Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2023 calendar year, or tax year beginning	, and ending												
B Check if applicable: C Name of organization D Employer identification															
	Address c	hange UPPER PENI	NSULA LAND CONSERVANCY												
	Name cha	Doing business as					467972								
H		Number and street (or P.O. box if mail is not delivered		Room/sui	te E	Telephone	225-8067								
H	Initial retur					300-	223-8067								
Ш	terminated		MI 49855			_	460 754								
	Amended		MI 49655			Gross rece	ipts\$ 462,754								
	Application			H(a) is	this a group	return for su	bordinates? Yes X No								
ш	• • • • • • • • • • • • • • • • • • • •	N8873 KOSKI RD		H(b) A	ro all cubor	dinates inclu	ided? Yes No								
		MUNISING	MI 49862	11(0)			See instructions								
_	Tov ovon														
÷	Website:	TIDE AND CONTROLLED AND	ert no.) 4947(a)(1) or 527			A100									
<u>у</u>		rganization: X Corporation Trust Association	Other	L Year of forma		otion number									
•	Part I	Summary Association	Other	L Year of form	ation: 13	<u> </u>	M State of legal domicite: MI								
_	1	Briefly describe the organization's mission or most	lanificant activities												
41	1	_	significant activities.												
nce	-	SEE SCHEDULE O													
Ē	101														
& Governance	20	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Ğ	3 1	Number of voting members of the governing body (I	•	11 25% OF ILS TR	et assets.	3	10								
οg (y		Number of independent voting members of the gove	***************************************			4	10								
iţie	1	No.				5	6								
Activities	1	Total number of volunteers (estimate if necessary)	Il number of individuals employed in calendar year 2023 (Part V, line 2a)												
⋖	1	Total unrelated business revenue from Part VIII, col	tumn (C) line 12	VIIII SANT	11121120	6 7a	80								
	1	Net unrelated business taxable income from Form 9	7b	0											
	 	Tel amount of the first of the	7,1 4,1 1, 1110 11		Prior Year	110	Current Year								
Ф	8 0	Contributions and grants (Part VIII, line 1h)		11.000	430	,691	355,423								
Revenue	9 F	Program service revenue (Part VIII, line 2g)				800	0								
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)	101	13	,118	15,185								
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	10320	5	,393	2,811								
	12 T	otal revenue – add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		450	,002	373,419								
	13 0	Grants and similar amounts paid (Part IX, column (A		0											
	F	Benefits paid to or for members (Part IX, column (A	Fift A CREAT AND A STATE AND A	O C			0								
es		Salaries, other compensation, employee benefits (P		6-10-0	124	,166	127,184								
Sue	ſ	Professional fundraising fees (Part IX, column (A), I		0.13			0								
Expenses	1	Total fundraising expenses (Part IX, column (D), line	ELLER COURT CONTRACTOR CONTRACTOR CONTRACTOR												
ш	1	Other expenses (Part IX, column (A), lines 11a–11d			,706		95,699								
		Total expenses. Add lines 13–17 (must equal Part II			,831		222,883								
- 4	19 F	Revenue less expenses. Subtract line 18 from line 1	12		,381		150,536								
Net Assets or	20 T	Fotal assets (Part X, line 16)			ng of Curre , 951		End of Year								
Asse	21 T	Total liabilities (Part X, line 26)		(EE)		,077	3,049,265								
Net	22 N	Net assets or fund balances. Subtract line 21 from I	ine 20	2	,694		144,479 2,904,786								
	art II	Signature Block	me zo		,094	, 133	2,304,700								
		nalties of perjury, I declare that I have examined this return	n including accompanying echedules and s	talomonic and	to the hea	t of my lim	evolution and half of this								
tr	ue, corre	ct, and complete. Declaration of preparer (other than office	cer) is based on all information of which pre	parer has any k	nowledge.	t of my kn	owledge and belief, it is								
	-			-											
Sig	an l	Signature of officer	-			Date									
He		MARK EHLERT	PRESIDE	NT											
		Type or print name and title													
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN								
Pai	d	DANIEL E. BIANCHI, CPA	DANIEL E. BIANCHI, CPA	İ	10/03/2	24 self-em									
	parer	Firm's name ANDERSON, TACK	MAN & COMPANY, PLC			n's EIN	38-1977929								
Use	9 Only	102 W WASHINGT	ON ST SUITE 109		1										
		Firm's address MARQUETTE, MI	49855		Pho	one no	906-225-1166								
		S discuss this return with the preparer shown above		nervocaciono e	OVER THE RESERVE	The state of the state of	X Yes No								
For		ork Reduction Act Notice, see the separate instruction	ons.				Form 990 (2023)								

		LA LAND CONSERVANCY	<u> 38-3467972</u>	Page 2
Part III		Service Accomplishments ntains a response or note to any l	ine in this Part III	X
_	describe the organization's missis			<u> </u>
1.5				
-				
2 Did the	organization undertake any signi	ficant program services during the year w	hich were not listed on the	
	orm 990 or 990-EZ? " describe these new services on	Schedule O.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
service	s?	or make significant changes in how it con		Yes X No
	" describe these changes on Sch			
expens	es. Section 501(c)(3) and 501(c)(vice accomplishments for each of its three 4) organizations are required to report the for each program service reported.	e largest program services, e amount of grants and allo	as measured by cations to others,
AND P ACCRO ACTIV	ROTECTED THROUGH SS 12 COUNTIES V	96,502 including grants of \$DSHIP OF CONSERVATION CONSERVATION EASMEN IA REMOTE AND IN-PER ROPERTIES INCLUDE TRIVIORK.	N PROPERTIES, TS. MONITORED SON MEANS. PR	62 PROPERTIES IMARY STEWARDSHIP
WORKS THE N	TION AND OUTREAC HOPS TO FOSTER A ATURAL ENVIRONME	27,552 including grants of \$ H. OFFERED EDUCATION GREATER UNDERSTANDI	AL COMMUNITY NG, APPRECIAT ESEARCH AND C) (Revenue \$ HIKES, WEBINARS, AND ION, AND ENJOYMENT OF LASSROOM PROJECTS TO
* ******				
* 10.000				
*******			14.54.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$
N/A				***************************************
100.000		**!-**:::::::::::::::::::::::::::::::::		
1				
7 + 1 + 1 + 1				
F1021211				***************************************
4d Other pr	rogram services (Describe on Scl	nedule O.)		
(Expens	es \$	including grants of \$) (Revenue \$)
4e Total pro	ogram service expenses	124,054		

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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	7.	<u> </u>
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	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	1.1		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		₹.	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	116		—
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	b the tar year. In the tar year, in the tar year.			
h	Schedule D, Parts XI and XII	12a		<u> </u>
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			77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	\dashv	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
	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, 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			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20=	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	_X_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		ł	w
	The state of the s	21		X

Part IV Checklist of Required Schedules (continued)

			Ye	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	:	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			İ
	through 24d and complete Schedule K. If "No," go to line 25a	24		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	_	+-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	+-
	to defease any tax-exempt bonds?	246	,	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		1
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	25		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	251)	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
2.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	A AMERICAN AND A PORTAGE ACCORDED TO		
	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			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27	+	X
	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	ļ		
	"Yes," complete Schedule L, Part IV	288		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	288	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200	+	+
	"Yes," complete Schedule L, Part IV	280		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pa	rt 1 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			T
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	controls were a process and a fact of		
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	\perp	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	—	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	+	X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	'	+-
	related organization? If "Yes," complete Schedule R, Part V, line 2	20	1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	+	+^
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		+-	+
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	rt 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	<u> </u>	<u> </u>	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	name of the last o	1	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	6			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over.	1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial acc		4a		X
b	If "Yes," enter the name of the foreign country		100		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ints (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, and ,	5a		x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction'		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r	1		
	gifts were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		05		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good				
	and services provided to the payor?		7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	a contract the second section is	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1.5		
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		10		- 32
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	THE RESERVE OF THE PARTY OF THE	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		1
9	Sponsoring organizations maintaining donor advised funds.		٣		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ı
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		30	$\overline{}$	
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10		1		
11	Section 501(c)(12) organizations. Enter:		1 !		
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources		1		
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12t	170100000000000000000000000000000000000	124	\rightarrow	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
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.		1		
b	Enter the amount of reserves the organization is required to maintain by the states in which		1		
	the organization is licensed to issue qualified health plans	<u>, </u>			
С	Enter the amount of reserves on hand		1 1		
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 Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or	112		
	evenes parachute navment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	******************************	"		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.	. It is the second of the seco			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		"		

38-3467972 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 X

Sec	tion A. Governing Body and Management		Although Children		2011	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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	ĺ				}
	committee, explain on Schedule O.					ĺ
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
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?		mmers and a	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
þ	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	ir by th	e 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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue Co</u>	de.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
Þ	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 fo	rm?	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 co	nflicts?	12b	X	61
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
40	describe on Schedule O how this was done		357370.000	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		00 - 00000000	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?					
2	The organization's CEO, Executive Director, or top management official			15a	_X_	<u> </u>
þ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	Х	
46-						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		X
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	and the fill of the second of					
Sec	tion C. Disclosure	15,000		16b		
<u> </u>	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 (se	otion "	(01/a)			1000
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ction t	ωT(C)			
	Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter		:			
	and financial statements available to the public during the tax year.	est poi	ıcy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	-1-				
	and fecol	us.				

HANNAH BOYD MARQUETTE

102 W WASHINGTON ST SUITE 213

MI 49855

906-225-8067

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) per week from the from related compensation organization (W-2/ (list any organizations (W-2/ Officer from the nstitutional (ey employee ighes! hours for 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) 1099-NEC) related organizations compensated organizations below Inustee dotted line) (1) CLARE F FASTIGGI 40.00 0.00 INTERIM EXECUTIVE DI X 43,059 0 0 (2) ADAM BERGER 1.00 DIRECTOR 0.00 X 0 0 0 (3) MARK EHLERT 2.00 TREASURER 0.00 X X 0 0 0 (4) ROBB FERGUSON 2.00 PRESIDENT 0.00 X X 0 0 0 (5) ADAM JONES 1.00 DIRECTOR X 0.00 0 0 0 (6) SAM KAPP 1.00 DIRECTOR 0.00 X 0 0 0 (7) MARC LABEAU 1.00 DIRECTOR X 0.00 0 0 0 (8) GOFF LEWIS 1.00 DIRECTOR 0.00 X 0 0 0 (9) LORA LOOPE 1.00 SECRETARY 0.00 X X 0 0 0 (10) BROCK ROBINSON 1.00 VICE PRESIDENT 0.00 X X 0 0 0 (11) CRAIG WISEMAN 1.00 DIRECTOR 0.00 0 0

38-3467972

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than or box, unless person is both officer and a director/truste					one ran ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) limated at of othe	r	
		(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	C/ organia			
(12)														
(13)	***************************************	eni in outlinger											·	
(14)														
(15)													-	
(16)														
(17)	**************************************													
(18)	***************************************													
(19)														
1b	Subtotal		MET.	450		ATV.	A154	10	43,059					
d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	27.			123	43,059		-			
2	Total number of individuals (in				thos	e lis	ted a	bov		\$100,000 of	1		<u>-</u>	
	reportable compensation from	tne organization		0									Yes No	
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ecto	r, tru	stee.	key	em _l	oloye	ee, or highest compensated	1		3	х	
4	For any individual listed on line organization and related organization	e 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation complete Schedule J for suc	from the ch			x	
5	Did any person listed on line 1	a receive or acc	rue d	comp	ens	ation	fron	n an	y unrelated organization or	individual		4		
Sect	for services rendered to the or ion B. Independent Contracto		es, "	com	piete	Sci	hedu	le J	for such person		VVVVII	5	X	
1	Complete this table for your fiv	e highest compe	ensa	ted i	ndep	end	ent c	ontr	ractors that received more t	han \$100,000 of				
	compensation from the organia	(A) business address	ompe	ensa	tion	ror ti	ne ca	lend		in the organization's tax ye (B) ion of services	ear.	-	(C) pensation	
	Name and	Dazmess goness							Descript	ion of services	-+	Com	perisation	
	<u>.</u>							\vdash			-		·	
		· .											-	
			····								-			
								_					-	
2	Total number of independent of	contractors (inclu	ding	but	not I	imite	ed to	thos	se listed above) who					
	received more than \$100,000	or compensation	fror	n the	org	aniz	ation			0				

orm 990 (204	(3) UFE	LIC	LUMI	MOOTE	THILD	CONSERV	ANU.
4 2 4141							

art VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e 25,000 Government grants (contributions) f All other contributions, gifts, grants, 330,423 and similar amounts not included above 1f Q Noncash contributions included in 8,000 1g lines 1a-1f h Total. Add lines 1a-1f 355,423 Business Code 2a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 13,981 13,981 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (iii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 82,224 8,315 7a other than inventory b Less: cost or other Other Revenue 89,335 7b basis and sales exps. -7,111 8,315 c Gain or (loss) 7c 1,204 1,204 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 531390 11a MISCELLANEOUS 2,811 2,811 b All other revenue Total. Add lines 11a-11d 2,811 Total revenue. See instructions 373,419 4,015 0 13,981 Part IX Statement of Functional Expenses

Form 990 (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 43,059 24,724 15,389 2,946 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,815 5,636 3,508 671 64,964 37,303 23,218 4.443 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9,346 5,366 3,340 640 10 Payroll taxes Fees for services (nonemployees): 11 Management 3,780 3,780 b Legal 7,807 c Accounting 7,807 Lobbying d e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 1,129 1,129 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 400 400 6,254 1,967 3,468 819 13 Office expenses Information technology 6,622 5,437 1,185 14 15 Royalties 18,367 10,546 Occupancy 6,564 1,257 16 2,440 2.440 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 520 520 19 Conferences, conventions, and meetings 1,973 1,973 20 21 Payments to affiliates 141 Depreciation, depletion, and amortization 141 8,075 8,075 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26,751 PROPERTY TAX 26,751 DUES-LTA HOL GTF 7,990 7,990 b 2,964 PROPERTY MAINTENANCE 2,964 c MISCELLANEOUS 486 486 All other expenses Total functional expenses. Add lines 1 through 24e 222,883 124,054 88,053 25 10,776 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** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 99,521 2 113,384 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 100,000 120,000 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,262,171 2,228,775 10c 10b b Less: accumulated depreciation 2,262,030 454,559 500,490 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 68,357 53,361 15 Other assets. See Part IV, line 11 15 3,049,265 2,951,212 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 10,970 Accounts payable and accrued expenses 17 3,268 18 Grants payable 18 19 Deferred revenue 7,250 7,250 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 79,149 Secured mortgages and notes payable to unrelated third parties 77,064 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 159,708 56,897 Total liabilities. Add lines 17 through 25 257,077 26 144,479 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 48,954 263,518 27 Net assets with donor restrictions 2,645,181 2,641,268 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds

Form 990 (2023)

2,904,786

3,049,265

31

32

33

2,694,135

2,951,212



31

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	n 990 (2023) UPPER PENINSULA LAND CONSERVANCY 38-3467972			Pa	ige 12
Pa	art XI Reconciliation of Net Assets				~
	Check if Schedule O contains a response or note to any line in this Part XI	040			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3'	73,	419
2	Total expenses (must equal Part IX, column (A), line 25)	2	2:	22,	883
3	Revenue less expenses. Subtract line 2 from line 1	3	1	50,	536
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,6		
5	Net unrealized gains (losses) on investments	5			115
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,9	04,	786
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	EUR 167.10C	4		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		_		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		23-21		
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				}
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on		200		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Name of Street		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ococeo ocur primir	3b		
			For	m 990	(2023)

DAA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Vame	of th	e organization	IIDDED DEI	JTNC	ULA LAND CONSER	NANCY	,		Employer ident	ification number				
D	art	l Pose			Status. (All organizations			thic port) Co						
									e instructio	ons.				
	oiga				e it is: (For lines 1 through 12,									
1					ociation of churches described		ר)(מ)טידר ו	I)(A)(I).						
2	Н				A)(ii). (Attach Schedule E (Form		/L\/4\/ 8\/	****						
3	Н				e organization described in se			•						
4	ш	city, and stat		perated	I in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,				
5					f a college or university owned	or operat	ed by a g	overnmental unit	described in					
		lat .	(b)(1)(A)(iv). (Comple											
6	V				overnmental unit described in s									
7	A	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8					70(b)(1)(A)(vi). (Complete Part	t II.)								
9	П	An agricultur	al research organizat	ion desc	cribed in section 170(b)(1)(A)(ix) operate	ed in conj	unction with a lar	nd-grant colle	ge				
					f agriculture (see instructions).									
10		An organizat	activities related to i	ts exem	more than 33 1/3% of its supp pt functions, subject to certain d unrelated business taxable in	exception	s; and (2)	no more than 33	3 1/3% of its	SS				
), 1975. See section 509(a)(2)									
11		An organizati	ion organized and op	erated e	exclusively to test for public safe	ety. See s	ection 50)9(a)(4).						
12					exclusively for the benefit of, to									
					ons described in section 509(a cribes the type of supporting or									
	а				rated, supervised, or controlled				_					
					rer to regularly appoint or elect pmplete Part IV, Sections A a		of the di	ectors or trustee	s of the					
	b	Parents and the same of the sa			pervised or controlled in connec		ite eunno	ted organization/	(e) by baying					
	~	control or	r management of the	support	ing organization vested in the									
		The state of the s			Part IV, Sections A and C.									
	С	its suppo	runctionally integrat rted organization(s) (ea. A si see inst	upporting organization operated ructions). You must complete	e Part IV,	ction with Sections	i, and functionally A, D, and E.	integrated w	ith,				
	d				 A supporting organization oper organization generally must sa 									
					nust complete Part IV, Section				an attentiven	ess				
	е				eived a written determination from				I Type III					
		functiona	Illy integrated, or Type	e III non	-functionally integrated suppor	ting organ	ization.	, a , , po , , , , po ,	., . , , , ,					
	f	Enter the nur	mber of supported org	ganizatio	ons									
	g	Provide the fe	ollowing information a	bout the	e supported organization(s).		ASSAULE SERV			157707				
(i		e of supported	(ii) EIN		(iii) Type of organization		rganization	(v) Amount of	monetary	(vi) Amount of				
	OF	ganization			(described on lines 1–10 above (see instructions))	1 .	or governing	support (other support (see				
					above (see instructions))	Yes	nent?	instruction	ons)	instructions)				
(A)		·				165	No							
(B)														
(C)						 								
(0)														
(D)											_			
(E)						-								
,-,														
Γota	1													

Page 2

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.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	267,685	192,404	392,129	430,691	355,423	1,638,332
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	267,685	192,404	392,129	430,691	355,423	1,638,332
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)						254 222
						354,908
						1,283,424
	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
			**			1,638,332
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,073	8,054	20,270	14,138	13,981	67,516
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
				<u>.</u>		1,705,848
					12	13,650
		econd, third, fourth	, or fifth tax year as	s a section 501(c)	(3)	
						7.54
	· · · · · · · · · · · · · · · · · · · 					
		•	n (f))	OLDST THE RESIDENCE	14	75.24%
						79.77%
box and stop here. The organization quality	fies as a publicly si	upported organizat	tion	******************		X
this box and stop here. The organization of	qualifies as a public	ly supported organ	nization			
10% or more, and if the organization meets Part VI how the organization meets the fac	s the facts-and-circ	cumstances test, c ces test. The organ	heck this box and s nization qualifies as	stop here. Explair s a publicly suppo	n in rted	
10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the f	22. If the organizat meets the facts-an facts-and-circumsta	ion did not check a d-circumstances to ances test. The org	a box on line 13, 16 est, check this box ganization qualifies	Sa, 16b, or 17a, ar and stop here. E as a publicly sup	nd line explain ported	
Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, chec	ck this box and se	е	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Idar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support test — 2023. If the organization quality and stop here. The organization quality and stop here. The organization quality and stop here. The organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more, and if the organization meets the factory or more and organization meets the factory or more and organization meets the factory or more. The organization meets the factory or more and organization meets the factory or more.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, se organization, check this box and stop here tion C. Computation of Public Support Percent Public support percentage for 2023 (line 6, column (f) divided public support percentage from 2022 Schedule A, Part II, line 33 1/3% support test — 2023. If the organization did not che box and stop here. The organization qualifies as a publicly si 33 1/3% support test — 2023. If the organization did not che this box and stop here. The organization qualifies as a publicly si 33 1/3% support test — 2022. If the organization did not che this box and stop here. The organization meets the facts-and-circumstances test — 2023. If the organization of or organization meets the facts-and-circumstances test — 2023. If the organization of ormal and if the organization meets the facts-and-circumstances and in Part VI how the organization meets the facts-and-circumstances provided in the organization	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here. Total support percentage for 2023 (line 6, column (f) divided by line 11, column Public support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check a box on line 1 this box and stop here. The organization qualifies as a publicly supported organization 31/3% support test — 2022. If the organization did not check a box on line 1 this box and stop here. The organization meets the facts-and-circumstances test, c Part VI how the organization meets the facts-and-circumstances test. Part VI how the organization meets the facts-and-circumstances test. The organization. 10%-facts-and-circumstances test — 2022. If the organization did not check in Part VI how the organization meets the facts-and-circumstances test. The organization.	Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 this exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 267, 685 192, 404 392, 129 Total Support subtract line 5 from line 4 tton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 267, 685 192, 404 392, 129 Total Support subtract line 5 from line 4 tton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 267, 685 192, 404 392, 129 Total Support subtract line 5 from line 4 tton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 267, 685 192, 404 392, 129 Total support. Subtract line 5 from line 4 tton B. Total Support Other income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipted from 2023 (line 6, column (f) divided by line 11, column (f)) Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) Public support test — 2023. If the organization did not check the box on line 13, and line 14 is 5 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16 (box or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the f	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to expended on its behalf and either paid to expended on its behalf and either paid to expended on its behalf and either paid to expended on the paid to expended on the paid to expended expenses and the paid to expended expenses and the paid to expense and the paid to expense and the paid to expended expenses and the paid to expense and the pai	Gifts, grants, contributions, and membership fees received. (Do not include any Tunusual grants 1) 267,685 192,404 392,129 430,691 355,423 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities from the description of the organization without charge Total. Add lines I through 3 267,685 192,404 392,129 430,691 3355,423 and protein 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) Public support. Subtreat line 5 to mise 4 total Bupport dark year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (dial year) and year (organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public supports. Subtreat line 5 tom line 4 total Bupport dark year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (e) 2023 (e) 2023 (e) 2023 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2022 (e) 2023 (e) 2024 (d) 2024 (e) 2024 (d) 2024 (e) 2024 (d) 2024 (e) 2024 (e) 2024 (d) 2024 (e) 202

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under the	He lesis listed t	below, please C	omplete Part II	i. <i>)</i>	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(4) 2010	(5, 2020	(0) 2021	(4) 2022	(0) 2020	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 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			0)			
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<u>L</u> .
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	uanization's first.	second, third, fourt	h. or fifth tax vear	as a section 501(c	2)(3)	
	organization, check this box and stop her					,,(=)	
Sec	tion C. Computation of Public St	ipport Percen	tage				
15	Public support percentage for 2023 (line 8	, column (f), divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2022 Sch					16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2023 (I	ine 10c, column (f), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2022 5				55.576.577	18	%
19a	33 1/3% support tests — 2023. If the org						
	17 is not more than 33 1/3%, check this b						L
b	33 1/3% support tests — 2022. If the org						
20	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	tions	A (F 000) 0000

Part IV **Supporting Organizations**

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

Section <i>i</i>	A. All	Sup	porting	Orga	anizations
------------------	--------	-----	---------	------	------------

- 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,
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6_		
	_		
	7	——	
	8		
	9a		
	9b		
	Ì		
	9c		
	10a		
cha	10b	(Enem 1	90) 2023
crie	uuie A	(Form §	90) 2023

	lle A (Form 990) 2023 UPPER PENINSULA LAND CONSERVANCY 38-34679	72		Page 5
<u>Par</u>	t 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	1 1		
	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		
Secti	on B. Type I Supporting Organizations			
		\longrightarrow	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			
2	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	1 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Jecu	on o. Type it Supporting Organizations	$\overline{}$	Vee	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	$\overline{}$	Yes	No
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
	the supported organization(s).	4		
Secti	on D. All Type III Supporting Organizations			
			Yes	No No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	:)_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	uctions)		
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,	li		
	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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organizat	ions	· · · · · · · · · · · · · · · · · · ·
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on Nov. 20, 1	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Brian Vacan	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		1
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	·		1
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		<u> </u>
	3 4	· · · · · · · · · · · · · · · · · · ·	
		**	
			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u></u>
7 Check here if the current year is the organization's first as a non-functionally	y integrated Type III	supporting organization	
(see instructions).			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	Section D - Distributions Current Year								
1_	Amounts paid to supported organizations to accomplish exempt purport		1						
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3					
4	Amounts paid to acquire exempt-use assets	orted Organizations		4					
5	Qualified set-aside amounts (prior IRS approval required—provide deta	aile in Part VIII		5					
6	Other distributions (describe in Part VI). See instructions.	ma in Fare VI)		6					
7	Total annual distributions. Add lines 1 through 6.			7					
	Distributions to attentive supported organizations to which the organizations	tion is responsive		8					
	(provide details in Part VI). See instructions.	idon io responsive		ľ					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)	1.0	(iii)				
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	2	Distributable				
	to the state of th	Execut Diditibutions	Pre-2023		Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6		110-2020	T	Amount for 2023				
2	Underdistributions, if any, for years prior to 2023				<u> </u>				
-	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2023			. "					
а	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from								
	Section D, line 7:								
a	Applied to underdistributions of prior years				<u> </u>				
	Applied to 2023 distributable amount								
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021				·				
	Excess from 2022								
	Excess from 2023								

Schedule A (Forr	n 990) 2023	UPPER	PENINSULA	LAND C	ONSERVANCY	38-3467972	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	ermation. Pr Section A, li art IV, Sectio line 1; Part	rovide the expla nes 1, 2, 3b, 3c, n C, line 1; Part V, Section B, lin	nations rec , 4b, 4c, 5a : IV, Section e 1e; Part	juired by Part II, line 1 i, 6, 9a, 9b, 9c, 11a, 1 n D, lines 2 and 3; Par V, Section D, lines 5, 6 l information. (See ins	0; Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines 5, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
				-			
			***************				NAME OF THE OWNER, WHEN PARTY OF THE OWNER,

	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				William Charles		
			*********	F7+3 CER (4.84) + 6	OTHER WINDS		

			75 - 651 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				***************************************
nanations.							
				metromenen			otening
	**********						************

					owasi na manina		
	***************					***********	
K+1++++++++++++							
)		

					· New Berning of French Landscon of City of		*****
			************			111/11/11/14/14/14/14/14/14/14/14/14/14/	
		None Acoustic					
27/2/27/27	2011/11 02023333331 2317						
							aramson
			********				***************************************

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 Open to Public

Inspection Name of the organization **Employer identification number** UPPER PENINSULA LAND CONSERVANCY 38-3467972 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a 26 b Total acreage restricted by conservation easements 3,407.00 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 21,185 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

2,236,775

25,396

141

2,236,775

2,262,030

1a Land

b Buildings

d Equipment

e Other

c Leasehold improvements

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

_		
Pac	ıe.	

Part VII	Investments – Other Securities Complete if the organization answered "Yes	s" on Form 990. Part IV lir	ne 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial of		. 1	
	ld equity interests	EDEDOC -	

(A)		00000	
(B)	er	10000	
(C)			
(D)		1 (6 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	
(E)		1 1 F 1 2 F 1	
(F)		TATAL	
(G)			
(H)	n (b) must equal Form 990, Part X, line 12, col. (B))	K29037525	
Part VIII	Investments – Program Related		<u> </u>
rait viii	Complete if the organization answered "Yes	" on Form 990 Part IV lin	e 11c See Form 990 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	, , ,	(2,000.1000	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description	pn	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
	(b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities	When a substitution of	20000
	Complete if the organization answered "Yes	s" on Form 990 Part IV Jir	ie 11e or 11f See Form 990 Part Y
	line 25.	5 011 t 01111 000, 1 dit 14, 111	ie fre of fri. oce form 330, fattx,
1.	(a) Description of	liability	(b) Book value
(1) Federal	ncome taxes		
(2) LEASE	LIABILITY (NON-CURRENT)		36,508
(3) LEASE	LIABILITY (CURRENT)		15,453
(4) CURRE	NT PORTION OF LONG TERM PROMISS		4,936
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, line 25, col. (B))		56,897
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	he 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 for 	otnote has been provided in Part XIII

Schedule D (Form 990) 2023 UPPER PENINSULA LAND CONSE	RVANCY 38	3-3467972	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta			
Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		A34 (1 1444 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		Managarana 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial St	•	•	
Complete if the organization answered "Yes" on Form 99	30, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		250000000000000000000000000000000000000	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	·
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.5		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2000		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	40		
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		4c 5	
Part XIII Supplemental Information	**************************	3	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h and 2h: F	Part V line 4: Part Y line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			
PART II, LINE 5 - MONITORING AND ENFORCEM			
THE ORGANIZATION HAS A WRITTEN POLICY TO	ENFORCE AND	MONITOR THEIR	
CONSERVATION EASEMENTS			
The state of the s			
PART II, LINE 9 - ACCOUNTING FOR CONSERVA	ATION EASEMEN	ITS	
ONLY LAND DONATIONS ARE REPORTED IN THE E	FINANCIAL STA	ATEMENTS. CONSE	RVATION
EASEMENTS ARE NOT VALUED.			
en en contra dispresenta della contra di contra di contra di contra di contra di contra di contra di contra di			
4-1			

Schedule D (Fo	orm 990) 2023	UPPER	PENINSULA	LAND	CONSERVANCY	38-3467972	Page 5
Part XIII	Supplemen	tal Informa	ation (continued)				
				880 0000	OUTCOOL COOPERSON OF GOVERNOR	V.ANTO	
			Z.010.11.12.01.01.01.01.01.01				****************
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

		orepris best ones					
	TERRETTER PROPERTY.	CHO CATHO			(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
					101101010100000000000000000000000000000		

20152001100		000110091107		D			
				minin.			
				1071371505			
					AND CONTRACTOR OF THE PARTY.	******	

0,000,000		011-0011-0					

		11-1-17-2-1-2-2					
	*****************				-	(03)(3)(2)(2)(2)(3)(3)(3)(3)(3)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization UPPER PENINSULA LAND CONSERVANCY

38-3467972

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

UP LAND CONSERVANCY PROTECTS LAND IN MICHIGAN'S UPPER PENINSULA BY OWNING IT AS NATURE PRESERVES AND WORKING FOREST RESERVES, AND THROUGH CONSERVATION EASEMENTS (PERPETUAL, VOLUNTARY AGREEMENTS THAT GUARD THE CONSERVATION VALUES OF THE PROPERTY)

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 YEAR END FINANCIAL REPORTS ARE APPROVED BY THE BOARD PRIOR TO PREPARATION OF THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO BOARD MEMBERS PRIOR TO THE DUE DATE OF THE RETURN. THE RETURN IS FILED UPON ACCEPTANCE BY THE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS SIGN OFF AT EACH BOARD MEETING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARY OF THE EXECUTIVE DIRECTOR WAS REVIEWED AND APPROVED ACCORDING TO POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ALL OTHER STAFF HAVE A REVIEW AND COMPARABLE COMPENSATION DETERMINATION MUCH LIKE THE PROCESS USED TO DETERMINE THE EXECUTIVE DIRECTOR COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PAGE 1 OF 1

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

UPPER PENINSULA LAND CONSERVANCY

Identifying number 38-3467972

	OFFER	ERMINOUM 1	THIS CONSER.	ANTACI		30-	. 240	1912
	ess or activity to which this form rela	ites						
_	NDIRECT DEPRECIA		4 11 1 5 4	4=0				
Pa		ense Certain Property			omnlete Part	ı		
1	Maximum amount (see instructi		y, complete i dit v	belole year	omplete Full		1	1,160,000
2	Total cost of section 179 proper		ee instructions)				2	<u> </u>
3	Threshold cost of section 179 p			ructions)			3	2,890,000
4	Reduction in limitation. Subtrac		•				4	, ,
5	Dollar limitation for tax year, Subtract	t line 4 from line 1. If zero o	or less, enter 0. If married	filing separately, s	see instructions		5	
6		otion of property) Cost (business use		Elected cost		
7	Listed property. Enter the amou	int from line 29			7			
8	Total elected cost of section 17	9 property. Add amoun	ts in column (c), lines (and 7			8	
9	Tentative deduction. Enter the s	smaller of line 5 or line	8				9	
10	Carryover of disallowed deducti	•			on content tracks		10	
11	Business income limitation. Ent		-	•	See instructio	ns	11	
12	Section 179 expense deduction			n line 11			12	
13	Carryover of disallowed deducti			72120100-0000-	13			
	: Don't use Part II or Part III belo							
		ation Allowance a				proper	ty. Se	e instructions.)
14	Special depreciation allowance		other than listed proper	ty) placed in ser	vice			
	during the tax year. See instruc						14	
15	Property subject to section 168						15	
16	Other depreciation (including A						16	141
_Pa	irt III MACRS Depreci	iation (Don't includ			ons.)			
			Section A	<u> </u>				
17	MACRS deductions for assets p	placed in service in tax	years beginning before	2023			17	0
18	If you are electing to group any assets pla					3000	<u> </u>	
	Section B-	-Assets Placed in Sei (b) Month and year	(c) Basis for depreciation	.	e Generai Depri	eciation S	ystem	
	(a) Classification of property	placed in service	(business/investment use only-see instructions)		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property							<u> </u>
_ь	5-year property							
	7-year property							
d	10-year property							
	15-year property							<u> </u>
	20-year property							
	25-year property			25 yrs.		S/L		
h	Residential rental			27:5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		Assets Placed in Serv	ice During 2023 Tax	rear Using the	Alternative Dep	1		m
	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
_ <u>d</u>		1		40 yrs.	MM	S/L		
	rt IV Summary (See in						1	
21	Listed property. Enter amount for				·		21	
22	Total. Add amounts from line 1 here and on the appropriate line	 ines 14 through 17, of your return Body 	lines 19 and 20 in colu	mn (g), and line	21. Enter		20	4 4 4
23	For assets shown above and pl	aced in service during t	he current vear lenter:	the	CHORS	DENT RECES	22	141
	portion of the basis attributable		manual de la composition della	23				
-	1 20 2 2 2 2							