EXTENDED TO NOVEMBER 17, 2025 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For t	he 2024 calendar year, or tax year beginning and	ending		
	Check applica			D Employer identifi	cation number
	Add char				
	Nan Char	nge Doing business as		**-***22	23
	Initia	n Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
L	Fina retur term	W 0303 VREELAND ROAD		(734) 48	4-6565
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	283,125.
	retur	" DOLEKTOK TOMMSHIP, WI 40130-3013		H(a) Is this a group re	
	pend	SAME AS C ABOVE		for subordinates	
1	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	H(b) Are all subordinates in	list. See instructions
-	Webs		021	H(c) Group exemptio	
K	Form (of organization: X Corporation Trust Association Other	L Year o	of formation: 1988	State of legal domicile: MI
P	art I	Summary			, otato or rogar dominor, axxx
9	1	Briefly describe the organization's mission or most significant activities: TO PF	RESERV	E NATURAL L	AND AND
Activities & Governance	_	OPEN SPACE IN SOUTHEAST MICHIGAN FOR WILL			
Veri	2	Check this box if the organization discontinued its operations or dispos		1 1	
ô	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ංජ ග	5	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
itie	6	Total number of individuals employed in calendar year 2024 (Part V, line 2a) Total number of volunteers (estimate if necessary)		5	
Ċţ.		Total unrelated business revenue from Part VIII, column (C), line 12			0.
<<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
	I	,,		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		218,612.	225,061.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,982.	37,269.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,005.	6,639.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		262,599.	268,969.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
10	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 30,69		159,989. 0.	176,999.
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 30 69	Δ	0.	0.
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20	114,266.	122,627.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		274,255.	299,626.
	19	Revenue less expenses. Subtract line 18 from line 12		-11,656.	-30,657.
ets or				inning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		6,138,616.	6,125,618.
Net Ass Fund Bal	21	Total liabilities (Part X, line 26)		33,431.	30,385.
		Net assets or fund balances. Subtract line 21 from line 20		6,105,185.	6,095,233.
	art II	Signature Block			
true	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules ct,Ape complete. Declaration of preparer (other thamofficer) is based on all information of whic	and stateme	nts, and to the best of my	knowledge and belief, it is
1100,	, 00110	Wille Chapter (once maniformer) is based on an information of wing	on preparer r	11-5-2	.076
Sign	n /	Signature of officer		Date	
Her	U	JILL A. LEWIS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Preparer's name Preparer's signature		ate Check	PTIN
Paid		MICHAEL B BOISVENU, CPA	1(0/29/25 self-employed	P01355707
-	arer	Firm's name BOISVENU & COMPANY, P.C.		Firm's EIN * 7	-***7129
use	Only	Firm's address 30600 TELEGRAPH ROAD, SUITE 1300			10) 645 5000
Ma	tha !	BINGHAM FARMS, MI 48025		Phone no. (24	18)647-7200
		RS discuss this return with the preparer shown above? See instructions Paperwork Reduction Act Notice, see the separate instructions. 432001 12-			X Yes No
Last 1/-	I OI	Paperwork Reduction Act Notice, see the separate instructions. 432001 12-	10-24		Form 990 (2024)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CONSERVE NATURAL LAND AND OPEN SPACE - INCLUDING FORESTS, WETLANDS,
	MEADOWS, AGRICULTURAL LANDS, AND PLACES OF SCENIC BEAUTY - TO PROVIDE
	HABITAT FOR WILDLIFE AND TO ENRICH THE LIVES OF PEOPLE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 49,719 • including grants of \$) (Revenue \$)
-1 a	PUBLIC EDUCATION AND OUTREACH - THE ORGANIZATION OFFERS HIKES, TOURS,
	CAMPFIRES, AND OTHER FAMILY-FRIENDLY EVENTS THAT ARE FREE AND OPEN TO
	THE PUBLIC. THESE EVENTS ARE A GREAT WAY TO CONNECT WITH NATURE AND
	LEARN MORE ABOUT THE IMPORTANCE OF LAND CONSERVATION. IN ADDITION,
	LOCAL BUSINESSES, CLUBS, SCHOOLS, AND COMMUNITY GROUPS PARTICIPATE IN
	THEIR OWN WORK DAYS AND HELP WITH SPECIAL STEWARDSHIP PROJECTS. THE
	ORGANIZATION ALSO RUNS A COMMUNITY ORGANIC GARDEN PROJECT.
	OROMITATION ADDO ROND A COMMONITE OROMIC CARDIN TROODER:
4b	(Code:) (Expenses \$ 40,808 • including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ 40,808. including grants of \$) (Revenue \$) CONSERVATION INITIATIVES - ACTIVITIES THAT INCREASE THE ORGANIZATION'S
	ABILITY TO PRESERVE AND STEWARD LAND AND CONSERVATION EASEMENTS
	INCLUDING CONSERVATION PLANNING, NETWORKING AND COLLABORATION WITH
	POTENTIAL AND CURRENT PARTNER GROUPS, AND GENERAL LAND PROTECTION
	EDUCATION AND OUTREACH.
4c	(Code:) (Expenses \$ 121,728 • including grants of \$) (Revenue \$)
	STEWARDSHIP ACTIVITIES INCLUDE PROPERTY MONITORING AND THE PRODUCTION
	OF BASELINE REPORTS, TRAIL CREATION AND MAINTENANCE, PROPERTY CLEANUP,
	AND THE REMOVAL OF EXOTIC SPECIES. THE ORGANIZATION ALSO HAS ONGOING
	PROJECTS THAT SEEK TO RESTORE WETLANDS, FORESTS, AND PRAIRIE HABITATS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 13,162 • including grants of \$) (Revenue \$)
4e	Total program service expenses 225, 417.
	Form 990 (2024)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	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,	_	v	
_	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			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	21	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{1,7}
	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,"			_v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma_{\mathbf{V}}$

-*2223 SOUTHEAST MICHIGAN LAND CONSERVANCY Page 4 Form 990 (2024) Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х 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 Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х

Note	e: All Form 990 filers are required to complete Schedule O
Part V	Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
la	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
	But the second of the second o				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

SOUTHEAST MICHIGAN LAND CONSERVANCY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?	l I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	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			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

432005 12-10-24

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		Х
40	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			v
	taxable entity during the year?	16a		Х
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an experientian to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900 T (section 501(a)(2)).	0.051.) over:	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiidi	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JILL A. LEWIS - EXECUTIVE DIRECTOR - (734) 484-6565			
	8383 VREELAND ROAD, SUPERIOR TOWNSHIP, MI 48198-9619			

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

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

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

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

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

- 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) Name and title	(B) Average hours per	(do	not c	Pos heck ss pe	ition	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JILL A. LEWIS EXECUTIVE DIRECTOR	40.00			х				84,422.	0.	5,702.
(2) RICHARD L. KENT DIRECTOR	1.25	Х						1,700.	0.	0.
(3) WILLIAM L. SECREST DIRECTOR	1.40	X						0.	0.	0.
(4) JAMES T. WEINER DIRECTOR	1.40	X						0.	0.	0.
(5) MARY ERICSON	1.63			<u> </u>						
SECRETARY (6) DONALD E. DEMALLIE	1.15	Х		Х				0.	0.	0.
OIRECTOR (7) MITCH HALL	2.13	Х						0.	0.	0.
TREASURER (8) JAMES MCINTYRE	2.71	Х		Х				0.	0.	0.
PRESIDENT (9) FREDERIC LUND	0.90	Х		Х				0.	0.	0.
DIRECTOR	0.40	х						0.	0.	0.
(10) CHRIS FLANAGAN DIRECTOR	0.40	х						0.	0.	0.

Part VII Section A. Officers, Directors, T		ploy 	ees			ighe	st C					(F)	
(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	,		(F) stimate	ad.
Name and title	hours per week (list any	box offic	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation from the	compensation from related organization	on d	ar	nount other	of
	hours for related organizations	Individual trustee or director	trustee		eu	pensated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)	SC/	fı org	om the	e ion
	below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d relat anizati	
								0.5.1.00		0			0.0
1b Subtotal c Total from continuation sheets to Par	t VII, Section A							86,122.		0.		5,7	0.
d Total (add lines 1b and 1c)								86,122. eceived more than \$100	0,000 of reportab	0. ole		5,7	<u>∪∠.</u> 0
												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>	or such individual			· 							3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$	3150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," o					•			•			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensation (A)	for the calendar y	ear (endi	ng v	vith	or w	rithir 	n the organization's tax (B)	year.		(0	C)	
Name and busing	ess address	NO	ONI	3				Description of s	services	С		nsatio	n
Total number of independent contractor \$100,000 of compensation from the org		ot li	mite	d to		se lis	stec	d above) who received m	nore than				
								<u> </u>			Form	990 (2	2024)

Pa	rt VI	III Statement of Revenue	
		Check if Schedule O contains a response or note to any lin	e in this Part VIII
			(A) (B) (C) (D) Total revenue Function revenue business revenue from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t c c e f	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	225,061.
<u> </u>		Business Code	
Program Service Revenue		a	
_	_	g Total. Add lines 2a-2f	
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	27,772. 27,772.
	5 6 a	b Less: rental expenses 6b 0 •	
		c Rental income or (loss) 6c 891.	
		d Net rental income or (loss)	891.
Revenue	c	b Less: cost or other basis and sales expenses	
Other R	8 a	d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8,143. b Less: direct expenses 8b 3,447.	9,497.
		c Net income or (loss) from fundraising events	4,696. 4,696.
	9 a	a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b	
	10 a	C Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b	
		Net income or (loss) from sales of inventory	
Miscellaneous Revenue	11 a	Business Code 531390	1,052. 1,052.
ella	b		
İsce	0	d All other revenue	
Σ		e Total. Add lines 11a-11d	1,052.
	12	Total revenue See instructions	268,969. 1,052. 0. 42,856.

432009 12-10-24

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	01 004	60.000	10 644	0 000
	trustees, and key employees	91,824.	69,888.	12,644.	9,292
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	65.016	54 005	6 200	
7	Other salaries and wages	67,016.	51,385.	6,329.	9,302
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits	6,298.	5,483.	733.	82
10	Payroll taxes	11,861.	9,027.	1,423.	1,411
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	D () ()) O D N 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	29,005.	10,537.	17,600.	868
12	Advertising and promotion	1,759.	845.		914
13	Office expenses	12,966.	9,464.	671.	2,831
14	Information technology	4,108.	2,955.	631.	522
15	Royalties				
16	Occupancy	1,948.	1,530.	210.	208
17	Travel	2,907.	2,483.	356.	68
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,735.	3,452.	241.	42
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	19,492.	18,453.	522.	517
23	Insurance	9,889.	7,110.	2,053.	726
24	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.)				
а	LAND ACQUISITION & MAIN	32,569.	28,759.		3,810
h	EQUIPMENT RENTAL & MAIN	2,259.	2,056.	102.	101
C	PROGRAM ACTIVITIES/MTRL	1,990.	1,990.		
d		_,,,,,,,	_,,,,,,,		
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	299,626.	225,417.	43,515.	30,694
25 26	Joint costs. Complete this line only if the organization	255,020•	227; 1 1.•	=3,3130	30,034
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (202

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			122,612.	1	48,087.
	2	Savings and temporary cash investments			382,798.	2	412,199.
	3	Pledges and grants receivable, net				3	10,936
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			19,769.	9	9,840
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	355,857.			
	b	Less: accumulated depreciation	10b	149,778.	204,112.	10c	206,079
	11	Investments - publicly traded securities		315,255.	11	344,357	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			5,094,070.	15	5,094,120
	16	Total assets. Add lines 1 through 15 (must ed			6,138,616.	16	6,125,618
	17	Accounts payable and accrued expenses	16,931.	17	14,385		
	18	Grants payable	46 500	18	16.000		
	19	Deferred revenue			16,500.	19	16,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the		_		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			33,431.	25	30,385.
	26	Total liabilities. Add lines 17 through 25			33,431.	26	30,363
es		Organizations that follow FASB ASC 958, c	neck nei	e 🔼			
Š		and complete lines 27, 28, 32, and 33.			5,598,384.	07	5,588,198
3ale	27	Net assets without donor restrictions			506,801.	27 28	507,035
ğ	28	Net assets with donor restrictions			300,001.	28	307,033
Ξ		Organizations that do not follow FASB ASC	958, CN	eck nere \Box			
ō		and complete lines 29 through 33.	J_			00	
ets	29	Capital stock or trust principal, or current fund				29	
Ass	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			6,105,185.	31	6,095,233.
Z	32	Total liabilities and not seems (fund balances			6,138,616.	32	6,125,618
	33	Total liabilities and net assets/fund balances			0,130,010.	33	0,143,010

-	1000 (2021)			1 u	90 . –
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		0,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,10		
5	Net unrealized gains (losses) on investments	5	2	0,7	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,09	5,2	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	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 separa	te basis,			
	consolidated basis, or both:				
	X 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	ne 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 Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

QUZ4
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SOUTHEAST MICHIGAN LAND CONSERVANCY

Employer identification number **-**223

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The	organ	nization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative)(b)(1)(A)(i	ii).				
4		A medical research organiz	· ·				-	the hospital's name.			
		city, and state:	•	,			(,			
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ted by a g	overnmental unit describ	ned in			
•		section 170(b)(1)(A)(iv). (C			. о. оро.а						
6				mental unit described in s	section 17	70(h)(1)(A)	(v)				
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
'		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.)									
0				(1)(A)(vi) (Complete Part	· II \						
8	H	A community trust describe				بنموم ما ام	unation with a land arent	collogo			
9		An agricultural research org									
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colleg	je or			
40		university:		11 00 1 (00 / 1)							
10	ш	An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the organization	arter June 30, 1975.			
		See section 509(a)(2). (Co		in a line to a to a to a constitue of	fati. Caa.	!: F(20/-1/4)				
11 12	H	An organization organized an organization organization						numnees of one or			
12		•	•		•			• •			
		more publicly supported or						DIRECK THE DOX OH			
		lines 12a through 12d that Type I. A supporting orga						, giving			
а											
		the supported organization			і пајопцу (or the dire	ctors or trustees or the s	supporting			
		organization. You must o	- ·		والماليان والماليا		iti(-)				
b)		•					-			
		control or management of			ame perso	ons mai co	ontrol of manage the sup	pported			
		organization(s). You mus	-		in connoc	tion with	and functionally integrat	od with			
							•	eu wiiii,			
		its supported organizatio						ization(a)			
C							• • • •				
		requirement (see instruct	•	• ,	•		•	1001000			
е		Check this box if the orga	•	-							
	<u> </u>	functionally integrated, o					Type i, Type ii, Type iii				
f	Ente	er the number of supported	* *								
9		vide the following information									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
Tota	al										

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
1	Gifts, grants, contributions, and						_		
	membership fees received. (Do not								
	include any "unusual grants.")	195,289.	397,603.	211,438.	218,612.	225,061.	1248003.		
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	195,289.	397,603.	211,438.	218,612.	225,061.	1248003.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						397,025.		
6	Public support. Subtract line 5 from line 4.						850,978.		
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total 1248003.		
7	Amounts from line 4	195,289.	397,603.	211,438.	218,612.	225,061.	1248003.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	- 455		- 04-	04 050		·		
	and income from similar sources	5,466.	5,511.	5,915.	24,852.	28,663.	70,407.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						1210410		
11	• • • • • • • • • • • • • • • • • • • •						1318410.		
12	Gross receipts from related activities,					12	68,627.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
<u></u>	organization, check this box and stor		roontogo				<u></u>		
	etion C. Computation of Publ			I (f)			64.55 %		
	Public support percentage for 2024 (14	F0 40		
15	Public support percentage from 2023					15			
Ioa	33 1/3% support test - 2024. If the c								
h	stop here. The organization qualifies33 1/3% support test - 2023. If the organization								
	and stop here. The organization qual	•		•		•			
172									
17 6	17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances to		•	-	•	viriow the organiz			
h	10% -facts-and-circumstances tes	_			-				
N	more, and if the organization meets the	-					1070 01		
	organization meets the facts-and-circ								
18									
<u></u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2024

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	etion A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and			` '	, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			<u> </u>			
٠	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	•						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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. (Subtract line 7c from line 6.)						
	tion B. Total Support				•		•
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's '	I first second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	ion
•	check this box and stop here	J		•	•	()()	
Sec	tion C. Computation of Publ						
	Public support percentage for 2024 (I			column (f))		15	9
	Public support percentage from 2023					16	9
	tion D. Computation of Investigation					1101	,
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	
	33 1/3% support tests - 2024. If the						
138		-					17 13 1101
L	more than 33 1/3%, check this box a						<u> </u>
10	33 1/3% support tests - 2023. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
Z U	Private foundation. If the organization	in ala not check a	A DUX UH IME 14, IS	a. OF 19D. CHECK T	ins dux and see i	กรเกนตเบกรี	🗀

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	0004

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

*	_	*	*	*	2	2	2	3	Page 6
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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting ora	anization (see
	instructions).	, ,	, , , , , , , , , , , , , , , , , , ,	,

Schedule A (Form 990) 2024

_	dule A (Form 990) 2024 SOUTHEAST MICH			*	*-***2223 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>ued)</u>	O
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp		ا ۾ ا		
	organizations, in excess of income from activity	20	3		
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS .	4	
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	ovido dotaile in Port VI I		5	
6		DVIDE DELAIIS III PAIL VI)		6	
7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	ho organization is responsive		 ' 	
0	(provide details in Part VI). See instructions.	ne organization is responsive	5	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 9 amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2024	ns	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
c	From 2021				
d	From 2022				
e	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
	F				

Schedule A (Form 990) 2024

b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

432028 01-14-25 Schedule A (Form 990) 2024 20

SCHEDULE D (Form 990)

(Rev. December 2024) 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

SOUTHEAST MICHIGAN LAND CONSERVANCY

Employer identification number **-***2223

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, lin		·	
	·	(a) Donor advised funds	(b) Funds and other accounts	_
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			—
5	Did the organization inform all donors and donor advisors in		ised funds	—
Ū	are the organization's property, subject to the organization's	_		No
6	Did the organization inform all grantees, donors, and donor a	-		••
Ū	for charitable purposes and not for the benefit of the donor of			
				No
Pai		ganization answered "Yes" on Form 990		•
1	Purpose(s) of conservation easements held by the organization		Tarriv, mio 7.	—
•	X Preservation of land for public use (for example, recrea		of a historically important land area	
	X Protection of natural habitat		of a certified historic structure	
	X Preservation of open space	Freservation c	i a certified flistoric structure	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	a of a consequation assembnt on the last	
2	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Ye	
_			4.5	
a	Total paragraph restricted by generalizing assembly		742 22	—
b		water was in all and and line On		—
C	Number of conservation easements on a certified historic str		2c	—
a	Number of conservation easements included on line 2c acqu			
•	on a historic structure listed in the National Register			—
3	Number of conservation easements modified, transferred, revear 0	leased, extinguished, or terminated by tr	ne organization during the tax	
_	you	sement is located 1		
4	Number of states where property subject to conservation ea	=		
5	Does the organization have a written policy regarding the per		77	
_	violations, and enforcement of the conservation easements i			No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year	
_	405			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year	
_	11,020.		a	
8	Does each conservation easement reported on line 2d above	•		
_	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describes the	
Day	organization's accounting for conservation easements.	f Art Historical Tracerry	Othor Cimilar Accets	
Pai	t III Organizations Maintaining Collections o		other Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance 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			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide	
	the following amounts required to be reported under FASB $\mbox{\it A}$	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

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

	dule D (Form 990) (Rev. 12-2024) SOUTHE .					**_**			age 2
Par	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	e significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	kempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simi	lar assets		-		,
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organization	n answered "Yes" o	n Form 990	, Part IV, I	ne 9, or		
						1			
та	Is the organization an agent, trustee, custodi						7		1
	on Form 990, Part X?						Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				Amount		
_	Deginning belongs				10		7 11100111		
	Beginning balance								
	Additions during the year								
e f	Distributions during the year				1e				
	Ending balance						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•		_ 103		
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years	back
1a	Beginning of year balance	315,255.	275,442.	343,165		13,830.		310,	
	Contributions	,	550.	550	_	,			259.
c	Net investment earnings, gains, and losses	38,302.	48,263.	-58,523		38,334.		20,	100.
d	Grants or scholarships	,	,	,		,			
	Other expenditures for facilities								
_	and programs	9,200.	9,000.	9,750		8,999.		17,	000.
f	Administrative expenses	,	•	,		,			
g	End of year balance	344,357.	315,255.	275,442	. 3	343,165.		313,	830.
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column (a	· · · · · · · · · · · · · · · · · · ·					
а	Board designated or quasi-endowment	24.8300	%	,,					
b	Permanent endowment 75.1700	%	_						
	"	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ınd administered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o	', '		Accumulate		(d) Book	value	}
		basis (investn	nent) basis	(other) c	lepreciation				
1a	Land						_		
b	Buildings		6	4,722.	20,5	15.	44	1,20	J7.
	Leasehold improvements								
d	Equipment			1 1 2 5	100 -			~ .	= -
	Other			1,135.	129,2				72.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))			206	, 0'	79.

Schedule D (Form 990) (Rev. 12-2024)

Part VII	Investments - Other Securities			· ·
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h) must squal Form 000 Port V line 12 and (P))			
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
I dit ix	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1) LA	ND HELD FOR PRESERVATION	N AND CONSERV	ATION EASEMENTS	5,094,120.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b)	/ (D))		F 004 120
Part X	ımn (b) must equal Form 990, Part X, line 15, co Other Liabilities	I. (B))		5,094,120.
raitA	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
1.	(a) Description of liability	0111 01111 000, 1 41111, 11110	110 01 111. 000 1 0111 000, 1 art X, iii 2	(b) Book value
	deral income taxes			(,
(2)	iorar inocinic taxos			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
•	ımn (b) must equal Form 990, Part X, line 25, co			
-	for uncertain tax positions. In Part XIII, provide		-	
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check he		
			Schedule D (Form 990) (Rev. 12-2024)

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Schedule D (Form 990) (Rev. 12-2024) SOUTHEAST MICHIGAN LAND CONSERVANCY	**-***ZZZ3 Page 5
Part XIII Supplemental Information (continued)	

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOUTHEAST MICHIGAN LAND CONSERVANCY

Employer identification number **-***223

FORM 990, PART I, DOING BUSINESS AS:

SUPERIOR LAND CONSERVANCY

MONROE COUNTY LAND CONSERVANCY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REGIONAL INITIATIVES - THE ORGANIZATION CURRENTLY HAS ONE LOCAL

STEERING COMMITTEE COMPRISED OF VOLUNTEERS FROM THE SPECIFIC COMMUNITY

WHO WORK WITH THE SMLC STAFF ON LOCAL STEWARDSHIP AND COMMUNITY

ENGAGEMENT ENDEAVORS.

LAND ACQUISITION - THE ORGANIZATION ACQUIRES REAL ESTATE AND HOLDS

NATURAL LAND AND OPEN SPACE IN TRUST FOR THE PUBLIC. LAND HELD IN TRUST IS OPEN TO THE COMMUNITY FREE OF CHARGE. THE ORGANIZATION ALSO HOLDS

CONSERVATION EASEMENTS ON PRIVATE AND PUBLIC LANDS THAT PROTECT

VALUABLE NATURAL FEATURES.

EXPENSES \$ 13,162. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR. A COPY OF THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS AND THE FINANCE COMMITTEE FOR REVIEW BEFORE IT IS FILED.

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

EACH PERSON IN A POSITION OF AUTHORITY (SUCH AS AN OFFICER, DIRECTOR, OR MANAGER) MUST ON AN ANNUAL BASIS SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT AFFIRMING THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, THEY HAVE READ AND UNDERSTOOD THE POLICY, AND THEY HAVE AGREED TO COMPLY WITH THE POLICY. WHEN THERE IS A POSSIBLE OR ACTUAL CONFLICT OF INTEREST, A PERSON IN AUTHORITY MUST DISCLOSE THE EXISTENCE OF THE CONFLICT AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OF DIRECTORS.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS ESTABLISHED BY A COMPREHENSIVE SURVEY AND SUBSEQUENT RAISE BASED ON PERFORMANCE AND COST OF LIVING. THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE EXECUTIVE DIRECTOR'S SALARY.

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

REQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPEN TO PUBLIC ACCESS,

MAY BE MADE BY APPLICATION TO THE ORGANIZATION.

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

Schedule O (Form 990) (Rev. 12-2024)