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.

2022

and ending JUN 30,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

JUL 1,

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
TV	Addres	GRAND TRAVERSE REGIONAL LAND CONSERVA	NCV		
	Name change		NCI	38-29942	2.9
F	lnitial return		Room/suite	E Telephone number	
F	Final return/	2846 3 MILE RD N	1100III/Suite	231-929-	
	termin- ated			G Gross receipts \$	12,109,088.
	Amend			H(a) Is this a group re	turn
	Application	F Name and address of principal officer: GLEN A. CHOWN		for subordinates	
	pendin	$^{ m g}$ $ $ 2846 3 MILE RD N, TRAVERSE CITY, MI $$ 49	9686	H(b) Are all subordinates in	
Τ.	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1) = 4947(a)(1) = 49$	or 527	1	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1991 M	State of legal domicile: MI
Pa	art I	Summary			
ě	1 1	Briefly describe the organization's mission or most significant activities: ${f THE}$ 1	MISSIO	N OF GTRLC	IS TO
Activities & Governance		PROTECT SIGNIFICANT NATURAL, AGRICULTURAL			
ern		Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
<u>3</u> 6				3	20
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			20
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			300
ţį		Total number of volunteers (estimate if necessary)		1_ 1	5,867.
Ac				7a	1,658.
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year
		Contributions and grants (Part VIII line 1h)		14,227,688.	10,387,793.
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.
Ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	· -	567,361.	657,022.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,069.	330,562.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,843,118.	11,375,377.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salarios, other compensation, employee benefits (Part IV, column (A), lines 5.10)		2,737,735.	3,003,117.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 716, 55		0.	0.
<u>b</u>	b.	Total fundraising expenses (Part IX. column (D), line 25) 716, 55	52.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,482,257.	6,153,594.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,219,992.	9,156,711.
	19	Revenue less expenses. Subtract line 18 from line 12		8,623,126.	2,218,666.
Ces				ginning of Current Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		83,640,436.	88,711,454.
t As	21	Total liabilities (Part X, line 26)		2,504,026.	3,581,277.
		Net assets or fund balances. Subtract line 21 from line 20		81,136,410.	85,130,177.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		Date	
Sig				Date	
Hei	re	GLEN A. CHOWN, EXECUTIVE DIRECTOR Type or print name and title			
			IF	Date Check	II PTIN
Pai	,	Print/Type preparer's name TRINA OCHS, CPA Preparer's signature		O/18/23 Check Lift self-employe	
		Firm's name DGN, LLC	<u> </u>	Firm's EIN 2	0-2349670
	Only	Firm's address P.O. BOX 947		FIIIII S EIN 2	4349010
036	, only	TRAVERSE CITY, MI 49685-0947		Dhone no 23	1-946-1722
Mar	v the IC	INAVERSE CITT, HT 45005 0547 S discuss this return with the preparer shown above? See instructions		11 110116 110.23.	X Yes No
ivid	י הוכדור	io alboado tilio retaini with the preparer shown above? dee ilibituotions			169 110

Briefly describe the organizations mission: THE MISSION OF GTRLC IS TO PROTECT SIGNIFICANT NATURAL, SCENIC AND FARM LANDS AND ADVANCE LAND STEWARDSHIP NOW AND FOR FUTURE GENERATIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 800-627 If "res," describe these new services on Schedule 0. If "res," describe these new services on Schedule 0. If "res," describe these changes on Schedule 0. If "res," describe these changes on Schedule 0. If "res," describe these changes on Schedule 0. Section 501(p(3) and 501(p(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service expected. Section 501(p(3) and 501(p(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service experted. Section 501(p(3) and 501(p(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service experted. Section 501(p(3) and 501(p(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service expenses. FOR THE TAX YEAR EXPENDING JUNE 30, 2023, 90 ACRES OF LAND VALUED AT \$254,000 WERE ACQUIRED BY PURCHASE OR DONATION FOR PERMANENT PROTECTION AND PUBLIC USE. INcluDED IN ACQUISITIONS DURING THE TAX YEAR RETURN AND PRESERVES PROTECTED TO 10,411 ACRES, VALUED AT HISTORICAL COST OF \$30,480,671. ALSO, CONSERVATION EXSERVED TO PUBLIC VERY AND ST. CLAIR LAKE. THE ACQUISITIONS BRING THE TOTAL LAND PRESERVES PROTECTED TO 10,411 ACRES, VALUED AT HISTORICAL COST OF \$30,480,671. ALSO, CONSERVATION EXSERVED PUBLIC WERE TRIGHTS EXTINGUISIED IN THE TAX YEAR ENDING JUNE 30, 2023 TOTALED \$3,412,000 AS DESCRIBED IN SCHEDULE D, PART XIII, A TOTAL DP 256 CONSERVATION EXPENDING PUBLIC VERY AND ST. CLAIR LAKE, THE	Pai	Statement of Program Service Accomplishments
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		7 006 570
	4e	

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	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,		37	
_	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		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	110	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	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	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			<u>-</u> -
	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		X
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,			.
40	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	ا مد ا		₩
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
		∠UD		
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		Х
	domestic government on Fartin, column (A), line 1:11 163, complete ochedule i, 1 arts Fand if	4 1		

						
Part IV	Ch	ecklist o	of Requir	ed Sch	nedules (continu	ed)
		<u>-</u>			•	

	on on the contract of the cont			
00	Did the examination report more than \$5,000 of grants or other equiptores to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	- 25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
	1 1 44		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
b	Efficient the flumber of Forms w-2d included of fine 1a. Efficience in that applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	_ 43	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	'			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t 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 ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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			
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 1a 20			
	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 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	-1.6		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records GLEN CHOWN - 231-929-7911			
	2846 3 MILE RD N, TRAVERSE CITY, MI 49686			

Form **990** (2022) 232006 12-13-22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	<u> </u>	CCI aii		10010	1744 43	100)	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Пg	Inst	Officer	Key	Hig	For			
(1) GLEN CHOWN	40.00	٠,,		,,				220 066	0	F1 F27
EXECUTIVE DIRECTOR	40.00	Х		Х				239,866.	0.	51,537.
(2) BIRGIT CONWAY	40.00	4				7.		102 042	0	14 726
DIRECTOR OF FINANCE	4 00					X		102,043.	0.	14,736.
(3) JOHN BERCINI	4.00	₩.		٠.				0	0	0
SECRETARY	6.00	Х		Х				0.	0.	0.
(4) LINDA CLINE	0.00	X		x				0.	0.	0.
TREASURER (5) KENTIN BUGGELI	15.00	^		^				0.	0.	0.
(5) KEVIN RUSSELL	13.00	X		x				0.	0.	0.
BOARD CHAIR (6) KATHLEEN GUY	4.00	^		^				0.	0.	0.
VICE CHAIR	4.00	X		x				0.	0.	0.
(7) PERRY ADAMS	3.00	<u> </u>		<u>^`</u>				0.	•	•
BOARD MEMBER	3.00	X						0.	0.	0.
(8) ALENA BOWMAN	2.00	122						0.	•	•
BOARD MEMBER	2.00	x						0.	0.	0.
(9) CLIFF FOX	4.00								•	
BOARD MEMBER	1000	x						0.	0.	0.
(10) DON COE	5.00	 						•		
BOARD MEMBER		X						0.	0.	0.
(11) JOHN COLLINS	7.00									<u> </u>
BOARD MEMBER		x						0.	0.	0.
(12) JOANNE COOK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) CORTNEY DANBROOK	3.50									
BOARD MEMBER		Х						0.	0.	0.
(14) PAUL MOYER	6.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KOFFI KPACHAVI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CHIP MAY	2.00									
BOARD MEMBER		Х		L	L			0.	0.	0.
(17) BARBARA NELSON-JAMESON	5.00									
BOARD MEMBER		X			1			0.	0.	0.

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101111000 (2022)										
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SUSAN PALMER	6.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(19) EVAN SMITH BOARD MEMBER	3.50	Х						0.	0.	0.
(20) MAUREEN SMYTH BOARD MEMBER	3.00	х						0.	0.	0.
(21) TERRIE TAYLOR BOARD MEMBER	6.00	х						0.	0.	0.
(22) ANNIE OLDS BOARD MEMBER	2.00	Х						0.	0.	0.
1b Subtotal								341,909.	0.	66,273.
c Total from continuation sheets to Part Vi					·····			341,909.	0.	0. 66,273.

compensation from the organization

Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
•	CONSERVATION CENTER	F 10F 630
•	CONSTRUCTION	5,125,639.
•	CONSERVATION CENTER	150 115
,	FURNITURE AND INSTAL	/
	ENGINEERING WORK FOR	
· · · · · · · · · · · · · · · · · · ·	SEVERAL PROJECTS IN	109,352.
MODULAR TRAIL STRUCTURE	TRAIL AND BOARDWALK	
PO BOX 7383, MADISON, WI 53707	BUILDING MATERIALS A	104,093.

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

Pa	rt v	Ш				a in their David VIII			
			Check if Schedule O conta	ins a response	or note to any lir	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
Sis	4	_	Endorated compaigns	1a					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns						
2,5			Fundraising events						
ifts ar A			Related organizations						
a,s			Government grants (contribution		1,063,500.				
Sis			All other contributions, gifts, grants						
but			similar amounts not included above		9,324,293.				
Ē		а	Noncash contributions included in lines 1		1,498,188.				
Cor		_		<u>[.9]</u>		10,387,793.			
_					Business Code	, ,			
ø	2	а							
Z e	-	b							
Program Service Revenue		С							
ameve		d							
og R		е							
Ā		f	All other program service rever	nue					
	3		Investment income (including of						
			other similar amounts)			6,407.	6,407.		
	4		Income from investment of tax-						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a	1,384,326.	,				
40		b	Less: cost or other basis						
Revenue			and sales expenses	733,711.					
eve		С	Gain or (loss) 7c	650,615.					
er B			Net gain or (loss)		······	650,615.	650,615.		
Othe	8	а	Gross income from fundraising eve	·					
O			including \$	of					
			contributions reported on line	·					
		L	Part IV, line 18 Less: direct expenses						
			Net income or (loss) from fundr						
	۵		Gross income from gaming act	_					
		а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gamil		1				
	10		Gross sales of inventory, less r	· —					
			and allowances		a .				
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
σ			, , , , , , , , , , , , , , , , , , , ,	<i>,</i>	Business Code				
e go	11	а	OTHER		900099	324,695.	324,695.		
Miscellaneous Revenue		b	BENEFIT PROCEEDS		900099	5,867.		5,867.	
Sell		С							
Mis		d	All other revenue						
_	<u> </u>		Total. Add lines 11a-11d			330,562.			
	12		Total revenue. See instructions			11,375,377.	981,717.	5,867.	0.

232009 12-13-22

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	259,367.	103,747.	51,873.	103,747
6	Compensation not included above to disqualified	,	,	, , , ,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,105,226.	1,560,966.	268,946.	275,314
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	99,117.	69,780.	13,448.	15,889
9	Other employee benefits	374,011.	263,310.	50,744.	59,957
10	Payroll taxes	165,396.	116,442.	22,440.	26,514
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting Labbuing				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	103,017.	88,141.	6,797.	8,079
g	Other. (If line 11g amount exceeds 10% of line 25,	,		,	<u>, </u>
Ū	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	11,831.	5,916.		5,915
13	Office expenses	45,857.	32,284.	6,222.	7,351
14	Information technology				
15	Royalties				
16	Occupancy	36,760.	25,880.	4,987.	5,893
17	Travel	57,831.	40,865.	7,777.	9,189
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,855.	66,855.		
20	Interest	00,033.	00,033.		
21 22	Payments to affiliates	491,127.	478,348.	5,858.	6,921
22 23	Inquirones	98,303.	69,319.	13,286.	15,698
23 24	Other expenses, Itemize expenses not covered	20,000	00 / 0 = 0 .		
	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.)				
а	TRANSFERS TO OTHER ORGA	1,971,364.	1,971,364.		
b	EXTINGUISHED DEVELOPEME	1,911,999.	1,911,999.		
С	PROFESSIONAL FEES	517,055.	436,310.	80,745.	
d	OTHER SUPPLIES	200,034.	200,034.		
е	All other expenses	641,561.	395,012.	70,464.	176,085
25	Total functional expenses. Add lines 1 through 24e	9,156,711.	7,836,572.	603,587.	716,552
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)				

Part X | Balance Sheet

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			7,844,611.	2	1,089,445
	3	Pledges and grants receivable, net			7,149,340.	3	4,884,331
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,376,072.			
	b	Less: accumulated depreciation	10b	1,540,678.	46,104,958.	10c	50,835,394
	11	Investments - publicly traded securities	22,256,275.	11	31,372,028		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	285,252.	15	530,256		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	83,640,436.	16	88,711,454
	17	Accounts payable and accrued expenses	2,213,873.	17	794,121		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
≣		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela				23	2,500,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	222 452		005 456
		of Schedule D			290,153.		287,156
	26	Total liabilities. Add lines 17 through 25			2,504,026.	26	3,581,277
ý		Organizations that follow FASB ASC 958, che	ck her	e X			
ဥ		and complete lines 27, 28, 32, and 33.			12 600 106		10 450 554
<u>a</u>	27	Net assets without donor restrictions			13,692,196.	27	13,479,554
Ö	28	Net assets with donor restrictions			67,444,214.	28	71,650,623
Š		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ä		and complete lines 29 through 33.					
is (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			01 126 142	31	05 100 155
ž	32	Total net assets or fund balances			81,136,410.	32	85,130,177
	33	Total liabilities and net assets/fund balances			83,640,436.	33	88,711,454

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3	11,37 9,15 2,21 81,13 1,77	5,3 6,7 8,6 6,4	11. 66. 10. 01.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,13	0,1	77.
Pai	rt XIII Financial Statements and Reporting				Х
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		res	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	Х	
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	nedule O.	2c	х	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ired audit			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

GRAND TRAVERSE REGIONAL LAND CONSERVANCY

Employer identification number

					REGIONAL						8-2994229
Pa	rt I	Reason for Public (Ch	arity Status.	(All organizations m	nust c	omplete th	nis part.) S	See instruction	ns.	
The	organ	ization is not a private found	latio	on because it is: ((For lines 1 through	12, c	heck only	one box.)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz)(iii). Enter	the hospital's name.
-		city, and state:								,,,.	,
5		An organization operated for	or th	he benefit of a co	ollege or university	wne	d or operat	ted by a d	overnmental i	ınit descrik	ned in
Ū		section 170(b)(1)(A)(iv). (C			onege or armorem, t		. с. сро.а				
6		A federal, state, or local gov			mental unit describe	ed in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma								he general	nublic described in
•		section 170(b)(1)(A)(vi). (Co			artial part of its sup	porti	rom a gov	Ciriiriciitai	dille of from t	ine general	public described in
8		A community trust describe			(1)(A)(vi) (Complet	o Dori	F 11 \				
9	Ħ	An agricultural research org						ad in coniu	inction with a	land-grant	college
3		or university or a non-land-g	-					-		_	-
		university:	grai	it college of agric	zaitare (see iristract	10113).	Litter tile	marrie, cit	y, and state o	i ti le colleg	J C 01
10		An organization that norma	ılı, ı	rossiyos (1) moro	than 22 1/20/ of it		nort from		no momboro	hin food o	nd grass resoints from
10		-	-								•
		activities related to its exen	-	· · ·	· ·						-
		income and unrelated busin			e (less section 511 t	ax) III	om busine	sses acqu	lired by the of	ganization	arter June 30, 1975.
11		See section 509(a)(2). (Cor			sively to test for pub	slio oo	foty Soo	naction E	20(0)(4)		
12	H	An organization organized an organization organized a		•	•		-			orn, out th	nurnesses of one or
12	ш	more publicly supported or			•		· ·			-	
			-								DIRECK THE DOX OH
_		lines 12a through 12d that		* *				-		-	, giving
а				•			•		-	• • •	
		the supported organization				elect a	а пајопцу (or the dire	Clors or truste	ees or trie s	supporting
b		organization. You must o Type II. A supporting org		-		nnoo	tion with it	o cupport	ad arganizatio	an(a) by ba	wing
b		control or management o		•					-	• • • •	-
		organization(s). You mus					arrie perso	ווס נוומנ טנ	officiol of friame	age the sup	pported
С		Type III functionally inte		-			in connoc	tion with	and functions	lly intograt	od with
·		its supported organization	-							illy liftegrat	ea with,
d		Type III non-functionally	٠,		•		•		•	rted organi	ization(e)
u		that is not functionally int			0 0	•				•	` ,
		requirement (see instruct	•	•	,		•		•	u an allem	1001033
е		Check this box if the orga								II Type III	
C		functionally integrated, or							а турет, туре	in, Type in	
f	Ente	er the number of supported o				pport	ing organiz	zation.			
,		vide the following information	_		ed organization(s)						,
9		i) Name of supported	<u> u.</u>	(ii) EIN	(iii) Type of organiza	tion	(iv) Is the orga	nization listed	(v) Amount of	f monetary	(vi) Amount of other
		organization			(described on lines above (see instruction		in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
					above (see instruction	JI 15]]					
Tota	al										

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	13,902,027.	9,930,053.	16,105,867.	14,227,688.	10,387,793.	64,553,428.	
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	13,902,027.	9,930,053.	16,105,867.	14,227,688.	10,387,793.	64,553,428.	
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)						15,200,734.	
6	Public support. Subtract line 5 from line 4.						49,352,694.	
	ction B. Total Support						, , , ,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	13,902,027.	9,930,053.	16,105,867.	14,227,688.	10,387,793.	64,553,428.	
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,		
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	394,915.	400,617.	3,528,829.	567,361.	657,022.	5,548,744.	
9	Net income from unrelated business	, ,	,	, , -	,	,	, , ,	
•	activities, whether or not the							
	business is regularly carried on	240.		5,001.	3,658.	2,658.	11,557.	
10	Other income. Do not include gain	_		,	, , , , ,	,	,	
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11							70,113,729.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,200,493.	
13	First 5 years. If the Form 990 is for the			ourth, or fifth tax	vear as a section 5	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	organization, check this box and stor							
Sec	ction C. Computation of Publ							
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11, o	olumn (f))		14	70.39 %	
15	Public support percentage from 2021					15	74.28 %	
16a	33 1/3% support test - 2022. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion				
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiza	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization			
b	10% -facts-and-circumstances tes	_	•	*	-			
	more, and if the organization meets the	_						
	organization meets the facts-and-circ				-			
18								
_	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Section A. Public Support						
Calendar 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-					1	+
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						
C. Total Add lines 1 thus cals 5		 		 		+
7a Amounts included on lines 1, 2, and		 		1		+
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						+
						_
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
9 Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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						
c Add lines 10a and 10b 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.)	l e					
14 First 5 years. If the Form 990 is for t	he organization's f	first, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3) organiza	tion,
check this box and stop here	<u></u>	· · · · · · · · · · · · · · · · · · ·			<u></u>	
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2022	(line 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 202	1 Schedule A, Parl	t III, line 15				
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2			ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2022. If the						17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If the	e organization did ı	not check a box on	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on ala not check a	1 DOX OIT III 18 14, 19	a, or rab, crieck t	ino dox and see i		🗀

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	-14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
lule	A (Forr	n 990)	2022

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

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

RAND TRAVERSE REGIONAL LAND CONSERVANCY38-2994229 Pag	је 6
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Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus			rait v ij. See mstructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(D) Current Veer
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	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):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1 1		
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).	, -3	71 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	, -

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	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 organization	S	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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he 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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
a	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of org	•	RAVERSE REGIONA	I. I.AND CONSE	PVANCV	Employer identification nur 38-2994229	nber
Part I-A		ganization is exempt un				
2 Politica	al campaign activity expendit	zation's direct and indirect polit tures ign activities				
Part I-B	Complete if the org	ganization is exempt un	der section 501(c))(3).		
2 Enter to 3 If the o	he amount of any excise tax rganization incurred a sectio	incurred by the organization un incurred by organization mana on 4955 tax, did it file Form 472	gers under section 495 0 for this year?	5	\$ Yes	No No
b If "Yes	," describe in Part IV.	ganization is exempt un				
 Enter t Enter t exemp Total e line 17 Did the Enter t made p 	he amount directly expendent he amount of the filing organity transfer of the filing organity transfer of the filing organity transfer of the filing organization file Form the names, addresses and expayments. For each organization	d by the filing organization for solution is funds contributed to one of the filing organization for solution is funds contributed to one of the filing organization is fully solution listed, enter the amount parameter of the filing organization or for the filing organization is fully solution or fully and directly delivered to	ection 527 exempt fund other organizations for s and on Form 1120-POI EIN) of all section 527 p aid from the filing organ	ction activities section 527 -, olitical organizations t ization's funds. Also e	\$ Yes o which the filing organization nter the amount of political	
politica	al action committee (PAC). If	additional space is needed, pro	ovide information in Par	(d) Amount paid filling organization funds. If none, ent	on's contributions received	d and tly ate on.
						_

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount	384,186.	495,366.	461,000.	0.	1,340,552.				
b Lobbying ceiling amount (150% of line 2a, column(e))					2,010,828.				
c Total lobbying expenditures			2,213.	0.	2,213.				
d Grassroots nontaxable amount	96,047.	123,842.	115,250.	0.	335,139.				
e Grassroots ceiling amount (150% of line 2d, column (e))					502,709.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a\	(F) 0 × 0 c		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).			- 4.5	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the ex				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); Part I	I-A, lines 1	and 2 (See	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GRAND TRAVERSE REGIONAL LAND CONSERVANCY

Employer identification number 38-2994229

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zone: au noou iunuo	(5)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funde
3	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organizat	•	,
·	X Preservation of land for public use (for example, recreations)	· · · · · · · · · · · · · · · · · · ·	nistorically important land area
	X Protection of natural habitat	· —	certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 256
	Total acreage restricted by conservation easements		00 220 12
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		-
4	Number of states where property subject to conservation ea	asement is located 1	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting $5026 $		
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing conservation	n easements during the vear
	206,892.		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
Da	organization's accounting for conservation easements.	f Ant Historical Transcruce on Oth	ou Oissilou Accete
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98		
	of art, historical treasures, or other similar assets held for pu		erance of public
_	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre	-	ain, provide
	the following amounts required to be reported under FASB		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

17,966.

,952,158.

50,835,394.

708,524

635,154.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

726,490.

3,587,312.

Schedule D (Form 990) 2022 GRAND TRAVE	RSE REGIONAL	LAND CONSERVANCY	38-2994229 Page 3
Part VII Investments - Other Securities.			rage C
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 or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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 or	end-of-year market value
(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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
Part X Other Liabilities.	5 000 D 1 N / I'	11 11 0 5 000 5 1 1 1 1	0.5
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			070 155
(2) ACCRUED GIFT ANNUITIES			279,155. 8,001.
(3) DEPOSITS			8,001
(4)			
(5)			1

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED GIFT ANNUITIES	279,155.
(3)	DEPOSITS	8,001.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	287,156.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

2c

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

c Recoveries of prior year grants

d Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Subtract line **2e** from line **1**Amounts included on Form 990, Part VIII, line 12, but not on line 1:

1	Total expenses and losses per audited financial statements			1	9,053,694.
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			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,053,694.
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	103,017.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	103,017.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,156,711.

Part XIII Supplemental Information.

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

PART II, LINE 9:

e Add lines 2a through 2d

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

CONSERVATION EASEMENTS, EITHER PURCHASED OR DONATED, ARE INITIALLY VALUED AT THEIR APPRAISED VALUE. THE DIFFERENCE BETWEEN THE PURCHASE PRICE AND APPRAISED VALUE IS REFLECTED AS A GIFT OF THE LAND OR DEVELOPMENT RIGHTS IN THE STATEMENT OF ACTIVITIES (\$1,246,052). ONCE THE DEVELOPMENT RIGHTS OF A SPECIFIC CONSERVATION EASEMENT ARE EXTINGUISHED, A VALUATION ALLOWANCE IS ESTABLISHED TO REDUCE THE VALUE OF THE CONSERVATION EASEMENT TO \$1. THE REDUCTION IN VALUE IS REFLECTED AS A PROGRAM EXPENSE IN THE STATEMENT OF ACTIVITIES AND AS EXTINGUISHED DEVELOPMENT VALUE ON CONSERVATION EASEMENTS ON THE STATEMENT OF FUNCTIONAL EXPENSES (\$1,911,999). ACCORDINGLY, THE EXTINGUISHED CONSERVATION EASEMENT IS REPORTED ON THE BALANCE SHEET, OTHER ASSETS \$256 (256 EASEMENTS X \$1)

1,775,101.

103,017.

,375,377.

11,272,360.

2e

103,017.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

GRAND TRAVERSE REGIONAL LAND CONSERVANCY

Employer identification number 38-2994229

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any paragn listed on Form 000 Part VII. Section A line to with respect to the filing			
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 related organization: Receive a severance payment or change-of-control payment?	4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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Schedule J (Form 990) 2022

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 (F) Compensa (B)(i)-(D) in column (E		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GLEN CHOWN	(i)	239,866.		0.	31,971.			0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, 4.B.
EXECUTIVE DIRECTOR, GLEN CHOWN, RECEIVED \$19,500 IN 457(B)
CONTRIBUTIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

GRAND TRAVERSE REGIONAL LAND CONSERVANCY

Open to Public Inspection

Employer identification number

38-2994229

Schedule M (Form 990) 2022

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ing	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ution a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	27	356,438.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	Х	3	1,141,750.	<u> </u>			
14	Qualified conservation contribution - Other	Λ		1,141,/30.	AFFRAISAL			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21 22	Taxidermy							
23	Historical artifacts							
23 24	Scientific specimensArcheological artifacts							
25	Other ()							
26	`							
27	Other () Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	the tax vear for o	contributions				
	for which the organization completed Form 828							
				,			Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rei	ported in Part I. lines 1 throu	ah 28. that it			
	must hold for at least 3 years from the date of	-			-			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		-	· · ·		32a	Х	1
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.			- • • • • • • • • • • • • • • • • • • •	•			

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

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GRAND TRAVERSE REGIONAL LAND CONSERVANCY

Employer identification number 38-2994229

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCE LAND STEWARDSHIP NOW AND FOR FUTURE GENERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED FIRST BY THE BOARD'S FINANCE COMMITTEE AND THEN BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSING CONFLICT OF INTEREST IS PART OF EVERY AGENDA FOR THE GTRLC BOARD MEETINGS. DURING MONTHLY MANAGEMENT TEAM MEETINGS THERE IS OPPORTUNITY FOR DISCLOSURE AS WELL.

FORM 990, PART VI, SECTION B, LINE 15:

ASSESSMENT AND COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS DETERMINES

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND HAS A YEARLY REVIEW. EMPLOYEES

HAVE YEARLY EVALUATIONS AT WHICH MERIT INCREASES ARE DECIDED. DURING THE

2020 TAX YEAR THE BOARD ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO

REVIEW AND MAKE RECOMMENDATIONS FOR COMPENSATION LEVELS FOR THE EXECUTIVE

DIRECTOR, MANAGEMENT TEAM AND ALL OTHER POSITIONS IN THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEB SITE WHILE
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
REQUEST.

FORM 990. PART XII, LINE 2C

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Schedule O (Form 990) 2022

<u>Sched</u>	ule O (Form 990)	2022 (Page 2
	of the organizati	on	RAND	TRAVERSI	E REGI	IONAI	LAND	CONSERVA	NCY	Employer i 38-2	dentification r 2994229	
THE	PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR	YEAR.				

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