50rm **990**

Return of Organization Exempt From Income Tax

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

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

2022 Open to Public

X Yes No

Farm **990** (2022)

Department of the Transpry Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending D Employer Identification number Check If C Name of organization Addreso LEELANAU CONSERVANCY Nama change 36-2710855 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Roam/suite E Telephone number Final return termir ated P.O. BOX 1007 231 256-9665 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ LELAND, MI 49654-1007 H(a) is this a group return Applica-tion panding F Name and address of principal officer:WILLIAM WITLER for subordinates? Yes X No JYes □ No 49654-1007 H(b) Are all subordinates included? (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.LEELANAUCONSERVANCY.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation; 1986 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: TO CONSERVE THE LAND, WATER, AND SCENIC CHARACTER OF LEELANAU COUNTY, MICHIGAN. Activities & Governance if the organization discentinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 19 19 Number of Independent voting members of the governing body (Part Vi, line 1b) 20 Total number of Individuals employed in calendar year 2022 (Part V, line 2a) 4044 6 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-7, Part I, line 11 Current Year Prior Year 5,475,836. 7,617,506. Contributions and grants (Part VIII, line 1h) 26,182. 28,798. Program service revenue (Part VIII, line 2g) 1,084,507. 87,809. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) -12,139. 6,574,386. -12,503. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,721,610. 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) ο. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) O. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,274,609. 1,438,845. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ď. 16a Professional fundralsing fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,996,028. 2,538,479-17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,813,088. 5,434,873. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,761,298. 2,286,737. 19 Revenue less expenses, Subtract fine 18 from line 12 Beginning of Current Year End of Year 37,126,917. 1,811,276. 37,540,108. 20 Total assets (Part X, line 16) 2,170,337. 35,369,771. 21 Total liabilities (Part X, line 26) 35,315,641. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this roturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. sture of officer MITTE Sign WILLIAM WITLER, Here Type or print name and tipe Dale Check Print/Type preparer's name Preparer's signature 05/04/23 P00209084 TRINA OCHS, CPA Paid Firm's name DGN, LLC
Firm's address P.O. BOX 947 Firm's EIN 20-2349670 Preparer Use Only Phone no. 231 - 946 - 1722 TRAVERSE CITY, MI 49685-0947

k 64	14 14 Ottochist of Medities Octobries			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.5	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See Instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1.		x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
ø	similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part ///			
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			<u> </u>
	Schedule D, Part III	В		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
***	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
a	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 167 If "Yes," complete Schedule D, Part VII	11b		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		X
ø	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	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			
	Schedule D, Parts XI and XII	12a	X.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization enswered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		ж
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	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		х
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? // "Yes,"			
10	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		·
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	1-2	
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		}	
	The second secon	24a	i	x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245	 	 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1=:-		
•	eny 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	1	1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	Г
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			i
	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		1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		ļ	۱.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			į
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27	ļ	
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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
_	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		;	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
0 =	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	994		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 50 t(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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				<u> ۱</u>
	Check if Schedule O contains a response or note to any line in this Part V	1-1714		إبسا
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18 Enter the number of Forms W.CG kickeded on line 1s. Enter -0- if not applicable 15			
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			ĺ
c	(gambling) winnings to prize winners?	10	х	i
99900	(gambling) withings to prize withers?		990 (2022
*****	- Part Primary			,,,,

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ι.,		f		
	filed for the calendar year ending with or within the year covered by this return	2a	20		ł	1
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	เกร?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	1	3a		X
	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, dld the organization have an interest in, or a signature or other					l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	<u> </u>	X
ь	If "Yes," enter the name of the foreign country					
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b	ļ	Х
	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?			Бc		
vа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	-				х
	any contributions that were not tax deductible as charitable contributions?			€ a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-		_	C.L		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	********		6b	\vdash	
· .	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nvices n	covided to the navor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					_
_	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		17117117117.71177717171711111			
ø	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	, J			
	sponsoring organization have excess business holdings at any time during the year?	.,,,,		8	I	
9	Sponsoring organizations maintaining donor advised funds.					
8				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations, Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		i	ſ	
11	Section 501(c)(12) organizations, Enter:	1				
	Gross Income from members or shareholders	11a			- 1	
O	Gross income from other sources. (Do not net amounts due or paid to other sources against				- 1	
12a	amounts due or received from them.)	11b [
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ŀ	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	140				
	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.					
ь	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	13ь]	-	
C	Enter the amount of reserves on hand	13c			- 1	
	## 1 · · · · · · · · · · · · · · · · · ·			14e		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration (or .			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ie? ,,,,,,	16		X
	If "Yes," complete Form 4720, Schedule O.		ļ			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		Ì			
	that would result in the imposition of an excise tax under section 4951, 4952 or 49537			17		
	If "Yes," complete Form 6069.			1		

LEELANAU CONSERVANCY 38-2710855 Form 990 (2022) 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 Section A. Governing Body and Management Yes No 19 1a 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. 19 b Enter the number of voting members included on line 1a, above, who are independent 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? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? Х ß 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 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: X a The governing body? 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 the Х organization's malling 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 Νo Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 118 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X ол Schedule O how this was done Did the organization have a written whistleblower policy? X X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability date, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b 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 Х 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 List the states with which a copy of this Form 990 is required to be filled MISection 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 Another's website LX Upon request Other (explain on Schedule O) 19 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 KATHLEEN BIRNEY - 231 256-9665

Form 990 (2022)

P.O. BOX 1007, LELAND, MI

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

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

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

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

(A)	(B)				C)			(D)	(€)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/bustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week (list any		T	Τ	T	T	,	from the	from related organizations	other compensation
	hours for	g margin				Ē		organization	(W-2/1099-MISC/	from the
	related	蒙	## ##			葦		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	1	튵		to to	E		1099-NEC)		and related
	below line)	n fivi érat 8 kszer or	institulianal trustee	唇	Key emptoyre	Hajhasi cempetsahd entitoyee	Ботн			organizations
(1) THOMAS NELSON	40.00	<u> </u>	. 	8	32	± €	프			
EXECUTIVE DIRECTOR	20.00	1		x				128,824.	ο.	36,227.
(2) KATHLEEN BIRNEY	40.00	 	1	***			\vdash	,		
FINANCE DIRECTOR		1		x				87,545.	0.	7,454.
(3) CAMMIE BUEHLER	2.00	1								
DIRECTOR/VICE PRESIDENT		X		x				0.	0.	0.
(4) KATHY GARTHE	2.00					1				
DIRECTOR/VICE PRESIDENT		<u> x</u>		X				0.	0.	0
(5) AMY TENNIS	2.00							_	_	_
DIRECTOR/PRESIDENT		X		х			<u> </u>	0.	0.	0.
(6) WILLIAM WITLER	2.00			l				_	_	
DIRECTOR/TREASURER		X	<u></u>	x				0.	0.	0.
(7) ALISON HORTON	2.00	1						,		•
DIRECTOR/SECRETARY	1 00	X		х				0.	0.	0.
(8) GINA ERB	1.00							0.	0.	0
DIRECTOR	1.00	X				ļ		<u>U.</u>	V -	0.
(9) ROGER NEWTON DIRECTOR	1.00	x						0.	о.	0.
(10) RICK GANS	1.00			_		_		· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	1.00	x						0.	0.	0.
(11) SUSAN GREEN	1.00	*	\vdash		_		\vdash			
DIRECTOR	2.00	x						0.	0.	0.
(12) JIM NUGENT	2.00									
CHAIRMAN		х		x				0.	0.	0.
(13) MIKE O'DONNELL	1.00									
DIRECTOR		X		,				0.	0.	0.
(14) ART KUBERT	1.00									
DIRECTOR		X						0.	0.	0.
(15) NICK LOUD	1.00								_	_
DIRECTOR		X						0.	0.	0.
(16) PAMELA LYSAGHT	1.00								[
DIRECTOR		x						0.	0.	0.
(17) STEVE MARTINEAU	1.00							0.	0.	^
DIRECTOR		X						U + J	V -{	. 0

232007 12-13-22

Form **990** (2022)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, en	d H	ighe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per		(C) Position (do not check more than or box, unless person is both officer and a director/truste			1 than is bo	one h an	(D) Reportable	(E) Reportable compensation		(F) Estimated amount of	
	week (list any hours for related organizations	tee or director	oor ar	id a d	ilropte	or/tru:	toe)	from the	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation		ner nsation n the ization
	below line)	Pedinistral b	Estitions trustee	Glicer	Key employee	Highest comparable engloyet	Farmer					zations
(18) DAVID SCHIMMEL DIRECTOR	1.00	x						0.	0	-		0.
(19) MARY CUSICK DIRECTOR	1.00	x						0.	O	•		0.
(20) CAM LANPHIER DIRECTOR		x				ļ		0.	O	4		0.
(21) NANCY POPA DIRECTOR	1.00	x				_		0.		•		0.
Market										-		
		-				ļ				+		
		<u> </u>							***************************************			

1b Subtotal			L				 	216,369.	Ö		43,	681.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								216,369.	0	_	43,	0. 681.
Total number of Individuals (Including but compensation from the organization	not limited to th	056	liste	d at		e) wt	io re	eceived more than \$100	,000 of reportable		Ye	1 s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3	x
For any individual listed on line 1s, is the s and related organizations greater than \$15	um of reportab	le co	mpe	ensa	tion	and	oth		he organization		4 3	—
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	tsati	ion f	rom	any	unr	olat	ed organization or Indivi	dual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest or	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsati	on fror	П
the organization. Report compensation for (A)					/lth (or w	ithir	(B)			(C)	
Name and business address NONE Description of services						ervices	Con	pensa	tion			
							+					
,							_	AND A THE STATE OF	181 7		, ,	•
						•	1					
Total number of independent contractors (\$100,000 of compensation from the organ		ot IIr	nite	d to	thos		ted	above) who received m	ore than			0 (2022)

LEELANAU CONSERVANCY 38-2710855 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenu sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns b Membership dues _____ 16 c Fundraising events 10 Related organizations 1d 1,057,500. Government grants (contributions) 10 All other contributions, gifts, grants, and similar amounts not included above ... 6,560,006. 2,554,563. g Noncash contributions included in lines 1s-1f 1g \$ Total. Add lines 1a-1f 7,617,506 Business Code 2 a LAND CONSERVATION 900099 28,798. 28,798 Program Service Revenue f All other program service revenue 28,796. Total, Add lines 2a-2f Investment income (including dividends, interest, and 313,278 313,278 other similar amounts) income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 1,642,569 b Less: cost or other basis 1,868,038 Other Revenue and sales expenses -225,469, -225,469. d Net gain or (loss) -225,469 8 a Gross income from fundralsing events (not including \$ _ contributions reported on line 1c). See Part IV, line 18 b Less; direct expenses Net income or (loss) from fundraising events. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 95 Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** MISCELLANEOUS 561000 -12,503 -12 503

12 To

Form **990** (2022)

87,809.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

-12,503

16,295.

7,721,610.

Form 990 (2022) LEELANAU CONSERVANCY 38

[Part IX | Statement of Functional Expenses

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

Seci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			ітрівсе сошти (м).	
Do	not Include amounts reported on lines 6b,	(A)	(B)	(G)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	İ			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
٠	trustees, and key employees	216,369.	151,957.	32,206.	32,206
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	901,092.	486,054.	190,720.	224,318
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	237,478.	135,587.	47,376.	54,515.
10	Payroll taxes	83,906.	47,906.	16,738.	19,262.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	15,376.	15,376.		
Ç	Accounting	24,440.		24,440.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	49,803.		49,803.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	80,715.	52,814.	24,280.	3,621.
12	Advertising and promotion				
13	Office expenses	27,287.	12,282.	15,005.	
14	Information technology				
15	Royalties			3.4.4.4.	
16	Occupancy	10,005.	627	10,005.	
17	Travel	11,052.	637.	8,443.	1,972.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40 340	46 336		
20	Interest	49,310.	49,310.		
21	Payments to affiliates	145,282.	120,466.	24,816.	
22	Depreciation, depletion, and amortization	37,609.	TEO, 400.	37,609.	
23	Other expenses, Itemize expenses not covered	37,0034		37,003.	
24	omor expenses, nemize 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.)				
а	CONSERVATION EASEMENT V	3,154,992.	3,154,992.		
h	LAND PROTECTION COSTS	71,249.	71,249.		
C	NATURAL AREAS AND CONSE	65,690.	65,690.		
ď	COMMUNICATION	53,222.		11,183.	42,039.
	All other expenses	199,996.	50,304.	81,289.	68,403.
25	Total functional expenses. Add lines 1 through 24e	5,434,873.	4,414,624.	573,913.	446,336.
26	Joint costs. Complete this line only if the organization				
-mat	reported in column (B) joint costs from a combined	ŀ	ł		
	educational campaign and fundraising solicitation.		j		
	Check here if following SOP 88-2 (ASC 958-720)				
232010	12-13-22				Form 990 (2022)

Par	t X_	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	***************************************		
			(A) Beginning of year		(B) End of year
l	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	267,844.	2	579,500.
	3	Pledges and grants receivable, net	1,388,890.	3	977,032
Į	4	Accounts receivable, net	43,761.	4	44,353
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
ı		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	
1	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	24,038.	9	23,671
- }	10 a	Land, buildings, and equipment: cost or other			
- 1		basis, Complete Part VI of Schedule D 10a 20, 267, 100.			
- 1	b	Less: accumulated depreciation 10b 599,391.	18,142,311.	10c	19,667,709
	11	Investments - publicly traded securities	16,390,373.	11	14,741,942.
	12	Investments - other securities. See Part IV, Ilne 11	352,700.	12	387,514
	13	Investments - program-related. See Part IV, line 11		13	
- [14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	930,191.	15	705,196
	16	Total assets. Add lines 1 through 15 (must equal line 33)	37,540,108.	16	37,126,917.
	17	Accounts payable and accrued expenses	128,895.	17	113,225.
	18	Grants payable		18	
-	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
9		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	1,907,770.	23	1,596,273.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	133,672.		101,778.
	26	Total liabilities. Add lines 17 through 25	2,170,337.	26	1,811,276.
		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.		1	
Net Assets of Fund Balances	27	Net assets without donor restrictions	15,175,048.	27	12,386,818.
<u> </u>	28	Net assets with donor restrictions	20,194,723.	28	22,928,823.
		Organizations that do not follow FASB ASC 958, check here			
-		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		30	
3	31	Retained earnings, endowment, accumulated income, or other funds		31	
ا چ	32	Total net assets or fund balances	35,369,771.	32	35,315,641.
		Total liabilities and net assets/fund balances	37,540,108.	33	37,126,917.

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Employer identification number

Name of the organization

LEELANAU CONSERVANCY 38-2710855 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part if.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 [X] 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. I Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type II) non-functionally integrated, A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (iil) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see Instructions))

Schedule A (Form 990) 2022 LEELANAU CONSERVANCY 38-2710855 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 yo	u checked the box on line 5, 7	', or 8 of Part I or if the organizat	ion failed to qualify unde	r Part III. If the organization
fails to qualify under	r the tests listed below, please	complete Part III.)		

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,313,086.	7,581,826.	5,355,985.	5,475,836.	7,617,506.	29,344,239.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	[
	the organization without charge						······
4	Total. Add lines 1 through 3	3,313,086.	7,581,826.	5,355,985.	5,475,836,	7,617,506.	29,344,239.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			;			
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,						
	column (f)	1					830,762.
	Public support. Subtract line 5 from line 4.					1	28,513,477.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,313,086.	7,581,826.	5,355,985.	5,475,836.	7,617,506.	29,344,239.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	274,078.	310,178.	237,819.	257,683.	313,278.	1,393,036.
9	Net income from unrelated business			i			
	activities, whether or not the			İ			
	business is regularly carried on						
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						30,737,275.
	Gross receipts from related activities,					12	142,700.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	iQ1(c)(3)	
	organization, check this box and stop		4				<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	92.77 %
	Public support percentage from 2021					15	93.57 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021, if the c	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part \	VI how the organiza	ation
	meets the facts-and-circumstances te	_		. , ,	+		
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and ste	op here. Explain ir	Part VI how the	guarana,
	organization meets the facts and circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16s	i, 16b, 17a, or 17b	, check this box a	<u>nd see instructions</u>	·L
						Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 LEELANAU CONSERVANCY

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 falls to
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]	j .	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-				İ		1
	formed, or facilities furnished in any activity that is related to the						I
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						I
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						}
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					l	
	the organization without charge				<u> </u>		
6	Total, Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
þ	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			***************************************			
	Add lines 7a and 7b						
8	Public support. (Subtractine 7c from line 6.)					<u> </u>	
	tion B. Total Support	,					
Cate	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on	1					
	securities loans, rents, royalties,	ł					
	and income from similar sources						
Ь	Unrelated business taxable income					Į.	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
14	or loss from the sale of capital						
	assets (Explain in Part VI.)						,
	Total support. (Add lines 9, 100, 11, and 12,)			r		· · · · · · · · · · · · · · · · · · ·	
14	First 5 years. If the Form 990 is for the	_			-		Jn. (************************************
Sac	check this box and stop here tion C. Computation of Publ		rcentage		*******************		
	Public support percentage for 2022 (volumen (fi)	*******	15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from 2					18	9%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ь	33 1/3% support tests - 2021, if the						ind
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	The second of th	1 and 1 1 are a Military and 1 and 2				# L	F 550\ 6500

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
-	2 3a		
-	3 b		
-	3c		
-	4a		
	4b		
-			
	4c		
Γ			
_	5a		
L	5b		
-	5c		
	6		
-			
-	7		
	8		
	9a		
-	9b		
\mid	9c		
	10a		
	10b		
		- 0001	

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Ра	R IV Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1		
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described on line 11a above?	116	ļ	
¢	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			1
~	detail in Part VI.	110	L	1
Sec	tion B, Type I Supporting Organizations		T	.
			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)	l	1	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		İ	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	١.	:	ļ
_	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	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. Ition C. Type II Supporting Organizations	<u> </u>	<u> </u>	
	tion of type is dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	· · · · · · · · · · · · · · · · · · ·	165	190
,	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		lli	
	the supported organization(s).	1 .		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	i l		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 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		
Sec	tion 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 yeatsec instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 In	struction	1 5) .	
2	Activities Test, Answer lines 2a and 2b below,		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	i		
	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,	l 1	'	
	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			ŀ	
	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.	į l		
a	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		
þ	, , , , , , , , , , , , , , , , , , , ,	I		
	of its supported greanizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	- 1	

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	rd Z/IVOJJ Fage 6
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on l	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See Instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Sec	ion A - Adjusted Net income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3		
	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		
ę	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax Imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see
	inetriotionel	* **	- J	•

Schedule A (Form 990) 2022

CONTR	AZGIG FT (1 OH (1 550) MOME				
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	janizations _{(continu}	led)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	ampt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of Income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	· e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	: \$	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
1	Carryover from 2017 not applied (see instructions)				
J	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if		<u> </u>		
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022, Subtract lines 3h			- 1	
	and 4b from line 1. For result greater than zero, explain in			- 1	
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3			i	
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				***************************************
	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE D

(Farm 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

LEELANAU CONSERVANCY

Employer identification number 38-2710855

	organization answered "Yes" on Form 990, Part IV, Iln			mr. m.	
		(a) Donor advised funds		(b) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		İ		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fur	nds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No.
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant funds ca	n be used	only	
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?			Yes	No.
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education) X Preservation	on of a histo	orically important land an	p a
	X Protection of natural habitat	X Preservation	on of a certi	ified historic structure	
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the	form of a co	onservation easement on	the last
	day of the tax year.			Held at the End of	
а	Total number of conservation easements			2a	196
	Total acreage restricted by conservation easements			2b 11,66	3.00
	Number of conservation easements on a certified historic stru			2c	2
	Number of conservation easements included in (c) acquired a			1	
_	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
•	year	# 10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	,		
4	Number of states where property subject to conservation eas	ement is incated	1		
5	Does the organization have a written policy regarding the peri		a of		
9	violations, and enforcement of the conservation easements it			X Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, i	handling of violations, and enforcing	conservati		
O	4044	narquing or violations, and amoroting	COMBENTAL	or observer world and	, y con
7	Amount of expenses incurred in monitoring, inspecting, hand 15.	ling of violations, and enforcing cons	servation ea	asements during the year	•
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(E	3)(i)	
	and section 170(h)(4)(8)(ii)?			Yes	No.
9	in Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn-	ote to the organization's financial st	atements th	nat describes the	
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form:				
ta	If the organization elected, as permitted under FASB ASC 958		ent and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub				
	service, provide in Part XIII the text of the footnote to its finan				
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of	
	art, historical treasures, or other similar assets held for public				
		exhibition, education, or recomment in	1916/10/4/10	o o, pasia co. 1100,	
	provide the following amounts relating to these items:			\$	
	(I) Revenue included on Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical trea		inciai gain,	brovide	
	the following amounts required to be reported under FASB AS			•	
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LIA	For Panerwork Reduction Act Notice, see the Instructions	4 5 000		Schedule D (Forn	- ብብላነ ባለባ/

Schedule D (Form 990) 2022 LEELANAU CON	ISERVANCY	38	-2710855 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete If the organization answered "Yes" of	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d, See Form 990, Part X, line 15.	.,
(a) D	escription		(b) Book value
(1)			***************************************
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (日) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	: 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	***************************************		101 770
(2) ANNUITY LIABILITY			101,778
(3)			
(4)			
(5) (6)			
(6) (7)			
(A)	1-1-1	- 11-11-11-11-11-11-11-11-11-11-11-11-11	, ,,

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

101,778.

MARKETABILITY RELATED TO THE EASEMENTS. THE REDUCTION IN VALUE DUE TO Schedule D (Form 990) 2022

ACQUISITION, A VALUATION ALLOWANCE IS ESTABLISHED TO REDUCE THE VALUE OF

THE CONSERVATION EASEMENT TO \$1. THIS VALUE REFLECTS THE LACK OF

232054 09-01-22

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization

LEELANAU CONSERVANCY

Part I Questions Regarding Compensation

Employer Identification number
38-2710855

	arra and arrangements and arrangements.			
			Yes	No
13	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these Itoms.	1]
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	1		
	Town dood of duties organizations			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	1 1		
8	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1s, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	1		
_	The organization?	5a		X
	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
æ	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	i		
Ģ	contingent on the net earnings of:			
	The organization?	6a		X
	Any related organization?	6b		X
ы	If "Yes" on line 6a or 6b, describe in Part III.			
₩.	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1 1		
′		7		X
	not described on lines 5 and 6? If "Yes," describe in Part III	 		
ø	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6	- 1	X
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	if "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ا و ا	i	
	Regulations section 53 4958-6/c)?		- 1	

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

Schedule J (Form 990) 2022

38-2710855

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	12 and/or 1099-MISC compensation	and/or 1099-NEC	W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)(D)	(F) Compensation in column (B)
(A) Name and Title	L	(i) Base compensation	(ii) Bonus & incentive compensation	(fit) Other reportable compensation	compensation			reported as deferred on prior Form 990
	Ξ	128,824.	•0	0	11,229.	24,998.	165,051.	0.
executive director	Ē	0	0	0.	0.	0.		0
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	(8)							
	6							
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1				23			Schedi	Schedule J (Form 990) 2022

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	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information,		N 403(B)										Schedule J (Form 990) 202
	15, 3, 4a, 4b, 4c, 5a, 5b, 6		RECEIVED IN \$11,229 IN 403(B)										
	for Part 1, lines 1a,		, ,										
	descriptions required		TOM NELSON,										
a citi Supplemental information	e the information, explanation, or	r I, 4.B.	EXECUTIVE DIRECTOR,	CONTRIBUTIONS.									
# :	Provid	PART	EXE	CON									

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

LEELANAU CONSERVANCY

Inspection

Employer Identification number

38-2710855

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			ts
1	Art - Works of art			9				
2	Art - Historical treasures				***************************************			
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	- "						
6	Cars and other vehicles							
7	Boats and planes		"					
8	Intellectual property							
9	Securities - Publicly traded	X	13	100,563.	BROKER FAIR	MA	RKE	ΤV
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	Х	5	2,454,000.	APPRAISAL			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization			1 1				
	for which the organization completed Form 828	33, Part V, D	lonee Acknowledg	ement 29			I	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of		ntabution, and wh	ich isn't required to be used	ior	30a		x
4	exempt purposes for the entire holding period?	·		*/14***********************************		303		
	If "Yes," describe the arrangement in Part II.			ad any navatandard aantrib:	tions?	31	x	
31	Does the organization have a gift acceptance p	-			(totte)	3,		
32a	Does the organization hire or use third parties contributions?					32a	х	
S uc	contributions? If "Yes," describe in Part II.			,.,.,		~#401		
33	If the organization didn't report an amount in o	aluma (a) for	r a type of avances	v for which column (a) is che	cked.			
~~	describe in Part II.	CHILITIES TO	a type of property	A 101 HUNOU DOMESTI (a) to bug				
LHA		the Instruc	tions for Form 99	0.	Schedule M	l (For	n 990)	2022

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

Schedule M (Form 990) 2022 LEELANAU CONSERVANCY	38-2710855	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiza ination of both. Also comp	tion
SCHEDULE M, LINE 32B:		
BROKERS ARE USED FOR STOCK DONATION SALES.	1.00.10	

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	KTMC STATE OF THE	

Schedule M (Form 990) 2022

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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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONTRACTOR STORE

Employer identification number

LEELANAU CONSERVANCI 38-2/10855
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND DISCUSSED BY THE FINANCE COMMITTEE AND BOARD
MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES BOARD MEMBERS TO SUBMIT A CONFLICT OF INTEREST
STATEMENT ON AN ANNUAL BASIS. BOARD MEMBERS HAVE A DUTY TO DISCLOSE AND
IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE BOARD WILL HEAR
ALL MATERIAL FACTS AND THEN DISCUSS WITH THE BOARD MEMBER WITH A CONFLICT
ABSENT TO DETERMINE WHAT ACTION IF ANY SHOULD BE TAKEN.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE REVIEWS STAFF, EXECUTIVE DIRECTOR AND FINANCE
DIRECTOR SALARIES AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR
APPROVAL. THEIR REVIEW CONSIST OF A REVIEW OF PAST YEAR'S SALARY, A REVIEW
OF COMPARABLE SALARIES IN THE REGION AND THE LTA SALARY STUDY IS UTILIZED
TO PROVIDE NATIONAL AND REGIONAL CONTEXT FOR SALARIES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON
THE ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990) 2022