONAL INFORMATION).		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
40	(Code:) (expenses \$) (revenue (revenu) (revenue (revenue (revenue (revenue (rev	сфф.)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 18,157,071.		
		Form	990 (2022)
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	2		

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
-		4		x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U		11c		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	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	15		Х
16	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	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	4		x
~~	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Pa	rt 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	·		<u> </u>
_ a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
U		24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
		240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
a	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? If			
	"Yes," complete Schedule L, Part IV	. 28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28 b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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			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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	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?			<u> </u>
55				x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 50		+
37		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		+
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	x	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>
	Charly if Schoolula O contains a reasonance or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
		151		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	000	<u> </u>
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
c	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			<u> </u>
ua		60		x
h		<u>6a</u>		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		<u> </u>
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
U				
-	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c	-		
C		44.		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	. 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		X
	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		X
	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		<u> </u>
	If "Yes," complete Form 6069.			
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	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 13	3		
	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 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-		2	x	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
6	Did the organization have members or stockholders?	0		
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	o o ,	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х	
b		12b	х	
с				
	on Schedule O how this was done	12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	12c	x x	
	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	13	x	
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	13 14	X X	
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	13 14 15a	x	
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	13 14	X X	x
14 15 a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	13 14 15a	X X	x
14 15 a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	13 14 15a 15b	X X	
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a	X X	x
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	13 14 15a 15b	X X	
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a 15b	X X	
14 15 b 16a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	13 14 15a 15b	X X	
b 16a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	13 14 15a 15b 16a	X X	
14 15 b 16a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	13 14 15a 15b 16a	X X	
14 15 b 16a b Sec 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	13 14 15a 15b 16a 16b	X X	x
14 15 b 16a b Sec 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u>	13 14 15a 15b 16a 16b	X X	x
14 15 b 16a b Sec 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Exton C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	13 14 15a 15b 16a 16b	X X	x
14 15 b 16a b <u>Sec</u> 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements ? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	13 14 15a 15b 16a 16b s only)	X X X availa	x
14 15 b 16a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ettion C. Disclosure List the states with which a copy of this Form 990 is required to be filed _AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	13 14 15a 15b 16a 16b s only)	X X X availa	x
14 15 b 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed _AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website	13 14 15a 15b 16a 16b s only)	X X X availa	x
14 15 b 16a b Sec 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	13 14 15a 15b 16a 16b s only)	X X X availa	x
14 15 b 16a b Sec 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tition C. Disclosure List the states with which a copy of this Form 990 is required to be filed _AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	13 14 15a 15b 16a 16b s only)	X X X availa	x

Form 990 (2	2022) HUDSON INSTITUTE, INC	13-1945157	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st 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		
● List a	ete this table for all persons required to be listed. Report compensation for the calendar year er all of the organization's current officers, directors, trustees (whether individuals or organization: columns (D), (E), and (F) if no compensation was paid.	5	,

• 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.

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	nstitutional trustee		nploy	st cor	5	1000 (120)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			o ga instanto i o
(1) JOHN P. WALTERS	50.00									
PRESIDENT AND CEO		х		х				545,542.	0.	42,065.
(2) WALTER RUSSELL MEAD	50.00									
DISTINGUISHED FELLOW						х		345,204.	0.	32,373.
(3) LEWIS LIBBY	50.00									
SENIOR VICE PRESIDENT				х				337,000.	0.	37,417.
(4) ARTHUR HERMAN	50.00									
SENIOR FELLOW						x		285,000.	0.	35,404.
(5) MICHAEL DORAN	50.00									
SR FELLOW & DIRECTOR						X		272,318.	0.	44,864.
(6) DANIEL MCKIVERGAN	50.00									
VP, GOVERNMENT RELATIONS				X				273,312.	0.	40,672.
(7) BRYAN CLARK	50.00									
SENIOR FELLOW & DIRECTOR						X		284,375.	0.	23,439.
(8) JOEL SCANLON	50.00									
EXECUTIVE VICE PRESIDENT				х				277,312.	0.	29,908.
(9) ANN MARIE HAUSER	50.00							0.52, 24.0		
VP, PUBLIC AFFAIRS	50.00			х				273,312.	0.	29,922.
(10) MATTHEW HUNTER	50.00							000 500		0 055
VP, STRATEGIC PARTNERSHIPS	50.00			X				277,500.	0.	8,057.
(11) ASHA GEORGE	50.00							254 167	•	05 030
EXECUTIVE DIRECTOR ON BIODEFENSE (12) STEVE CORDER	F0 00					x		254,167.	0.	25,938.
CFO AND TREASURER	50.00			x				221 100	0.	21 710
(13) NICHOLAS MACKEY	50.00			^				231,188.	0.	31,719.
DIRECTOR OF OPERATIONS	50.00				x			177,800.	0.	29,801.
(14) VICTORIA MILLER	50.00							177,000.	••	25,001.
CORPORATE SECRETARY				x				83,500.	0.	14,996.
(15) SARAH MAY STERN	8.00									
CHAIRMAN		x						0.	0.	0.
(16) RUSSELL PENNOYER	1.00								·	
VICE CHAIR		x						0.	0.	0.
(17) THOMAS C. BARRY	1.00					1				
TRUSTEE		х						0.	0.	Ο.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) HUDSON INSTIT	,								13-194515	7 Page 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,	and	Hig	phest	t C	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do		Posi		than oi	20	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son is	s both	an	compensation	compensation	amount of
	week	offi	cer and	d a dii	rector	r/truste	ee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			pense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loyee	comi		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	,	lno	ű	1 0	¥.	Hiç em	ይ			
(18) LINDEN S. BLUE	1.00									
TRUSTEE		Х						0.	0.	0.
(19) JACK DAVID	1.00									
TRUSTEE		х						0.	0.	0.
(20) THOMAS DONOHUE	1.00									
TRUSTEE		х						0.	0.	٥.
(21) RICHARD EMMET	1.00									
TRUSTEE		x						0.	0.	0.
(22) SHINYA KATANOZAKA	1.00								••	<u>.</u>
·,	1.00	.,							0	
TRUSTEE	1.00	х						0.	0.	0.
(23) JESSIE KNIGHT, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(24) LAURENCE C. LEEDS, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(25) GILBERT SCHARF	1.00									
TRUSTEE		х						0.	0.	٥.
(26) MARGARET WHITEHEAD	1.00									
TRUSTEE		х						0.	0.	٥.
	3,917,530.	0.	426,575.							
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII									0.	
d Total (add lines 1b and 1c)								3,917,530.	-	426,575.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										32
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mplo	oyee	e, or l	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for su	ıch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	-		-						-	4 X
5 Did any person listed on line 1a receive or a			•							
rendered to the organization? If "Yes," com					-			-		5 X
Section B. Independent Contractors	olete Schedule	<u> </u>	or su	<u>cn p</u>	erso					J
· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·	100.000 - (tion for an
1 Complete this table for your five highest cor										tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th o	or wit	hin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address							Description of s	ervices C	Compensation
DRAKE QUANTOUS, LLC										
1540 KELLER PARKWAY, KELLER, TX 19460							_	CONSULTING/DATA BA	SE	350,000.
SQUARE MILES LLP										
736 N. HOLLY DRIVE, ANNAPOLIS, MD 214	09							CONSULTING		323,336.
DRAGOON STRATEGIES, LLC										
223 HANOVER ROAD, PHOENIXVILLE, PA 19	460							CONSULTING		250,000.
PRH & COMPANY										
	20854							CONCILLATION		215 000
7526 CODDLE HARBOR LANE, POTOMAC, MD	20034						-	CONSULTING		215,000.
SCOUT STRATEGY GROUP, LLC										
106 SPECTACLE LANE, WILTON, CT 06897							-	CONSULTING		210,000.
2 Total number of independent contractors (in	cluding but n	ot lin	nited	to t	hos	e list	ed	above) who received me	ore than	
\$100,000 of compensation from the organiz	ation				12	2				
SEE PART VII, SECTION A CONTINU	NATION SHEE	TS								Form 990 (2022)
232008 12-13-22										. ,
				Q	2					

Form 990HUDSON INSTIT	TUTE, INC								13-19451	.57
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cł	neck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WALTER STERN	1.00									
CHAIRMAN EMERITUS - UNTIL FEB 2022		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

232201 04-01-22

				N INSTITU	JTE, I	NC			13-194515	7 Page 9
Pa	rt V	/111	Statement of Reve	enue						
			Check if Schedule O co	ontains a re	sponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2 0	1	а	Federated campaigns	1	a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues		b					
ي ق		с	Fundraising events		с	1,312,411.				
ar A			Related organizations		d					
s, o Inil		е	Government grants (contribu	outions) 1	e					
tion S		f	All other contributions, gifts, gr	rants, and						
ibu			similar amounts not included at		f	21,198,415.				
utro pc		-	Noncash contributions included in line		g \$	391,004.	00 510 000			
<u>o</u> ā		h	Total. Add lines 1a-1f				22,510,826.			
		_				Business Code				
vice	Z	a b								
Ser		c								
		d								
Program Service Revenue		е								
Pr		f	All other program service re	evenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includin	ng dividend	s, intere	est, and				
							2,269,646.			2,269,646.
	4		Income from investment of t	-			48.			48.
	5		Royalties		Real	(ii) Personal	40.			40.
	6	2	Gross rents	6a		(ii) i cisonai				
	0			6b						
	c Rental income or (loss) 6c									
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a 15,93	6,688.					
		b	Less: cost or other basis							
venue				7b 15,27						
a					0,504.		660 E04			660 504
r B			Net gain or (loss)			·····	660,504.			660,504.
Other Ro	8	8 a Gross income from fundraising events (not including \$ 1,312,411. of contributions reported on line 1c). See								
			Part IV, line 18	,		25,200.				
		b	Less: direct expenses			· · · ·				
			Net income or (loss) from fu		····		-266,038.			-266,038.
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from ga		ities					
	10	а	Gross sales of inventory, les		10					
		h	and allowances Less: cost of goods sold							
			Net income or (loss) from sa		····					
		-				Business Code				
sno	11	а								
ane		b								
Sells		с								
Miscellaneous Revenue			All other revenue							
_			Total. Add lines 11a-11d				05 454 000	-		
	12		Total revenue. See instructions	s	<u></u>		25,174,986.	0.	0.	2,664,160.
23200	9 12-	-13-	22							Form 990 (2022)

2022.03040 HUDSON INSTITUTE, INC

10

A1722101

HUDSON INSTITUTE, INC 13-1945157 Page 10 Form 990 (2022) 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) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 177,170. trustees, and key employees 2,530,993. 2,100,724. 253,099 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7,430,354. 6,149,678. 796,092. 484,584. 7 8 Pension plan accruals and contributions (include 42,815 section 401(k) and 403(b) employer contributions) 399,382 330,937. 25,630. 790,110 654,906, 83,642 51,562. Other employee benefits 9 577,961 479,133 60,800 38,028. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 86,066 3,570. 82,496 b Legal 88,551, 36,000 52,551, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 6,384. 6,384. f Other. (If line 11g amount exceeds 10% of line 25, g 4,528,552 4,144,629 24,914 359,009. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 242,093 197,704 35,404. 8,985. 13 Office expenses _____ 460,786 413,927. 27,845 19,014. Information technology 14 Royalties 15 2,665,854 2,208,750 280,449 176,655. 16 Occupancy 949,521 793,486, 4,459 151,576. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 477,162. 238,005. 40,209 198,948. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 493,191 82,160, 390,212 20,819. 22 Depreciation, depletion, and amortization 70,361 58,272. 7,421 4,668. 23 Insurance 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 0.) PRINTING, DESIGN AND DU 145,192, 93,138, 16,223 35,831. а 39,394 39,394. EDITING b BUSINESS MEALS 27,061, 20,039, 4,762 2,260. С PHOTOGRAPHY SERVICES 14,000. 2,000. 12,000. d 302,873 272,919 13,905 16,049. All other expenses е

22,325,841

11

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

Form 990 (2022)

1,782,788.

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2022.03040 HUDSON INSTITUTE, INC

2,385,982

18,157,071

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 Form 990 (2022)
 HUDSON INSTITUTE, INC

 Part X
 Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,143,774.	1	3,607,453
	2	Savings and temporary cash investments			5,351,851.	2	4,387,16
	3	Pledges and grants receivable, net			429,186.	3	5,406,12
	4	Accounts receivable, net			345,674.	4	313,91
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	Ibstantial contr	ributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
AS	9	_		32,205.	9	159,32	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	23,000,397.			
	b	Less: accumulated depreciation		3,156,219.	3,598,366.	10c	19,844,17
	11	Investments - publicly traded securities		90,521,346.	11	77,008,42	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			103,422,402.	16	110,726,57
	17	Accounts payable and accrued expenses		1,404,807.	17	1,507,53	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
0	22	Loans and other payables to any current or f	ormer officer, o	director,			
		trustee, key employee, creator or founder, su	Ibstantial contr	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			22	
Ĵ	23	Secured mortgages and notes payable to un	related third pa	arties		23	
	24	Unsecured notes and loans payable to unrela	ated third parti	es		24	
	25	Other liabilities (including federal income tax,	payables to re	elated third			
		parties, and other liabilities not included on li	nes 17-24). Co	mplete Part X			
		of Schedule D			5,003,251.	25	22,584,044
	26	Total liabilities. Add lines 17 through 25			6,408,058.	26	24,091,57
		Organizations that follow FASB ASC 958, o	check here	X			
Sec		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			77,694,308.	27	65,786,548
Da	28	Net assets with donor restrictions	19,320,036.	28	20,848,446		
		Organizations that do not follow FASB AS	C 958, check I	here			
<u> </u>		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fur	ıds			29	
Sel	30	Paid-in or capital surplus, or land, building, o	r equipment fu	nd		30	
As	31	Retained earnings, endowment, accumulated	d income, or ot	her funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		L	97,014,344.	32	86,634,994
	33	Total liabilities and net assets/fund balances			103,422,402.	33	110,726,571

Form 990 (2022)

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Form 99	00 (2022) HUDSON INSTITUTE, INC	13-194515	7	Pag	_{ge} 12
Part 2	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	25	174,	986.
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	22	325,	841.
3 R	evenue less expenses. Subtract line 2 from line 1	3	2	849,	145.
4 N	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97	014,	344.
5 N	et unrealized gains (losses) on investments	5	-13	228,	495.
	onated services and use of facilities	6			
	vestment expenses	7			
	rior period adjustments	8			
	ther changes in net assets or fund balances (explain on Schedule O)	9			0.
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	olumn (B))	10	86	634,	994.
Part 2	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 A	ccounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2 a W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
se	eparate basis, consolidated basis, or both:				
Γ	Separate basis Consolidated basis Both consolidated and separate basis				
ЬW	/ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
CC	pnsolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
U	niform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b lf	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2022)

S	SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047				
(Form 990)		•	on 501(c)(3) organization or a section				2022			
					47(a)(1) nonexempt cha					ZUZZ
	epartment of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public Inspection		
	Go to www.irs.gov/Form990 for instructions and the latest information.						identification number			
Na	ne e			INSTITUTE, INC	1					13-1945157
P	art	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		
The	e ora				For lines 1 through 12, cl					
1		7	-		on of churches described		-	I)(A)(i).		
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_	city, and state								
5		_ •	•		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
-		-		Complete Part II.)				<i>,</i> ,		
6	X	_		-	nental unit described in					and the state of the state of the
7				omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	Dudiic described in
8		- ·			(1)(A)(vi). (Complete Par	F II)				
9		- ·			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college
-		•			ulture (see instructions).	· ·			•	•
		university:	0		, , , , , , , , , , , , , , , , , , ,			,	Ũ	
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		-		mplete Part III.)						
11		-			vely to test for public sat					
12		-	-	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) o					Sheck the box on
	a [-	• ·	f supporting organizatior upervised, or controlled				-	aivina
				-	gularly appoint or elect a	•	-			
			•	complete Part IV, Se						
I	, [~		-	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
	; [g organization operated				lly integrate	d with,
	-). You must complete I					
	d [-	• •	porting organization oper				· ·	
					ation generally must sat				I an attentiv	/eness
	. Г				nplete Part IV, Sections written determination from					
	εL		•		nally integrated supporti			турет, туре	п, туре п	
	f Ei	nter the number								
			• •	about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	2	(vi) Amount of other
		organization	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tot	al									

Cab		UDSON INSTITUT	E INC			13-19451	57 Daga 0
	edule A (Form 990) 2022 Hi Int II Support Schedule for		,	Sections 170($(1)(\Delta)(iv)$ and		i ugo 🗖
	(Complete only if you checke	-		-			-
	fails to qualify under the tests			-	r lailed to quality d		organization
Sec	ction A. Public Support	, pred		,			
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	15,317,272.	45,156,168.	15,356,881.	19,919,809.	22,510,826.	118,260,956.
•	include any "unusual grants.")	15,517,272.	45,150,100.	15,550,001.	19,919,009.	22,510,620.	110,200,950.
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	15,317,272.	45,156,168.	15,356,881.	19,919,809.	22,510,826.	118,260,956.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						33,088,243.
	Public support. Subtract line 5 from line 4.						85,172,713.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	15,317,272.	45,156,168.	15,356,881.	19,919,809.	22,510,826.	118,260,956.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,419,477.	2,011,449.	2,101,110.	2,166,846.	2,269,694.	9,968,576.
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.)	668,632.	1,302,946.	5,680.	26,600.	25,200.	2,029,058.
11	Total support. Add lines 7 through 10						130,258,590.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	-					
See	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	65.39 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	56.02 %
16a	33 1/3% support test - 2022. If the					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th						
	organization meets the facts-and-circi						
18	Private foundation. If the organization						
			,	. , ,			(Form 990) 2022

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Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

HUDSON INSTITUTE, INC

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	L					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ing 12 column (f))		17	%
	Investment income percentage from					18	% %
	33 1/3% support tests - 2022. If the			on line 14 and line			
100	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	3 12-09-22		16	5		Sched	ule A (Form 990) 2022

HUDSON INSTITUTE, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

Yes No

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")? // "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 disgualified 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.)

17

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6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 HUDSON INSTITUTE, INC 1	.3-1945157	Pac	ge 5
	rt IV Supporting Organizations (continued)		1 45	<u>jo e</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised among the supervised organization and the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised to the supervised among the supervised to t	ers, ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Vee	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

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3b Schedule A (Form 990) 2022

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2022.03040 HUDSON INSTITUTE, INC

A1722101

dule A (Form 990) 2022 HUDSON INSTITUTE, INC			13-1945157 Pag
t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	
on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
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-functional		d Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2022

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Sche Par	dule A (Form 990) 2022 HUDSON INSTITUTE, II t V Type III Non-Functionally Integrated 509(nizations (continu		13-1945157	Page 7
	on D - Distributions		nizations (continu	ea)	Current Ye	or
<u>Secu</u> 1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Current re	di
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp					
~	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne 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		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributat Amount for 2	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
_				-		

Schedule A (Form 990) 2022

<u>Sched</u> ule A (F	Form 990) 2022		INSTITUTE,							13-19451		age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 13; Part IV, Se	9a, 9b, ection E	9c, 11a, 1 , lines 1c, 2	1b, and 11 2a, 2b, 3a,	1c; Part IV, and 3b; Pa	Section B, art V, line 1	lines 1 a ; Part V, 3	nd 2; Part IV, Section B, lin	ne 12; Section C, e 1e; Part V,	
((See instructions.)		, ,				•					
32028 12-09-22										Schedule A	(Ferm 000)	200

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	HUDSON INSTITUTE, INC	13-1945157
Organization type (cheo	k 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	
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

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

	B (Form 990) (2022) rganization		Page 2
	. ga nearon		
HUDSON I	INSTITUTE, INC		13-1945157
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$5,200,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) 1s Type of contribution
2		\$2,076,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$1,300,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$1,074,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$1,000,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$750 <i>,</i>	Person X Payroll Image: Complete Part II for noncash contributions.)

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Name of o	rganization		Page 2
HUDSON I	INSTITUTE, INC		13-1945157
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
7		\$720,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No. 8	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution Person
		\$\$	Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) IS Type of contribution
9		\$507,3	800. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

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	3 (Form 990) (2022)		Page 3
Name of or	rganization		Employer identification number
HUDSON I	NSTITUTE, INC		13-1945157
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

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	3 (Form 990) (2022)		Page
ame of or	ganization		Employer identification number
UDSON II	NSTITUTE, INC		13-1945157
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	 t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	t
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
		[

Schedule B (Form 990) (2022)

	BDULE D	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12		OMB No. 1545-0047
	ent of the Treasury levenue Service	A	Attach to Form 990. 10 for instructions and the latest informa		Open to Public Inspection
Name	of the organization	HUDSON INSTITUTE, INC		Employe	er identification number 13-1945157
Part		-	d Funds or Other Similar Funds	or Accounts.	Complete if the
	organization a	answered "Yes" on Form 990, Part IV, lin	le 6. (a) Donor advised funds	(b) Eurodo o	nd other accounts
ч т	Total number at and	of yoor		(b) Fullus a	
		of year ontributions to (during year)			
		rants from (during year)			
		nd of year			
			writing that the assets held in donor advise	ed funds	
	-		exclusive legal control?		Yes No
			dvisors in writing that grant funds can be		
	•	u , , , , , , , , , , , , , , , , , , ,	or donor advisor, or for any other purpose of		
ir	mpermissible private	benefit?	· · · · · · · · · · · · · · · · · · ·		. 🗌 Yes 📃 No
Part	II Conservat	ion Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1 P	Purpose(s) of conserv	vation easements held by the organizati	on (check all that apply)		
ļ	Preservation of	f land for public use (for example, recrea	tion or education)	a historically imp	ortant land area
ļ	Protection of n	atural habitat	Preservation of	a certified historio	c structure
l	Preservation of	• •			
		rough 2d if the organization held a quali	fied conservation contribution in the form of		
	lay of the tax year.				d at the End of the Tax Yea
	-				
			ucture included in (a)	<u>2c</u>	
		ion easements included in (c) acquired a			
			leased, extinguished, or terminated by the		a tho tax
		, , ,	leased, extinguished, or terminated by the	organization duni	ig the tax
	vear	ere property subject to conservation eas	sement is located		
			riodic monitoring, inspection, handling of		
	-	cement of the conservation easements if	• • • •		Yes No
			handling of violations, and enforcing cons		
7 A	Amount of expenses	_ incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements du	ring the year
_		_	lling of violations, and enforcing conservat re satisfy the requirements of section 170(ring the year
8 D	Does each conservat	 ion easement reported on line 2(d) abov		h)(4)(B)(i)	
- 8 D a	Does each conservat and section 170(h)(4)	 ion easement reported on line 2(d) abov (B)(ii)?	ve satisfy the requirements of section 170(h)(4)(B)(i)	
8 D a 9 Ir	Does each conservat and section 170(h)(4) n Part XIII, describe I	 cion easement reported on line 2(d) abov (B)(ii)? how the organization reports conservati	re satisfy the requirements of section 170(h)(4)(B)(i) statement and	Yes No
8 [a 9 Ir b	Does each conservat and section 170(h)(4) n Part XIII, describe l palance sheet, and in prganization's accourt	(B)(ii)? how the organization reports conservatinclude, if applicable, the text of the footr nting for conservation easements.	ve satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial stateme	h)(4)(B)(i) statement and ents that describes	Yes No
8 D a 9 Ir b	Does each conservat and section 170(h)(4) n Part XIII, describe l balance sheet, and in organization's accour III Organizati	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial stateme f Art, Historical Treasures, or Ot	h)(4)(B)(i) statement and ents that describes	. Yes No
8 [a 9 Ir b 0 Part	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour III Organizatio Complete if th	(B)(ii)? how the organization reports conservatinclude, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Form	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial stateme f Art, Historical Treasures, or Ot n 990, Part IV, line 8.	h)(4)(B)(i) statement and ents that describe her Similar As	Yes No
8 C a 9 Ir b 0 Part	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour III Organizatio Complete if th f the organization ele	(B)(ii)? how the organization reports conservatinclude, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Form ected, as permitted under FASB ASC 95	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot n 990, Part IV, line 8. i8, not to report in its revenue statement a	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet	Yes No
8 C a 9 Ir b 0 0 Part 1a If	Does each conservat and section 170(h)(4) n Part XIII, describe I balance sheet, and in organization's accour III Organizatio Complete if th f the organization ele of art, historical treas	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Former ected, as permitted under FASB ASC 95 sures, or other similar assets held for publication of the publication of the sector of the sector of the publication of the sector of the s	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. i8, not to report in its revenue statement an olic exhibition, education, or research in fu	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of publi	Yes No
8 C a 9 Ir b 0 Part 1a If	Does each conservat and section 170(h)(4) n Part XIII, describe I balance sheet, and in organization's accour Organizatio Organizatio Complete if th f the organization ele of art, historical treas service, provide in Pa	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Form exceted, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. i8, not to report in its revenue statement an olic exhibition, education, or research in funcial statements that describes these item	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of publi s.	Yes No
8 C a 9 Ir b 0 Part 1a If 0 5 b If	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour Organization Organization Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Form exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- exceed, as permitted under FASB ASC 95	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot 1990, Part IV, line 8. 58, not to report in its revenue statement and olic exhibition, education, or research in funcial statements that describes these item 58, to report in its revenue statement and b	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of publi s. palance sheet wor	Yes No
8 C 9 Ir 9 Ir 00 Part 1a If 00 5 6 If a	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour III Organizatio Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of he organization answered "Yes" on Form exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- exceed, as permitted under FASB ASC 95 es, or other similar assets held for public	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. i8, not to report in its revenue statement an olic exhibition, education, or research in funcial statements that describes these item	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of publi s. palance sheet wor	Yes No
8 C 9 Ir 9 Ir 00 Part 1a If 0 5 5 b If a	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour III Organization Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following	(B)(ii)? how the organization reports conservating for conservation easements. Ons Maintaining Collections of he organization answered "Yes" on Form exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finant exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finant exceed, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items:	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot 1990, Part IV, line 8. 18, not to report in its revenue statement and oblic exhibition, education, or research in function the statements that describes these item 18, to report in its revenue statement and the control of the statement and the control of the statement and the control of the statement and the	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. balance sheet wor herance of public s	Yes No
8 C 9 Ir 9 Ir b 00 Part 1a If 0 5 b If a a p (i	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour III Organizati Complete if th f the organization ele of art, historical treasure retryice, provide in Part f the organization ele art, historical treasure for the organization ele art, historical treasure f the organization ele art (historical treasure	(B)(ii)? how the organization reports conservation include, if applicable, the text of the footrent include, if applicable, the text of the footrent ons Maintaining Collections of the organization answered "Yes" on Former ected, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. i8, not to report in its revenue statement and polic exhibition, education, or research in functial statements that describes these item i8, to report in its revenue statement and b c exhibition, education, or research in furth	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of publi s. balance sheet wor ierance of public s	Yes No
8 C 9 Ir b 00 Part 1a If 0 5 b If a 2 (i (i	Does each conservat and section 170(h)(4) in Part XIII, describe I balance sheet, and in organization's accour Organizatio Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following i) Revenue included ii) Assets included i	(B)(ii)? how the organization reports conservation include, if applicable, the text of the footrenting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Former exted, as permitted under FASB ASC 95 sures, or other similar assets held for public art XIII the text of the footnote to its finan- exted, as permitted under FASB ASC 95 sures, or other similar assets held for public art XIII the text of the footnote to its finan- exted, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part X	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. i8, not to report in its revenue statement and plic exhibition, education, or research in functial statements that describes these item i8, to report in its revenue statement and b c exhibition, education, or research in furth	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. palance sheet wor erance of public s 	Yes No
8 C 9 Ir b 00 Part 1a If 0 5 5 6 If a a p (i (i 2	Does each conservat and section 170(h)(4) in Part XIII, describe I balance sheet, and in organization's accour Organizatio Organizatio Complete if th of the organization ele of art, historical treasure f the organization ele art, historical treasure provide the following i) Revenue included ii) Assets included if f the organization red	(B)(ii)? how the organization reports conservation include, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Form exceed, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- exceed, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part X ceived or held works of art, historical tre	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot <u>a 990, Part IV, line 8.</u> 88, not to report in its revenue statement and olic exhibition, education, or research in functial statements that describes these item 88, to report in its revenue statement and b c exhibition, education, or research in furth asures, or other similar assets for financial	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. palance sheet wor erance of public s 	Yes No
8 C 9 Ir b 00 Part 1a If 0 5 5 6 If a 2 If t	Does each conservat and section 170(h)(4) in Part XIII, describe I balance sheet, and in organization's accour Organizatio Organizatio Complete if th of the organization ele of art, historical treasure f the organization ele art, historical treasure provide the following ii) Assets included if the organization red he following amount	(B)(ii)? how the organization reports conservation include, if applicable, the text of the footrenting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Former exted, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finan- exted, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part X ceived or held works of art, historical tre- is required to be reported under FASB ASC 95 (Construction)	re satisfy the requirements of section 170(f on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. 88, not to report in its revenue statement and blic exhibition, education, or research in functial statements that describes these item 68, to report in its revenue statement and blic exhibition, education, or research in furth asures, or other similar assets for financial NSC 958 relating to these items:	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. balance sheet wor berance of public s 	Yes No
8 C 9 Ir b 00 Part 1a If 00 5 1a If 00 5 1 (i 2 If 11 2 If 11 2	Does each conservat and section 170(h)(4) n Part XIII, describe I palance sheet, and in organization's accour Organizatio Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following i) Revenue included if the organization red he following amount Revenue included on	Lion easement reported on line 2(d) above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footrenting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Former extend, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finance extend, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part VIII, line 1	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot 1990, Part IV, line 8. 18, not to report in its revenue statement and olic exhibition, education, or research in funcial statements that describes these item 18, to report in its revenue statement and b c exhibition, education, or research in furth asures, or other similar assets for financial LSC 958 relating to these items:	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. balance sheet wor erance of public s \$ \$ l gain, provide	Yes No
8 C 9 Ir 9 Ir b 0 7 9 Ir b 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Does each conservat and section 170(h)(4) n Part XIII, describe I balance sheet, and in organization's accour III Organizatio Complete if th f the organization ele of art, historical treasure f the organization ele art, historical treasure f the organization ele art (historical treasure f the organization ele art (Lion easement reported on line 2(d) above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footrenting for conservation easements. Ons Maintaining Collections of the organization answered "Yes" on Former extend, as permitted under FASB ASC 95 sures, or other similar assets held for put art XIII the text of the footnote to its finance extend, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part VIII, line 1	re satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot a 990, Part IV, line 8. 88, not to report in its revenue statement at oblic exhibition, education, or research in fu- ncial statements that describes these item 88, to report in its revenue statement and b c exhibition, education, or research in furth asures, or other similar assets for financial SC 958 relating to these items:	h)(4)(B)(i) statement and ents that describes her Similar As nd balance sheet rtherance of public s. balance sheet wor lerance of public s \$ l gain, provide	Yes No

	dule D (Form 990) 2022 HUDSON INST				016 0 1 0	2:	13-194		P	age 2
	t III Organizations Maintaining C							(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that n	nake sigr	nificant u	ise of its			
-	collection items (check all that apply):				_					
a										
	b Scholarly research e Other									
c	Preservation for future generations		la a 4la a 64la a 4	le e evenerations						
4	Provide a description of the organization's co	•		•	•	• •	se in Part .	XIII.		
5	During the year, did the organization solicit o							Vaa		
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran				es" on Fr			Yes	<u></u>	No
	reported an amount on Form 990, Par		ate in the organizati	on answered T	63 0111	0111 330	, i aitiv, i	116 3, 01		
1a	Is the organization an agent, trustee, custodi		ary for contribution	ns or other asset	ts not inc	cluded				
iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII								L	
			owing table.					Amoun	ıt	
с	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•				1
Par										
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	81,147,894.	68,738,213		· ·	, ,	38,105.	. ,	,344,	
	Contributions	7,147,063.	39,505				39,319.			172.
	Net investment earnings, gains, and losses	-9,178,984.	15,744,176				37,953.	-3	,566,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,		5,0			,,	
	• •••••••••••••••••									
е	Other expenditures for facilities	3,988,000.	3,374,000	2,314,	000	1 6	62,000.	1	,920,	000
	and programs	3,500,000.	3,374,000	• 2,514,		1,0	02,000.	1	, 520,	
	Administrative expenses	75,127,973.	81,147,894	. 68,738,	213	63.8	53,377.	33	,238,	105
g	End of year balance				213.	05,0	55,577.	55	,230,	105.
2	Provide the estimated percentage of the curr	ent year end balance 92,0000		a)) neid as:						
a	Board designated or quasi-endowment		_%							
b		%								
с		,								
•	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administered	d for the				Yes	No
	organization by:								res	X
	(i) Unrelated organizations							3a(i)	┝───┦	X
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza							3b		L
4 Dar	t VI Land, Buildings, and Equipm		vment funds.							
Fai	Complete if the organization answere		Part IV line 11a	Soo Earm 000	Dart V lin	0.10				
							.	()		
	Description of property	(a) Cost or of basis (investm	. ,	st or other s (other)	• •	umulate eciation	d	(d) Boo	k valu	е
	Land	· · · ·	Dasis		uepre	COIALIUIT				
	Land									
	Buildings			1 924 240		0 / 1 7	220	10	407	110
-	Leasehold improvements			1,824,349.	4	2,417,		19	<u>,407,</u>	
d	Equipment			1,176,048.		738,	500.		43/,	068.
	Other							10	044	170
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	K. column (B), line	10c.)	<u></u>				,844,	
							Schedule	D (Forr	n 990)	2022

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Schedule D (Form 990) 2022 HUDSON INSTITUTE ,	INC		13-1945157 P	age S
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market valu	le
1) Financial derivatives			-	
2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market valu	ie
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book value	а
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	(15)			
Part X Other Liabilities.	· 1 J ./			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X lin	e 25	
(a) Description of lightlity			(b) Book value	
(1) Federal income taxes			00.500	FOO
(2) DEFERRED RENT			20,560,	,
(3) AMOUNTS HELD FOR THIRD PARTIES			684,	-
(4) REFUNDABLE ADVANCES			1,339,	,030
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(9)	25.)		22,584,	,044
	,		, , ,	,044

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 HUDSON INSTITUTE, INC		13-1945157	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 1:	2,231,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	8,495.		
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			3,228,495.
3	Subtract line 2e from line 1		3 2	5,459,841.
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	6,383.		
b	Other (Describe in Part XIII.) 4b -29	1,238.		
с	Add lines 4a and 4b		4c	-284,855.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5,174,986.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1 23	2,610,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d		1,238.		
е	Add lines 2a through 2d		2e	291,238.
3	Subtract line 2e from line 1		3 23	2,319,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	6,383.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	6,383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5 22	2,325,841.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUND IS INTENDED TO PARTIALLY FUND THE OPERATING EXPENSES OF

THE INSTITUTE'S JAPAN CHAIR. THE QUASI-ENDOWMENT FUND IS INTENDED TO

PARTIALLY FUND THE OPERATING EXPENSES OF THE INSTITUTE'S STERN CHAIR AND

OTHER OPERATING EXPENSES.

PART X, LINE 2:

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE (IRC) AND FROM APPLICABLE STATE INCOME TAXES.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HUDSON INSTITUTE, INC	13-1945157	Page 5
Schedule D (Form 990) 2022 HUDSON INSTITUTE, INC Part XIII Supplemental Information (continued)		
THE INSTITUTE HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER		
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AND NO INTEREST AND		
PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS		
RELATED TO UNCERTAIN TAX POSITIONS.		
THE INSTITUTE FILES INFORMATIONAL INCOME TAX RETURNS IN THE U.S. FEDERAL		
JURISDICTION AND NEW YORK STATE. THE INSTITUTE IS NOT CURRENTLY UNDER		
AUDIT BY ANY INCOME TAX JURISDICTION.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES NETTED AGAINST REVENUE -291,238.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES 291,238.		
	Schedule D (Forn	n 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2022					
Department of the Treasury			Open to Public					
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information).		Inspection
Name of the organization								entification number
Part I Fundrais	HUDSON INST						13-19451 7 Fauna 200 F	
	complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, II	ne i	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

			TITUTE, INC				13-1945157 Page 2
Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr					
			(a) Event #1	(b) Event		(c) Other events	
			HERMAN KAHN AWARD			NONE	(add col. (a) through
			DINNER (event type)	(event typ)e)	(total number)	col. (c))
anr					,c,	(total humber)	
Revenue	1	Gross receipts	1,337,611.				1,337,611.
æ			1 240 444				
	2	Less: Contributions	1,312,411.				1,312,411.
	3	Gross income (line 1 minus line 2)	25,200.				25,200.
	4	Cash prizes					
S	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
t Exp	-	Food and hoverages	119,350.				119,350.
Direc	7	Food and beverages	119,330.				
	8	Entertainment					
	9	Other direct expenses	171,888.				171,888.
	10	Direct expense summary. Add lines 4 through					
_	11						–266,038.
Pa	irt I	G complete in the organization	answered "Yes" on Form	990, Part IV, lin	e 19, or re	ported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	() D (()			
e			(a) Bingo	(b) Pull tabs/i bingo/progressiv		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressi	/c billigo		
Вe	4						
	-	Gross revenue					
6	2	Cash prizes					
nse							
Expenses	3	Noncash prizes					
	4	Rent/facility costs					
Direc	-						
	5	Other direct expenses					
			Yes%		% L	Yes	. %
	6	Volunteer labor	No No	No No		No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)				
	'	Direct expense summary. Add lines 2 through					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)				
9		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming a					Yes No
b	lf "	No," explain:					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during	the tax ye	ar?	Yes No
		Yes," explain:					
23208	32 10)-27-22				S	chedule G (Form 990) 2022

Scł	edule G (Form 990) 2022	HUDSON INSTITUTE, INC	13-19	45157	Page 3
		ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
				Yes	No
13	Indicate the percentage of gaming				
		· · ·		13a	%
				13b	%
		e person who prepares the organization's gaming/special events books and reco			
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue? \dots		Yes	No No
I		ng revenue received by the organization \$ and the a	nount		
	of gaming revenue retained by the				
(If "Yes," enter name and address	of the third party:			
	Name				
	Address				
	Address				
16	Coming monoger information:				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	daming manager compensation	·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
á	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
				Yes	No No
I		required under state law to be distributed to other exempt organizations or spent	in the		
D	organization's own exempt activit ITTIV Supplemental Infor	es during the tax year \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (\			01- 101-
		applicable. Also provide any additional information. See instructions.), and Part	m, ines 9,	90, 100,
	150, 150, 16, and 170, as	applicable. Also provide any additional information. See instructions.			
2320	83 10-27-22	2.4	Schedu	le G (Form	990) 2022
		34			

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Schedule G (F	orm 990) H	UDSON INSTITUTE	, INC	13-1945157	Page 4
Part IV S	orm 990) H Supplemental Informa	ation (continued)			
				Schedule G (Form 990)
232084 04-01-22					
			25		

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Nam	e of the organization		Employer ide		on nui	mber
Do	rt I Question	HUDSON INSTITUTE, INC s Regarding Compensation	13-194	45157		
Fd	and Question	s Regarding Compensation				
40	Choole the energy	ate her/(a) if the executivation provided any of the following to as few a nervous listed on Ferm	000		Yes	No
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	X First-class or c		nalusa			
	Travel for com	i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	Independent of	compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		x
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4 c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			<u>5a</u>		X
b		ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			<u>6a</u>		X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v	
~		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				. 8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022	HUDSON	INSTITUTE,	INC

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN P. WALTERS	(i)	533,542.	12,000.	0.	23,557.	18,508.	587,607.	٥.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WALTER RUSSELL MEAD	(i)	345,204.	0.	0.	24,400.	7,973.	377,577.	0.
DISTINGUISHED FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEWIS LIBBY	(i)	335,000.	2,000.	0.	24,400.	13,017.	374,417.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ARTHUR HERMAN	(i)	285,000.	0.	0.	22,800.	12,604.	320,404.	0.
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL DORAN	(i)	272,318.	0.	0.	21,785.	23,079.	317,182.	0.
SR FELLOW & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL MCKIVERGAN	(i)	265,312.	8,000.	0.	21,792.	18,880.	313,984.	0.
VP, GOVERNMENT RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRYAN CLARK	(i)	284,375.	0.	0.	21,788.	1,651.	307,814.	0.
SENIOR FELLOW & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOEL SCANLON	(i)	265,312.	12,000.	0.	22,130.	7,778.	307,220.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANN MARIE HAUSER	(i)	265,312.	8,000.	0.	21,865.	8,057.	303,234.	0.
VP, PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MATTHEW HUNTER	(i)	250,000.	27,500.	0.	0.	8,057.	285,557.	0.
VP, STRATEGIC PARTNERSHIPS	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
(11) ASHA GEORGE	(i)	229,167.	25,000.	0.	18,016.	7,922.	280,105.	٥.
EXECUTIVE DIRECTOR ON BIODEFENSE	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
(12) STEVE CORDER	(i)	219,188.	12,000.	0.	18,495.	13,224.	262,907.	٥.
CFO AND TREASURER	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
(13) NICHOLAS MACKEY	(i)	169,800.	8,000.	0.	14,224.	15,577.	207,601.	٥.
DIRECTOR OF OPERATIONS	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

13-1945157

<u>Schedule J (Form 990) 2022</u>	HUDSON INSTITUTE, INC	13-1945157	Page 3
Part III Supplemental Informa	tion		
Provide the information, explanation	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7	7, and 8, and for Part II. Also complete this part for any additional information	۱.
		, , , , , , , , , , , , , , , , , , ,	
PART I, LINE 1A:			

CHARTER AIR TRAVEL WAS PROVIDED AS A NON-CASH CONTRIBUTION FOR BUSINESS

PURPOSE TO THE ORGANIZATION.

PART I, LINE 7:

THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES THE SALARY AND THE

AMOUNT OF ANY BONUS GIVEN TO THE PRESIDENT AND CEO EACH YEAR.

Schedule J (Form 990) 2022

SCHEDUL	ΕM
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

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13-1945157

Department of the Treasury Internal Revenue Service

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.

Inspection Employer identification number

Open to Public

Name of the organization

HUDSON INSTITUTE, INC

Par	τI	Ту	pes of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d) Method of de noncash contribu	etermin	•	5
1	Art -	Works	s of art								
2			ical treasures								
3			onal interests								
4			publications								
5			nd household goods								
6			ther vehicles								
7			planes								
8			property								
9			- Publicly traded		6	3	354,580.	CLOSING STOCK QU	OTE		
10			- Closely held stock								
11			- Partnership, LLC, or								
		intere									
12	Secu	urities ·	- Miscellaneous								
13			onservation contribution -								
	Histo	oric str	uctures								
14	Qua	lified c	onservation contribution - Other								
15	Real	estate	e - Residential								
16			e - Commercial								
17			e - Other								
18			s								
19			ntory								
20			medical supplies								
21											
22			artifacts								
23			pecimens								
24			cal artifacts								
25	Othe		FLIGHT TICKETS	x	2		34,430.				
26	Othe	er (BREAKFAST ITEMS	x	1		1,993.				
27	Othe	er (
28	Othe	er (
29	Num	ber of	Forms 8283 received by the orga	nization during	g the tax year for c	ontributions					
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29									0	
										Yes	No
30a	Durii	ng the	year, did the organization receive	by contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for										
	exempt purposes for the entire holding period?								30a		Х
b			escribe the arrangement in Part II.								
31	Does	s the o	rganization have a gift acceptanc	e policy that re	equires the review	of any nonstandard	d contribut	tions?	31		х
32a	Does	s the o	rganization hire or use third partie	es or related or	ganizations to soli	cit, process, or sell	noncash				
	cont	ributio	ns?						32a	х	
b	lf "Y	es," de	escribe in Part II.								
33	If the	e orgar	nization didn't report an amount ir	n column (c) fo	r a type of property	/ for which column	(a) is cheo	cked,			
			Part II.								
LHA	Fo	or Pape	erwork Reduction Act Notice, se	ee the Instruc	tions for Form 990).		Schedule	M (Forr	n 990)	2022

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organ a combination of both. Also co	Page ization omplete
CHEDULE	M, PART I, COLUMN (B):		
UMBER OF	' CONTRIBUTIONS		
CHEDULE	M, LINE 32B:		
ELLS FAF	GO AND MORGAN STANLEY SELL NON-CASH CONTRIBUTIONS OF PUBLICLY		
RADED SI	YOCK AND MUTUAL FUNDS FOR HUDSON.		
INE 9, C	OLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.		
2142 09-09-2		Schedule M (Fo	rm 990) 20

09120502 131839 A172210

2022.03040 HUDSON INSTITUTE, INC A1722101

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	2022 Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	HUDSON INSTITUTE, INC	13-1945157
FORM 990, PART VI,	SECTION A, LINE 1A:	
EXECUTIVE COMMITTE	E. THE BOARD OF TRUSTEES MAY, BY RESOLUTION ADOPTED BY A	
MAJORITY OF THE EN	FIRE BOARD, DESIGNATE FIVE (5) OR MORE TRUSTEES OF THE	
CORPORATION, ONE O	F WHOM SHALL BE THE PRESIDENT, TO CONSTITUTE AN EXECUTIVE	
COMMITTEE WHICH, TO	O THE EXTENT PROVIDED IN SUCH RESOLUTION AND CONSISTENT	
WITH THE ACT, THE	CERTIFICATE OF INCORPORATION AND THESE BYLAWS, SHALL HAVE	
AND EXERCISE ALL O	F THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE	
MANAGEMENT OF THE	CORPORATION'S AFFAIRS DURING INTERVALS BETWEEN THE	
MEETINGS OF THE BO	ARD OF TRUSTEES.	
THE CHAIRMAN, VICE	-CHAIR, AND THREE OTHER TRUSTEES ARE THE MEMBERS OF THE	
EXECUTIVE COMMITTE	E AND ALL SIT ON THE GOVERNING BODY BOARD OF TRUSTEES.	
FORM 990, PART VI,	SECTION A, LINE 2:	
SARAH MAY STERN, C	HAIR, AND WALTER P. STERN, CHAIR EMERITUS, HAVE A FAMILY	
RELATIONSHIP.		
		_
FORM 990, PART VI,	SECTION B, LINE 11B:	_
THE FORM 990 IS RE	VIEWED IN DETAIL BY THE AUDIT AND RISK MANAGEMENT	
COMMITTEE, THE PRES	SIDENT AND CEO, AND CFO; AND IT IS ALSO PROVIDED TO THE	
FULL BOARD OF TRUS	TEES FOR REVIEW PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
THE CONFLICT OF IN	TEREST POLICY COVERS ALL MEMBERS OF THE BOARD AND ALL	
OFFICERS. COMPLIAN	CE WITH THE POLICY IS MONITORED BY THE CORPORATE	
SECRETARY WHO MAIN	TAINS THE DISCLOSURE FORMS. EACH YEAR, TRUSTEES AND	
CORPORATE OFFICERS	ARE REQUIRED TO FILL OUT ANNUAL DISCLOSURE FORMS THAT	
LHA For Paperwork Re 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022
L20502 131839	41 A172210 2022.03040 HUDSON INSTIC	TUTE, INC A1722

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
HUDSON INSTITUTE, INC	13-1945157
ARE DESIGNED TO ELICIT POTENTIAL CONFLICTS OF INTEREST THAT MAY ARISE	
THROUGH DEALINGS OR RELATIONSHIPS WITH STAFF MEMBERS, TRUSTEES, OR	
INSTITUTE VENDORS. THESE DISCLOSURES ARE REVIEWED BY THE CORPORATE	
SECRETARY, THE INSTITUTE PRESIDENT, AND THE CHAIRMAN OF THE BOARD. THE	
BOARD CHAIRMAN REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR	
POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. BOARD MEMBERS ARE ASKED TO	
RECUSE THEMSELVES FROM ANY VOTES THAT MAY ENTAIL A CONFLICT OF INTEREST.	
ANY IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE	
DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE PRESIDENT AND CEO INCLUDES	
A REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE.	
COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM THE FORM 990	
OF OTHER ORGANIZATIONS. THE COMPENSATION DETERMINATION PROCESS IS PERFORMED	
ON AN ANNUAL BASIS. THIS PROCESS RECENTLY TOOK PLACE IN 2022.	
THE PROCESS FOR DETERMINING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES	
INCLUDES A REVIEW AND APPROVAL BY THE PRESIDENT AND CEO. COMPARABILITY DATA	
USED IN THE REVIEW PROCESS IS OBTAINED FROM THE FORM 990 OF OTHER	
ORGANIZATIONS. THE COMPENSATION DETERMINATION PROCESS IS PERFORMED ON AN	
ANNUAL BASIS. THIS PROCESS RECENTLY TOOK PLACE IN 2022.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

232212 10-28-22

Schedule O (Form 990) 2022

DocuSign Envelope ID: CCF92184-517E-4BE4-A130-07B12640202E

Name of the organization HUDSON INSTITUTE, INC		Employer identification number 13–1945157
		10 1940107
FORM 990 IS AVAIBLE ON THE ORGANIZATION'S WEBSIT	re.	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT	F OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC	C UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTANT- HUDSON SCHOLARS AND PERSONNEL:		
PROGRAM SERVICE EXPENSES	2,674,096.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,674,096.	
CONSULTANT- HONORARIA:		
PROGRAM SERVICE EXPENSES	542,484.	
MANAGEMENT AND GENERAL EXPENSES	705.	
FUNDRAISING EXPENSES	9,000.	
TOTAL EXPENSES	552,189.	
CONSULTANT- IT:		
PROGRAM SERVICE EXPENSES	6,667.	
MANAGEMENT AND GENERAL EXPENSES	9,538.	
FUNDRAISING EXPENSES	260,000.	
TOTAL EXPENSES	276,205.	
OTHER :		
PROGRAM SERVICE EXPENSES	921,382.	
MANAGEMENT AND GENERAL EXPENSES	14,671.	
232212 10-28-22	43	Schedule O (Form 990) 2022

DocuSign Envelope ID: CCF92184-517E-4BE4-A130-07B12640202E

Schedule O (Form 990) 2022		Page 2
Name of the organization HUDSON INSTITUTE, INC		Employer identification number 13-1945157
FUNDRAISING EXPENSES	90,009.	
TOTAL EXPENSES	1,026,062.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,528,552.	
232212 10-28-22		Schedule O (Form 990) 2022

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Operating Networks Service Co to www.irs.gov/Form990 for instructions and the latest information. Image: Name of the organization Name of the organization IUDSON INSTITUTE, INC Employer identifice 13-1945157 Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct cole of the organization and the latest information. Image: Ima	202	
Department of the Treating Co to www.irs.gov/Form990 for instructions and the latest information. Upper Employer identification Name of the organization HUDSON INSTITUTE, INC Employer identification 13-1945157 Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct congent Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 34. Image: Complete if the organization answered "Yes	2022	
Name of the organization Employer identification HUDSON INSTITUTE, INC Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct country Image: State of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct country Image: State of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Primary activity Image: State of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Primary activity Image: State of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Primary activity Image: State of disregarded entity Primary activity Legal domicile (state or foreign country) Image: State of domicile (state or foreign country) Image: State of domicile (state or foreign country) Image: State of domicile (state or foreign country) <t< th=""><th>en to Pu nspecti</th><th></th></t<>	en to Pu nspecti	
(a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct cou- entitient Image: State of the state of disregarded entity Image: State of the state of	ation nu	umber
Name, address, and ElN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct country		
Image: Second	ntrolling	3
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempted tax-exe		
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt		
Dent II Identified of the field of the fi	nt	
organizations during the tax year.	pr	
(a)(b)(c)(d)(e)(f)Name, address, and EINPrimary activityLegal domicile (state or foreign country)Exempt CodePublic charityDirect controlling entity	contr	g) 512(b)(13) rolled tity?
501(c)(3))	Yes	No

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

Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022 HUDSON INSTITUTE, INC

organizations treated as a pa	rtnership during the tax	k year.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo allocat	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
											<u> </u>
]										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ype of entity Share of total		(h) Percentage ownership		
		country)				assets		Yes	No
HUDSON ANALYTICAL SERVICES, INC									
35-1645201, 1201 PENNSYLVANIA AVE NW, SUITE			HUDSON						
400, WASHINGTON, DC 20004	RESEARCH	NY	INSTITUTE INC.	C CORP	0.	0.	100%		х
	-								
	-								

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2022 HUDSON INSTITUTE, INC	13-1945157		Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	<u>1b</u>		Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses	1р		x
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)			Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transa	action thresholds.		
	(-1)		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 HUDSON INSTITUTE, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		e all e all ers sec. (c)(3) js.?	(f)	(g)	(h)	(i)	(j	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Ar partne	e all ers sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	l or Percent
of entity		(state or foreign	(related, unrelated,	501 or	(c)(3) 1s.?	total	end-of-year	alloca	nate ations?	amount in box 20	mana partn	er? owners
	country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Schedule R (Form 990) 2022