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 2021

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

<u>A</u>		calendar year, or tax year beginning , and ending		-110	
	Check if applicable:	C Name of organization	9.00	D Employer	identification number
X	Address change	UPPER PENINSULA LAND CONSERVANCY			
\Box	Name change	Doing business as	- 1		167972
H	-		oom/suite	Telephone	
님	Initial return Final return/	102 W WASHINGTON ST STE 213 City or town, state or province, country, and ZIP or foreign postal code		906-4	225-8067
Ш	terminated		- 1		
	Amended return	MARQUETTE MI 49855 F Namm and address of principal officer:		G Gross rece	ipts \$ 644,820
H	Application conding		H(a) Is this a group	n return for su	bordinates? Yes X No
Ш	Application pending	ROBB FERGUSON	inter to and a group	p 1010111 101 30	
		N9260 SHORE DR	H(b) Are all subor	dinates inclu	ded? Yes No
_		AU TRAIN MI 49806	lf "No," a	ittach a list. S	see instructions
1_	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website:	JPLANDCONSERVANCY.ORG	H(c) Group exem	ption number	De la companya della companya della companya de la companya della
K	Form of organization	t: X Corporation Trust Association Other ▶ L Year	of formation: 19	99	M State of legal domicie: MI
P	art I S	ummary	95	-	**
		escribe the organization's mission or most significant activities:			
ds		FECT LAND TODAY FOR LIFE TOMORROW FOR COMMUNITIES ACR	OSS MICH	TGANIS	(**************************************
Ë		er peninsula			300000000000000000000000000000000000000
Ë	7411161		Carl a facilità de Carl de Carl		
Activities & Governance	2 05 - 15	e no e a cui e e e e e contratamento de como e e e e e e e e e e e e e e e e e e	Samuel Marris	nonatau na	***************************************
ဖိ		nis box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asse	T 1	•
95	1	of voting members of the governing body (Part VI, line 1a)		3	9
ies		of independent voting members of the governing body (Part VI, line 1b)		4	9
ž	5 Total nu	mber of individuals employed in calendar year 2021 (Part V, line 2a)		5	4
t	6 Total nu	mber of volunteers (estimate if necessary)		6	30
•	7a Total ur	related business revenue from Part VIII, column (C), line 12	250000000000000000000000000000000000000	7a	0
		elated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year	1 1	Current Year
es.	8 Contribu	itions and grants (Part VIII, line 1h)	192	,404	392,129
Ž	1	service revenue (Part VIII, line 2g)		,946	64
Revenue	1	ent income (Part VIII, column (A), lines 3, 4, and 7d)		,273	-4,390
S.		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		313	3,105
	(4)	24-03-03-03-03-03-03-03-03-03-03-03-03-03-	200		
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228	,936	390,908
	1	and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	paid to or for members (Part IX, column (A), line 4)			0
SS	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91	,631	78,900
Expenses	16a Profess	onal fundraising fees (Part IX, column (A), line 11e)			0
ĝ	b Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 6,754	7576 8875		
ũ	17 Other e	openses (Part IX, column (A), lines 11a-11d, 11f-24e)	115	,567	171,074
	1	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	207	,198	249,974
	1	e less expenses. Subtract line 18 from line 12		,738	140,934
58	3	The state of the s	Beginning of Curre		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)	4,134		4,271,109
\$4	21 Total lia	bilities (Part X, line 26)		,198	98,347
Net	22 Net ass	ets or fund balances. Subtract line 21 from line 20	4,036		4,172,762
		ignature Block	4,030	1343	4,112,102
1			4		
-		perjury, I declare that I have examined this return, including accompanying schedules and statements			owledge and belief, it is
	do, consci, and	complete. Decidation of property (which than onless) to be seed on all information of which property has	any knowledge	·.	
					-16
Sig		Signature of officer		Oate	
He	re	ROBB FERGUSON PRESIDI	ENT		
		Type or print name and title			
	Print/Ty	pe preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id DANIE	L E. BIANCHI, CPA DANIEL E. BIANCHI, CPA	11/09/	22 self-em	ployed P00167073
Pre	parer Firm's	AMPERACU MACIONAL COMPANIA PAG	-	m's EIN	38-1977929
Us	e Only	102 W WASHINGTON ST SUITE 109	+"	.,, 0 = 114 F	
	Firm's	. NADOTTEMME NY ACCE			906-225-1166
Ma		ss this return with the preparer shown above? See instructions	IPN	cine no.	
ivid	, the it to disti	So and retain that the preparer shown above: Oce institutions	X-C-shields		X Yes No

orm 990 <u>(</u> 2	2021) UPPER PENINSUI	A LAND CONSERVANCY	38-3467972	Page 2
Part III	•	Service Accomplishments tains a response or note to an	y line in this Part III	
PROT	describe the organization's mission	n:	R COMMUNITIES ACROS	ss michigan's
prior F	e organization undertake any signiform 990 or 990-EZ? s," describe these new services on	icant program services during the year		Yes X No
3 Did th service	e organization cease conducting, o	r make significant changes in how it o		Yes X No
4 Descr expen	ibe the organization's program sen	rice accomplishments for each of its t 4) organizations are required to repor	hree largest program services, as me t the amount of grants and allocations	
AND PERS	TORING AND STEWAR PROTECTED THROUGH ON MEANS, 64 PROP EMOTE MONITORING	CONSERVATION EASM ERTIES IN 12 COUNT	ION PROPERTIES, BO' ENTS. MONITORED, V	IA REMOTE AND IN- ER CONSERVANCIES
ONTT TRAI THRO	ISTION: PURCHASED ONAGON, PROTECTIN L. ACQUIRED 4 ACR	G A SEGMENT OF THE E COASTAL DUNE CON SED FUNDS AND GATH	of\$) (Re EMPSEY MEMORIAL PR NORTH COUNTRY NAT SERVATION EASEMENT ERED COMMUNITY INP	IONAL SCENIC IN GRAND MARAIS
1 (100) 1 (100) 1 (100)				
MSU- AND PROJ	EACH AND EDUCATION E AND NORTHERN MINER BASED EDU	CHIGAN UNIVERSITY, CATIONAL VIDEOS. I -PETERS RESERVE FO	of\$)(Re XPANDED EDUCATIONA INCLUDING DEVELOP NITIATED RESEARCH OR ELEMENTARY, HIGH	MENT OF CURRICULA AND CLASSROOM
Parasi Parasi Parasi				
	r program services (Describe on So			2
	program service expenses	including grants of \$ 188,119)

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^	\vdash
3	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)	-		<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	3	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	100		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ļ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	\vdash
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8	\vdash	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	_11b		<u> X</u> _
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	\vdash	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	144		x
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	\vdash	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	570		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	\vdash	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	1
10	assistance to as fas fassion individuals 2 If "Van " complete Schoolule F. Dade III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	-	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	+-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.5
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
ьчи	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schodule V. If "No." go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	7.0E08		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1701.00		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	100		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	•
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		\vdash	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			₹.
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20		x
24	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
33	204 7704 0 and 204 7704 00 15 War II amounted to D. Card I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		-
04	or IV and Part V line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	202120		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	7253545		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		ĺ	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	3,074		
	Check if Schedule O contains a response or note to any line in this Part V			Щ
)()			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2021) UPPER PENINSULA LAND CONSERVANCY 38-346	1972	<u> </u>		<u>P</u>	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			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	! 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	IS.				1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	00000		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			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	unt)?	4a_	-	X
b	If "Yes," enter the name of the foreign country	-S.725.		0.00		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b	 	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				x
	organization solicit any contributions that were not tax deductible as charitable contributions?	SHITH		6a	\vdash	^
b	If "Yes," did the organization include with every solicitation an express statement that such contribution in the contribution in the contribution of the contribution in the contribution	ons of				
_	gifts were not tax deductible?			6b		-
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas				x
	and services provided to the payor?			7a	\vdash	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	(((((()	(1)())(()()()()()()()()()()()()()()()()	7b		_
С	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it w			7.		x
	required to file Form 8282?		(1014)0000000000000000000000000000000000	7c		
d	If "Yes." indicate the number of Forms 8282 filed during the year	[<u>7d</u>	42	7e		x
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		A CONTRACTOR AND A STATE	76 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file Fe		00 as required?	7a	\vdash	X
g h	If the organization received a contribution of qualified intellectual property, did the organization lies of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization lies of the organization lies or the organization lies			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain			20000		1
ŭ	sponsoring organization have excess business holdings at any time during the year?	ed by t	iie .	88		
9	Sponsoring organizations maintaining donor advised funds.					\vdash
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10000		- T		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	1			10
b	Gross income from other sources. (Do not net amounts due or paid to other sources		1			
	against amounts due or received from them.)	11b	Į.	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		in the second		
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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c	1		Į.	Į.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	2107071	marking and the second	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduler	ule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun				1	
	excess parachute payment(s) during the year?	NAME OF STREET	(1.000000000000000000000000000000000000	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16	_	X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	in		Î		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17 availab	1	
	If "Yes," complete Form 6069.		E 2			

Form 990 (2021) UPPER PENINSULA LAND CONSERVANCY 38-3467972 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X а 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C X 12c describe on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANDREA DENHAM W, . WASHINGTON ST. **STE 213** MI 49855

MARQUETTE

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

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, 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.

				-	C)					
(A) Name and title	(B) Average hours per week	offi	k, unle icer ar	ss pe	k more than one erson is both an director/trustee}			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(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)	from the organization and related organizations
(1) ANDREA DENHAM	40.00									
EXECUTIVE DIRECTOR	0.00	x						43,030	0	0
(2) BRIAN LIESCH	32.00					П		10,000		
LANDS PROGRAM MGR	0.00	x					- 1	13,433	0	0
(3) CLARE FASTIGGI	32.00							13,433		
LANDS PROGRAM MGR	0.00	x						2,975	0	C
(4) ADAM BERGER	1.00							2/5/0		
DIRECTOR	0.00	x						0	0	O
(5) CHELSEA BROMLEY	1.00								-:	
SECRETARY	0.00	x		x				0	0	0
(6) MARK EHLERT	2.00	A						- U	O	
TREASURER	0.00	x		x				0	0	0
(7) ROBB FERGUSON	2.00									, MOO
PRESIDENT	0.00	X		x				0	0	d
(8) ADAM JONES	1.00								-	
DIRECTOR	0.00	x						0	0	0
(9) SAM KAPP	0.00	1	-			\vdash		0	0	
(5) 5555	1.00									
DIRECTOR	0.00	X		200			i	0	0	0
(10) MARC LABEAU	1.00	Г								6.0
DIRECTOR	0.00	x	9769	x				o	0	o
(11) LORA LOOPE	1.00									
DIRECTOR	0.00	X						0	0	o

_____Page **8**

Part VII	Section A. Onicers	, Directors, Tru	Stee	3, N	By E	iii:hi	Oyee:	s, a	nd righest Compensated	Employees (continued)				
(A) Name and title		(B) Average hours per week	bo	x, unle	Pos check ess pe	more rson i	than or s both	an le)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated of oth	amount er	
		(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)	ore	from t ganization	he on and	S
(12) B	ROCK ROBINS	1:		Г					***				-	
VICE PR	PCTDPNT	0.00	x		x				0	0				0
VICE III	BOIDENI	0.00	A	-	A		П							
		pop XEX (Elegible												
		1001-)1/10-040												
£		textess x consists												
	************************													110
		O(x (+ ()E4)(()x+,1)1;54						-15						
1b Subto	tai	eren i renitationi		illow C		02:12			59,438					
	from continuation she					0000	100-		59,438		-			
2 Total r			imite	ed to				bov	e) who received more than		1			
reporta	able compensation from	the organization		0		-		_		77.02			Yes	No
									ee, or highest compensate	d		3		x
4 For an		e 1a, is the sum	of re	eport	able	con	npens	atio	on and other compensation complete Schedule J for su					
individ	lual								ny unrelated organization o		1007/1009	4	-	X
for ser	vices rendered to the or	rganization? If "\								(All all all all all all all all all all		5		X
	ndependent Contractor lete this table for your fire		ens	ated	inde	pend	dent o	cont	ractors that received more	than \$100,000 of				
compe	ensation from the organ	ization. Report c	omp	ensa	tion	for t	he ca	len	dar year ending with or with	nin the organization's tax y	rear		(C)	
	Name and	(A) d business address						┝	Descrip	(B) Dion of services		Cc	(C) ampensa	ition
								L						
									8					
		~~~~						-				2 2/2		
	710							L			0.00			
	number of independent								ose listed above) who		- 34			
DAA	ed more than \$100,000	of compensation	n fro	m th	e org	ani	zatior			0		For	99	0 (2021

Form 990 (2021) UPPER PENINSULA LAND CONSERVANCY 38-3467972 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Unrelated Total revenue from tax under sections 512-514 function revenue business revenue Contributions, Giffs, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 28,760 e Government grants (contributions) 1e f All other contributions, gifts, grants 1f 363,369 and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 392,129 **Business Code** 2a 64 PROGRAM SERVICE REVENUE 64 Program Service f All other program service revenue 64 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 20,270 20,270 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses 6с C Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securi il es (iii) Other sales of assets 114,252 115,000 7a other than inventory Other Revenue b Less: cost or other 80,912 basis and sales exps. 7b 173,000 33,340 -58,000 7c c Gain or (loss) d Net gain or (loss) -24,660 -24,6608a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b 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** 531390 3,105 3,105 11a MI SCELLANEOUS Revenue b All other revenue

3,105

-21,491

390,908

0

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Form 990 (2021)

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 (C) (D) Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses 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 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 73,030 65,727 5,477 1,826 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 440 Payroll taxes 5,870 5,283 147 10 Fees for services (nonemployees): a Management 28,733 22,231 6,502 Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 9,986 10,714 728 (A) amount, list line 11g expenses on Schedule O.) 2,461 652 1,809 12 Advertising and promotion 4,032 498 1,553 1,981 Office expenses 13 9,467 6,137 2,934 396 14 Information technology 15 Royalties 4,950 4,950 16 Occupancy 1,263 1,263 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,012 150 862 Conferences, conventions, and meetings 19 3,738 3,738 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 8,812 8,812 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.) 72,831 7,807 80,638 PROPERTY TAX 9,036 9,036 PROPERTY MAINTENANCE 2,800 2,800 DUES-LTA HOL GTF 2,220 2,220 ACCOUNTING FEES 1,198 497 106 595 All other expenses 249,974 188,119 55,101 6,754 25 Total functional expenses. Add lines 1 through 24e 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)

	-	note to any li		(A)	T	(B)		
				Beginning of year		End of year		
1	Cash—non-interest-bearing	Verenter in			1	377.02		
2	Savings and temporary cash investments		una di manda di mana	122,862	2	156,050		
3	Diodese and grante receivable not				3	20,000		
4	Accounts receivable, net	(1000)			4	- 13		
5	Loans and other receivables from any current or for	mer officer, o	lirector,					
	trustee, key employee, creator or founder, substantic controlled entity or family member of any of these p		r, or 35%					
6	Loans and other receivables from other disqualified		dofined		5			
	under section 4958(f)(1)), and persons described in			ا ۽				
7	Notes and loans receivable, net	Section 4950	(C)(3)(B)		6			
7 8	Inventories for sale or use	unigurgu er			7			
9		CHESCAL COLLEGE	Mintellier in conserved		8			
	Prepaid expenses and deferred charges				9			
IVa	a Land, buildings, and equipment: cost or other	40-	2 520 275					
_	basis. Complete Part VI of Schedule D	10a	3,529,275	2 672 275		2 500 075		
	Less: accumulated depreciation	[ 100 ]		3,672,275 339,006		3,529,275		
11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 11			339,000	11	565,784		
13	Investments—program-related. See Part IV, line 11	SERVICE IN THE	THE SERVICE PROPERTY OF		12	-1345		
14	Intensible accets			13				
15	Intangible assets Other assets. See Part IV, line 11		(000-101)(0001-0(00000010)		14	****		
16	X C 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(40) 233000002 11110 (40)	4,134,143	15	4,271,109		
17		Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses						
18	Grante navable		5,048	17	5,459			
19	Deferred revenue			7,250		7,250		
20	Tax-exempt bond liabilities	********		1,230	19	1,230		
21	Escrow or custodial account liability. Complete Part	IV of School	ulo D		20			
1	Loans and other payables to any current or former of		1111   3,000   1111   1111   1		21	170-11		
**	trustee, key employee, creator or founder, substant							
22	controlled entity or family member of any of these p		1, 01 3576		22			
23		100000000000000000000000000000000000000		84,900	22	85,638		
24	Unsecured notes and loans payable to unrelated this			04,900	24	65,636		
25	Other liabilities (including federal income tax, payab		Lithied		24			
23	parties, and other liabilities not included on lines 17							
	of Schedule D				25			
26	Total liabilities. Add lines 17 through 25			97,198	25 26	98,347		
1	Organizations that follow FASB ASC 958, check	here > X		0.7200				
	and complete lines 27, 28, 32, and 33.							
27	Mak annaka wikhawk dan an anakalakiana			29,332	27	136,460		
28	Net assets with donor restrictions			4,007,613		4,036,302		
	Organizations that do not follow FASB ASC 958,							
	and complete lines 29 through 33.		Land .					
29	Capital stock or trust principal, or current funds				29			
30	Paid-in or capital surplus, or land, building, or equip	ment fund			30	- 10-10-1		
31	Retained earnings, endowment, accumulated incon		unds		31	- Gai		
27 28 29 30 31 32	Total ant access or fried belowers		100000000000000000000000000000000000000	4,036,945		4,172,762		
1	Total liabilities and net assets/fund balances			4,134,143		4,271,109		

Form (2021)

orn	990 (2021) UPPER PENINSULA LAND CONSERVANCY 38-3467972			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	Quinter (SE	A CONTRACTOR AND A STATE OF		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			908
2	Total expenses (must equal Part IX, column (A), line 25)	2			974
3	Revenue less expenses. Subtract line 2 from line 1	3			934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,03		
5	Net unrealized gains (losses) on investments	5	-	-5,	117
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	55%(4)		
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	4,17	72,	762
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	(investor)			Ш
				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				
	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			1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	on constant	3b		
			Fon	m 990	(2021)

### 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.

2021

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

▶ Attach to Form 990 or Form 990-EZ.

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

UPPER PENINSULA LAND CONSERVANCY 38-3467972

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

The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check only	one box.)									
1		A church, cor	vention of churches, or ass	ociation of churches described	in section	170(b)(1)(	A)(i).								
2		A school desc	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (For	rm 990).}										
3		A hospital or	a cooperative hospital servi	ce organization described in se	ection 170	(b)(1)(A)(ili)									
4		A medical res	-	in conjunction with a hospital	l described	in section	170(b)(1)(A)(iii). Enter the h	ospital's name,							
5		An organization	A COUNTY OF THE PARTY OF THE PA	of a college or university owner	d or operate	ed by a gov	ernmental unit described in	**************							
6				overnmental unit described in	section 17	n(h)(1)(A)(s	d								
7	X	An organization		substantial part of its support f			•	:							
8				I <b>70(b)(1)(A)(vi)</b> . (Complete Pa	rt II \										
9	Н	•		cribed in section 170(b)(1)(A)	•	ed in conjur	ction with a land-grant collec	ne							
Ů		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
10		An organization receipts from support from	activities related to its exen gross investment income ar	) more than 33 1/3% of its sup npt functions, subject to certain nd unrelated business taxable 0, 1975. See section 509(a)(2	n exception income (les	s; and (2) n ss section 5	o more than 331/3% of its	SS							
11		An organizati	on organized and operated	exclusively to test for public sa	ifety. See s	ection 509	(a)(4).								
12		one or more	oublicly supported organizat	exclusively for the benefit of, to ions described in section 509	(a)(1) or <b>se</b>	ction 509(a	)(2). See section 509(a)(3).								
	а			scribes the type of supporting erated, supervised, or controlle	_			00							
	а	the suppo	orted organization(s) the pov	ver to regularly appoint or elec- omplete Part IV, Sections A	t a majority		1 // 11	iig							
	b			pervised or controlled in conn		its supporte	ed organization(s), by having								
		Laura J		ting organization vested in the											
		organizat	ion(s). You must complete	Part IV, Sections A and C.											
	С			supporting organization operate tructions). You must complete				ith,							
	d	that is no	t functionally integrated. The	d. A supporting organization of e organization generally must	satisfy a dis	stribution re	quirement and an attentiven	* *							
	е	Check thi	s box if the organization rec	must complete Part IV, Secti eived a written determination n-functionally integrated suppo	from the IR	S that it is a									
	f		nber of supported organizat		Jitiliy diyal	iization.									
	g			ne supported organization(s)	1-1-1-XX = 1-4		EXPLOSE OF THE EMPLOYMENT OF THE	DECCO.							
	(I) Nan	ne of supported ganization	(ii) EN	(III) Type of organization (described on lines 1 10	1 sted in yo	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see							
				above (see instructions))		ment?	instructions)	instructions)							
100				-	Yes	No									
(A)	)														
(B	)														
(C	)	****					300								
(D	)														
(E	)	-		100			With Marcoll								
Tot	al														
_							197-91								

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

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

Sec	tion A. Public Support	valle to qualify			oues complete		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,007	402,476	267,685	192,404	392,129	1,295,701
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	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)	41,007	402,476	267,685	192,404	392,129	1,295,701
6	Public support. Subtract line 5 from line 4						1,295,701
$\overline{}$	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	41,007	402,476	267,685	192,404	392,129	1,295,701
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,488	8,138	11,073	8 ,054	20 ,270	59,023
9	Net income from unrelated business activities, whether or not the business is regularly carried on				3		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,354,724
12	Gross receipts from related activities, etc.					12	23 ,165
13	First 5 years. If the Form 990 is for the or		econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
500	organization, check this box and stop heretion C. Computation of Public Su					nako ini i <del>ngani</del>	
_			_	(0)		T44 T	27 2194
14	Public support percentage for 2021 (line 6		=	1 (f))		14	95.64%
15	Public support percentage from 2020 School 33 1/3% support test—2021. If the organ		14.104.101.101.101.101.101	2 and line 14 is 2	2 1/2% or more of		86.43%
IVa	box and <b>stop here</b> . The organization quali			!aa	•		<b>▶ X</b>
b	33 1/3% support test—2020. If the organ					re check	
•	this box and stop here. The organization			vization			▶ □
17a	10%-facts-and-circumstances test—202	•		F-000130-03500		14 is	marianti, M
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac	cts-and-circumstan	ces test. The organ	nization qualifies a	s a publicly suppo	rted	▶ □
b	10%-facts-and-circumstances test-202	20. If the organization					007202044
	15 is 10% or more, and if the organization	meets the facts-an	d-circumstances to	est, check this box	and stop here. E	xplain	
	in Part VI how the organization meets the organization						•
18	Private foundation. If the organization di	d not check a box o					
	instructions						

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

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

Sec	tion A. Public Support							* 12
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1111				
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	34800						
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							
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						$\dashv$	
_	line 6.)		1	L		L		247
	tion B. Total Support		1					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(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							80.
С	Add lines 10a and 10b		-					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			**				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)		***************************************					
14	First 5 years. If the Form 990 is for the or	manization's firet	second third fourt	h or fifth tay year	as a section 501/c	:)(3)		
	organization, check this box and stop her		occoria, tima, tout	, or men tax year	ao a 3300011 301(C	,,,,,,		<b>.</b>
Sec	tion C. Computation of Public Su		tage	ACCOUNTS FOR THE SAME			12.00	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
15	Public support percentage for 2021 (line 8			nn (f))			15	%
16	Public support percentage from 2020 Sch	edule A, Part III, li	ne 15			0.000	16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2021 (	ine 10c, column (f	), divided by line 1	3, column (f))			17	%
18	Investment income percentage from 2020	Schedule A, Part I	II, line 17				18	%
19a	33 1/3% support tests—2021, If the orga	inization did not ch	neck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publ	icly supported orga	anization		<b>-</b> _
b	33 1/3% support tests—2020. If the orga							
	line 18 is not more than 33 1/3%, check the		-			-		a sexcept a
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruc	tions		

38-3467972

### **Supporting Organizations** Part IV

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

Section A.	All Sup	porting (	Organizations

- 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 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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," 5a 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 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.)

1	Yes	No
1		
2		
	22,112	
3a		
3b		
3c		
4a		
	-	
4b		
4c		
5a		
5b		
5c		-
6		
7		
8		
9a		
9b		
9c		
10a		
10b dule A	(Form	990) 2

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 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.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

that these activities constituted substantially all of its activities.

have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

2a

2b

3a

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

<u>4</u> 5

Schedule A (Form 990) 2021

Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Part VI. See instructions.

Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

and 4c.

Excess distributions carryover to 2022. Add lines 3j

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, B, lines 1 and 2; Part IV, Section C, li 3a, and 3b; Part V, line 1; Part V, Sec lines 2, 5, and 6. Also complete this p	ine 1; Part IV, Section D ction B, line 1e; Part V, \$	, lines 2 and 3; Part IV, Section D, lines 5, 6, and	Section E, lines 1c, 2a, 2b, d 8; and Part V, Section E,
PART II, LINE 10 - OTHER INCO	1 2 7A		
REIMBURSED EXPENSES	<b>\$</b>	0	
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### SCHEDULE D (Form 990)

Department of the Treasury

# 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.

OMB No. 1545-0047 Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization Employer identification number UPPER PENINSULA LAND CONSERVANCY 38-3467972 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) 2 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 Protection of natural habitat Preservation of a certified historic structure 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 26 Total number of conservation easements 3,400.00 Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, 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 vear ▶ 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 109,166 Does each conservation easement reported on line 2(d) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X

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

Sched	dule D (Form 990) 2021 UPPER PENI	NSULA LAND	CONSERVAN	CX 38-3	46/9/2			P	Page 2
Pai	rt III Organizations Maintaining	<b>Collections of Art</b>	, Historical Tre	asures, or Othe	r Similar Ass	ets (cc	วทtinu	ıed)	
	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, ch	eck any of the follo	wing that make signif	icant use of its				
а	Public exhibition	d 🗌 Loan	or exchange progr	am					
b	Scholarly research	e 🔲 Othe	r						
C	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain how	they further the or	ganization's exempt p	ourpose in Part				
	XIII.								
	During the year, did the organization solicit or r					Г	_	_	٦
	assets to be sold to raise funds rather than to be		f the organization's	collection?			Yes	B	No
Га	complete if the organization a 990, Part X, line 21.		Form 990, Part	IV, line 9, or repo	orted an amou	int on I	Form		
1a	Is the organization an agent, trustee, custodiar	or other intermediary f	for contributions or	other assets not					
	included on Form 990, Part X?						Yes	в	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	ng table:				_		
						Ar	mount		
C	Beginning balance	nonem na massaca a assaca			1c				
d	Additions during the year				1d				etti taasa
0	Distributions during the year				1e				
f	Ending balance			OTTERACIONE DESCRIPTION	1f	-			
	Did the organization include an amount on For			•			Yes	5	No
	If "Yes," explain the arrangement in Part XIII.	theck here if the explan	ation has been pro	vided on Part XIII					_
Pai	t V Endowment Funds.  Complete if the organization a	answered "Yes" on	Form 990, Part	IV, line 10.					
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba		(e) Four	years	back
	Beginning of year balance	334,597	334,597	245,230	277,		3	41	, 194
	Contributions	178,285	107,771	139,992	50,4	483			750
C	Net investment earnings, gains, and								
	losses	48,493	32,160	49,229	-4,4	423		42	,272
	Grants or scholarships						11.75		
9	Other expenditures for facilities and								
	programs		135,522	99,854	78,	761	1	.06	, 28!
f	Administrative expenses								
_	End of year balance	565,784	339,006	334,597	245,2	230	2	77	, 93
2	Provide the estimated percentage of the current	nt year end balance (lin	e 1g, column (a)) h	eld as:					
	Board designated or quasi-endowment	%							
	Permanent endowment ▶ 100.00 %								
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	ion of the organization	that are held and a	dministered for the					_
	organization by:					-	_	Yes	No
	(i) Unrelated organizations				**********		3a(i)	- ininan	X
	(ii) Related organizations					3	3a(ii)		X
	If "Yes" on line 3a(ii), are the related organizati					L	3b		
4	Describe in Part XIII the intended uses of the o		ent funds.						
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes" on	Form 990, Part	IV, line 11a. See	Form 990, Pa	art X, li	ine 1	0,	
	Description of property	(a) Cost or other basis	(b) Cost or oth	ner basis (c) A	occumulated	(d	d) Book v	alue	
		(investment)	(other)		preciation				
	Land		3,52	9,275	1	3	3,52	9,	275
b	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
otal.	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, o	column (B), line 10d	:.)		3	3,52	29,	275
	(w) made of		(=/, //// 100		S	chedule l			

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D	-
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Part VII	Investments – Other Securities. Complete if the organization answered "Yes	" on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(1) Financial			Cost of end-or-year market value
	eld equity interests	ara -	
(3) Other	ou equity interests	1111	*
(A)	149-039-0-039-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	BITT I STANK	
(B)		: 1154	
(C)		50000	- APPLA
(D)		-1976	
(E)			100.77
(F)			
(G)			
(H)		++×+=	
-	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)	· •		Cost or end-of-year market value
(1)			-
(2)			
(4)	38-17-33-38-08-C	1	
(5)	0 0545519434 (		
(6)			
(7)			
(8)	30 100 WWW		
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes	" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description	n .	(b) Book velus
(1)			
(2)	7000		
(3)		*****	
(4)	The second of th		
(5)			
(6)	N. M. M. Market		
(7)			
(8)			
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
1.	line 25.		(IA) Death with
	income taxes	·	(b) Book value
(2)	silcome taxes		
(3)	***		32
(4)		2.30	
(5)	And the second s		-
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		1
(8)			
(9)	200		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	MANAGEMENT OF STREET	
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the	he footnote to the organization's	financial statements that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740	). Check here if the text of the foo	otnote has been provided in Part XIII

Schedule D (Form 990) 2021 UPPER PENINSULA LAND CONSER Part XI Reconciliation of Revenue per Audited Financial State	ements With Reve	<u>-3467972</u> nue per Return.	Page 4
Complete if the organization answered "Yes" on Form 990	), Part IV, line 12a.		***
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i	1	
a Net unrealized gains (losses) on investments			
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	F-5-1400 LIVE DOLLAR DO		
3 Subtract line 2e from line 1		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	4a		
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 State Complete if the organization answered "Yes" on Form 990	tements With Expo 0, Part IV, line 12a.	enses per Return.	
Total expenses and losses per audited financial statements		1.0	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	19 2		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	0.		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	onego in paristicati	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	200	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part XIII Supplemental Information.	***************************************		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove PART II, LINE 5 - MONITORING AND ENFORCEM  THE ORGANIZATION HAS A WRITTEN POLICY TO SECONSERVATION EASEMENTS	vide any additional informer POLICY	nation.	
v. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
PART II, LINE 9 - ACCOUNTING FOR CONSERVA	TION EASEMEN	ITS	
ONLY LAND DONATIONS ARE REPORTED IN THE F	INANCIAL STA	ATEMENTS. CONSE	RVATION
EASEMENTS ARE NOT VALUED.	*************		X 0.0(1(0.31); 0.01; 0.01; 0.01; 0.02; 0.01
в темпологичного посторительного посторительно	e interestorement		************
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* William	ALSE PROPERTY AND A SECOND CO.		*************

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Part XIII	Suppleme	ntal Inform	ation (continued)	<u>}</u>		1244001244	
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### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

20963 11/09/2022 1,49 PM OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

UPPER PENINSULA LAND CONSERVANCY 38-3467972 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? (a) Name of disqualified person 1 (c) Description of transaction organization Yes No (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year **▶** \$ _____ under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan (g) in default? (i) Written (e) Original (f) Balance due (h) Approved with organization to or from loan principal amount by board or agreement? the org.? committee? To From Yes No Yes No Yes No (5) (6) (7) (8) (9) (10)Total **S** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (e) Purpose of assistance (d) Type of assistance person and the organization (1) (2) (3) (4) (5) (6) (7) (8) (9)

Schedule L (Fo	orm 990) 2021				ONSERVANCY	38-3467972	Pa	age 2
Part IV	<b>Business Transa</b>	ctions Involving I	nterested	Persons.	<del></del>			
	Complete if the organi	zation answered "Yes"	on Form 990	, Part IV, line 2	8a, 28b, or 28c.			
	(a) Name of interested po	erson	(b) Relation	onship between	(c) Amount of	(d) Description of transaction	(e) S	Sharing
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Part V	Supplemental Inf	formation.	17		•	7/11		_
		rmation for responses t	o questions	on Schedule L	(see instructions).			
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