EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

Form **990**

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending B Check if applicable: C Name of organization D Employer identification number Address SOUTHEAST MICHIGAN LAND CONSERVANCY Name 38-2812223 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 8383 VREELAND ROAD (734) 484-6565termi ated 390,892. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SUPERIOR TOWNSHIP, MI 48198-9619 H(a) Is this a group return Applica-F Name and address of principal officer: JILL A. LEWIS for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c)((insert no.) If "No," attach a list. See instructions WWW.SMLCLAND.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 1988 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: TO PRESERVE NATURAL LAND AND Governance OPEN SPACE IN SOUTHEAST MICHIGAN FOR WILDLIFE AND PEOPLE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 4 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 114 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 397,603. 211,438. 8 Contributions and grants (Part VIII, line 1h) Revenue 0 0. 9 Program service revenue (Part VIII, line 2g) 2,823. 16,065. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 165,969. 15,171. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 428,839. 380,230. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 . Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 164,467. 155,430. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 97,977. 107,847. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 262,444. 263,277. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 166,395. 116,953. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Or End of Year 6,108,872. 6,048,552. 20 Total assets (Part X, line 16) 28,455. 28,091. 21 Total liabilities (Part X, line 26) Net 6,020,097. 6,080,781. 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 return, 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. ill U. Signature of officer Sign JILL A. LEWIS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01355707 MICHAEL B BOISVENU, CPA 10/25/23 Paid self-employer BOISVENU & COMPANY, P.C. Firm's EIN 38-2857129 Preparer Firm's name Use Only Firm's address 30600 TELEGRAPH ROAD, SUITE 1300 Phone no. (248)647-7200 BINGHAM FARMS, MI 48025 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

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			
	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			٦,
_	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			.
_	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,	_	Х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Λ	
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	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	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		X
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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	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			 ₩
40	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	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	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,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х
				_

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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		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ان ا		
0 _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?]	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

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022) 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 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		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 th					
	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	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?		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 c	ontract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 f 7g		Х	
_	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.						
a Did the sponsoring organization make any taxable distributions under section 4966?						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	, , , , , , , , , , , , , , , , , , ,	11a				
h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
	and the state of t	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.					
	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			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or				
	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 income?						
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			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?						
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
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	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37			
	The organization's CEO, Executive Director, or top management official	15a	X	37		
b	Other officers or key employees of the organization	15b		Х		
46	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	40		v		
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	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 ergorization to make its Forms 1022 (1024 or 1024 A if applicable), 900, and 900 T (continue 501(a)/3)	ا محاد	\ 0\(\cit_{1}\)	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 X Upon request Other (explain on Schedule O)					
10	· · · · · · · · · · · · · · · · · · ·	d fine:	noic!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinar	icial			
20	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	aniza			npe	nsat				
(A)	(B)	(C) Position		(D)	(E)	(F)					
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per		, unle cer an					compensation	compensation	amount of	
	week						<i>,</i>	from the	from related	other	
	(list any hours for	lirect				_		organization	organizations (W-2/1099-MISC/	compensation from the	
	related	3e or	stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mpel		` 1099-NEC)	,	and related	
	below	idual	tution	la e	Key employee	est co loyee	Jer.	·		organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn				
(1) JILL A. LEWIS	40.00										
EXECUTIVE DIRECTOR				Х				81,350.	0.	5,445.	
(2) WILLIAM L. SECREST	1.06										
DIRECTOR		X						0.	0.	0.	
(3) JAMES T. WEINER	2.71										
DIRECTOR		Х						0.	0.	0.	
(4) RICHARD L. KENT	0.79										
SECRETARY		Х		Х				0.	0.	0.	
(5) MARY ERICSON	1.83										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(6) BRYAN COLLETT	0.23										
DIRECTOR		Х						0.	0.	0.	
(7) DONALD E. DEMALLIE	0.85										
DIRECTOR		Х						0.	0.	0.	
(8) MITCH HALL	2.12										
TREASURER		Х		Х				0.	0.	0.	
(9) JAMES MCINTYRE	5.19										
PRESIDENT		Х		Х				0.	0.	0.	
(10) MICHELLE DEATRICK	0.33										
DIRECTOR		Х						0.	0.	0.	
(11) ANTHONY PITTS	0.62										
DIRECTOR		Х						0.	0.	0.	
(12) SHAWN SEVERANCE	0.50										
DIRECTOR		Х						0.	0.	0.	
		1									
		1									
	1	<u> </u>									
		-									
		1	l	l	l	l	l	l	I		

Page 8

(F)

(E)

(A)

(C)

(D)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

	Name and title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	n		stimate nount	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	ons compensa MISC/ from the		ation le tion ted	
1b	Subtotal	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>	81,350.		0.		5,4	45.
С	Total from continuation sheets to Part V	II, Section A							0.		0.		F 1	0.
<u>d</u> 2	Total (add lines 1b and 1c)								81,350.	000 of reportable	0.		5,4	45.
_	, , , , , , , , , , , , , , , , , , , ,										0			
3	Did the organization list any former officer,	director trust	ا مم	(AV 6	emn	love	- O	r hia	shest compensated emr	Novee on	Г		Yes	No
J	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4		X
5	Did any person listed on line 1a receive or													
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or st	uch	pers	son .					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.			<u> </u>	
	(A) Name and business address NONE (B) Description of services								C		C) nsatio	n		
								1						
								\dashv						
								\dashv						
	Total number of independent contractors (includina but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organi	•	"				0						000	
												Form	990	2022)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 211,438. similar amounts not included above 1f 8,679 g Noncash contributions included in lines 1a-1f 1g |\$ 211,438. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,026. 5,026. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 889. 6 a Gross rents 0. **b** Less: rental expenses ... 6b 889. **c** Rental income or (loss) 889. 889. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 8,179. assets other than inventory 7a b Less: cost or other basis 9,942. 440. Other Revenue 7b and sales expenses -1,763. -440. c Gain or (loss) -2,203-2,203. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 4,360. Part IV, line 18 **b** Less: direct expenses 4,080. 4,080. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a SETTLEMENT INCOME 900099 160,000. 160,000. b AUXILIARY INCOME 531390 1,000. 1,000. С d All other revenue 161,000. e Total. Add lines 11a-11d

12 232009 12-13-22

167,792. Form **990** (2022)

380,230.

Total revenue. See instructions

1,000.

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

clude amounts reported on lines 6b, b, and 10b of Part VIII. Its and other assistance to domestic organizations domestic governments. See Part IV, line 21 ints and other assistance to domestic viduals. See Part IV, line 22 ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 interest paid to or for members in pensation of current officers, directors, and key employees in pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) interest and wages is in plan accruals and contributions (include on 401(k) and 403(b) employer contributions) in the employee benefits in the services (nonemployees): in the services (nonemployees): in the services (nonemployees): in the services (nonemployees): in the services (see Part IV, line 17 in the services of the services (see Part IV, line 17 in the services of the service	86,795. 54,227. 3,607. 10,801.	(B) Program service expenses 65,688. 40,311. 3,372. 8,104.	14,043. 7,514. 235. 1,647.	7,064 6,402
domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Interest paid to or for members Inpensation of current officers, directors, and key employees Interest pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation of current officers, directors, and key employees Interest pensation not included above to disqualified ons (as defined under section 4958(c)(3)(B) Interest paid to or for members Inpensation of current officers, directors, and key employees Interest pensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Inpensation not included above to disqualified ons described in section 4958(c)(3)(B) Interest paid to or for members Interest paid t	54,227. 3,607.	40,311.	7,514.	6,402
nts and other assistance to domestic viduals. See Part IV, line 22 nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members npensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	54,227. 3,607.	40,311.	7,514.	6,402
viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members Inpensation of current officers, directors, tees, and key employees Inpensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages Ision plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits Includes Include	54,227. 3,607.	40,311.	7,514.	6,402
nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members pensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement all ounting bying essional fundraising services. See Part IV, line 17 estment management fees	54,227. 3,607.	40,311.	7,514.	6,402
anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 effits paid to or for members pensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages fion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes so for services (nonemployees): aggement all ounting bying essional fundraising services. See Part IV, line 17 estment management fees	54,227. 3,607.	40,311.	7,514.	6,402
widuals. See Part IV, lines 15 and 16 efits paid to or for members efits paid to or for members epensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): eagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	54,227. 3,607.	40,311.	7,514.	6,402
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pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	54,227. 3,607.	40,311.	7,514.	6,402
ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	3,607.	3,372.	235.	
ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	3,607.	3,372.	235.	
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er employee benefits roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees				1,050
roll taxes s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees				1,050
s for services (nonemployees): nagement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees	10,801.	8,104.	1,647.	1,050
agement al ounting bying essional fundraising services. See Part IV, line 17 estment management fees				
al ounting bying essional fundraising services. See Part IV, line 17 estment management fees				
bying essional fundraising services. See Part IV, line 17 estment management fees				
byingessional fundraising services. See Part IV, line 17estment management fees				
essional fundraising services. See Part IV, line 17 estment management fees				
stment management fees				
(If line 11g amount avecade 100/ of line 05				
er. (If line 11g amount exceeds 10% of line 25,				
mn (A), amount, list line 11g expenses on Sch O.)	22,328.	8,137.	14,123.	68
ertising and promotion	1,187.	25.	2.	1,160
ce expenses	11,523.	8,853.	435.	2,235
rmation technology	3,948.	3,275.	584.	89
alties				
upancy	2,406.	2,063.	283.	60
	4,074.	3,703.	330.	41
		-		
•				
	1,652.	1,516.	129.	7
	,	,		-
			+	
	19.797.	19,183.	506.	108
				171
	5,5101	.,055.	2,211	- 7 -
re. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A),				
	24,494.	24,494.		
			71.	15
			. = •	
ther expenses				
	263 277	202 661	42 146	18,470
	200,2114	202,001.	12,1400	10,110
i vosis. Outilpiele lills lille Ulliv II lile UlualiiZallUll I				
rted in column (B) joint costs from a combined ational campaign and fundraising solicitation.			l	
" r a f r r r r r 2 L 1 7 7	ments of travel or entertainment expenses in federal, state, or local public officials ferences, conventions, and meetings rest ments to affiliates reciation, depletion, and amortization rance respenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If the amount exceeds 10% of line 25, column (A), int, list line 24e expenses on Schedule 0.) ND ACQUISITION & MAIN UIPMENT RENTAL & MAIN OGRAM ACTIVITIES/MTRL ther expenses I functional expenses. Add lines 1 through 24e t costs. Complete this line only if the organization	ments of travel or entertainment expenses in y federal, state, or local public officials ferences, conventions, and meetings rest ments to affiliates reciation, depletion, and amortization rance respenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If the amount exceeds 10% of line 25, column (A), int, list line 24e expenses on Schedule 0.) ND ACQUISITION & MAIN UIPMENT RENTAL & MAIN UIPMENT RENTAL & MAIN OGRAM ACTIVITIES/MTRL ther expenses I functional expenses. Add lines 1 through 24e toosts. Complete this line only if the organization	ments of travel or entertainment expenses ny federal, state, or local public officials ferences, conventions, and meetings reciation, depletion, and amortization rance 9,510. 7,095. respenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), unt, list line 24e expenses on Schedule 0.) ND ACQUISITION & MAIN UIPMENT RENTAL & MAIN OGRAM ACTIVITIES/MTRL 2,424. 2,424. ther expenses time the responses on through 24e toosts. Complete this line only if the organization through 24e toosts. Complete this line only if the organization through 24e toosts.	### ### ##############################

Га	ILA	Charlet Calcada Caracteria a caracteria		Barrier B. 19			
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			414,265.	1	514,651.
	2	Savings and temporary cash investments			·	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	75,000.	4	100.		
	5	Loans and other receivables from any curren	.,	•			
	"	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
	"	under section 4958(f)(1)), and persons descri		6			
S	7	Notes and loans receivable, net	F		7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			6,654.	9	7,938.
	1	Land, buildings, and equipment: cost or othe			3,002.		. 72301
	104	basis. Complete Part VI of Schedule D		353,033.			
	١,	Less: accumulated depreciation		136,362.	91,673.	10c	216,671.
	11	Investments - publicly traded securities	343,165.	11	275,442.		
	12	Investments - publicly traded securities		343,103.	12	2/3/4420	
	13			13			
	14	Investments - program-related. See Part IV, li		14			
		Intangible assets		5,117,795.	15	5,094,070.	
	15 16	Other assets. See Part IV, line 11			6,048,552.	16	6,108,872.
	17	Total assets. Add lines 1 through 15 (must end accounts payable and accrued expenses			10,455.	17	10,591.
	18				10,133.	18	10,351.
	19	Grants payable		18,000.	19	17,500.	
	20	Deferred revenue	20,000	20	1773000		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple			21		
"	22			21			
Liabilities	22	Loans and other payables to any current or for					
iii		trustee, key employee, creator or founder, su				22	
Lia	00	controlled entity or family member of any of t				23	
	23 24	Secured mortgages and notes payable to un				24	
	25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		•	165 17-24)	i. Complete Part X		25	
	26	of Schedule D			28,455.	26	28,091.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, of		77	20,433	20	20,051.
es		-	Heck Her				
Juc	27	and complete lines 27, 28, 32, and 33.			5,378,623.	27	5,542,102.
3ale	27	Net assets with depart restrictions			641,474.	28	538,679.
βE	28	Net assets with donor restrictions			041,474	20	330,013.
Ē		Organizations that do not follow FASB ASC	, 958, CN	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	do			00	
ets	29	Capital stock or trust principal, or current fun			29		
SS	30	Paid-in or capital surplus, or land, building, or				30	
et 🗸	31	Retained earnings, endowment, accumulated		_	6,020,097.	31	6,080,781.
Ž	32	Total net assets or fund balances		ı	6,048,552.	32	
	33	Total liabilities and net assets/fund balances			0,040,332.	33	6,108,872.

Form	1 990 (2022) SOUTHEAST MICHIGAN LAND CONSERVANCY 38-2	812223	Pag	ge 12				
Pai	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)),2					
2	Total expenses (must equal Part IX, column (A), line 25)	263 116	3,2					
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments		L,78					
6	Donated services and use of facilities 6		5,5	<u> 17.</u>				
7	Investment expenses 7							
8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain on Schedule O)			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	6,080	7,7	81.				
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		x					
review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			х				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b						

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

SOUTHEAST MICHIGAN LAND CONSERVANCY 38-2812223 Part I 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 II.) 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	, noted selett, plea	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	210,749.	480,032.	195,289.	397,603.	211,438.	1495111.	
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	04.0 5.40	400 000	105 000	225 622	011 100	4405444	
4	Total. Add lines 1 through 3	210,749.	480,032.	195,289.	397,603.	211,438.	1495111.	
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)						402,493.	
	Public support. Subtract line 5 from line 4.						1092618.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 195, 289.	(d) 2021 397,603.	(e) 2022 211, 438.	(f) Total 1495111.	
7	Amounts from line 4	210,749.	480,032.	195,289.	397,603.	211,438.	1495111.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	7,413.	8,157.	5,466.	5,511.	5,915.	32,462.	
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.)							
11	Total support. Add lines 7 through 10						1527573.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	68,708.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publ							
	Public support percentage for 2022 (14	71.53 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	71.09 %	
16a	33 1/3% support test - 2022. If the o	•		•		•		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2021. If the o	-						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact					VI how the organiz	ation	
	meets the facts-and-circumstances to	•						
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 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-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S	

Schedule A (Form 990) 2022

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.)

500	qualify under the tests listed beat cition A. Public Support	elow, please com	plete Part II.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai		
'	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
2	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
2	organization's tax-exempt purpose						 		
3	Gross receipts from activities that are not an unrelated trade or bus-								
	inone under coetion 512								
4							 		
4	Tax revenues levied for the organ-								
	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								
78	Amounts included on lines 1, 2, and								
L	3 received from disqualified persons Amounts included on lines 2 and 3 received								
L	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								
	Public support. (Subtract line 7c from line 6.)								
	• • • • • • • • • • • • • • • • • • • •	() 00/0	# N 00 4 0	1 (),,,,,,,	(0 000 /	() 0000			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6								
102	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								
	Add lines 10a and 10b								
"	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,		
_							<u></u>		
	ction C. Computation of Publ					l l			
	Public support percentage for 2022 (I					15	<u>%</u>		
	Public support percentage from 2021					16	%		
	ction D. Computation of Inves					T I			
17						17	%		
18	Investment income percentage from 2					18	%		
19a	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box a								
b	33 1/3% support tests - 2021. If the								
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions			

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, 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		
	0.5		
	3с		
	30		
	4a		
	48		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	J		
	0-		
	9a		
	O1-		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2022

232024 12-09-22

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	A family member of a person described on line 11a above?	11b		
	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		
Sect	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 of	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	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	bd		
	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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

edu	le A	(Form 990) 2022	SOUTHEAST	MICHIGAN	LAND	CONSERVAN	ICY 38-	2812223	Page 6
rt	V	Type III Non-Functi	onally Integrate	ed 509(a)(3) Su	pporting	g Organization	ıs		
		Chaol, boro if the organizat	tion actiofied the Inte	aral Dart Toot oo o	au alifuina	trust on Nov. 20	1070 lovelein in Dout	VI) Coo inoterr	-tions

•	All other Type III non-functionally integrated supporting organizations mus	J	, , ,	rait vij. Oce metraetiene.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

		(a)(a) Comparation Con			0-2012223 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>ued)</u>	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(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	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

SOUTHEAST MICHIGAN LAND CONSERVANCY

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

38-2812223

Organization type (ch	eck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 5	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
•	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(contributor, c	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 90-EZ, line 1. Complete Parts I and II.
contributor, o	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.
year, contribu is checked, e purpose. Don	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively uritable, etc., contributions totaling \$5,000 or more during the year\$
•	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must V. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

~~			~~~~
SOHTHEAST	MTCHTGAN	T. AND	CONSERVANCY

38-2812223

Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional states.	ons to organizations describerough (e) and the following haritable, etc., contributions of \$	na line entry. For o	O1(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations e year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
		(e) Transi		
	Transferee's name, address, ar	10 ZIP + 4		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of 9	gift	(d) Description of how gift is held
-	Transforce's name address as	(e) Transi		plationship of transferor to transferor
-	Transferee's name, address, ar	IU ZIP + 4		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
-	Transferee's name, address, ar		_	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SOUTHEAST MICHIGAN LAND CONSERVANCY

Employer identification number 38-2812223

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	Accounts. Complete if the	
	organization answered Tes Off Officeso, Faitty, line	(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 w	vriting that the assets held in don-	or advised fur	nds	
	are the organization's property, subject to the organization's e	_			No
6	Did the organization inform all grantees, donors, and donor ac				
_	for charitable purposes and not for the benefit of the donor or			•	
	impermissible private benefit?	•	=		No
Pai	rt II Conservation Easements. Complete if the organization				
1	Purpose(s) of conservation easements held by the organization		,	,	
-	X Preservation of land for public use (for example, recreat		ation of a histo	orically important land area	
	X Protection of natural habitat	. —		ified historic structure	
	X Preservation of open space	11656144	ation of a core	med meterie en detaile	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in th	ne form of a co	onservation easement on the las	t
_	day of the tax year.	ca conscivation contribution in t	ic form of a co	Held at the End of the Tax	
а	Total number of conservation easements			2a 15	
	Total acreage restricted by conservation easements			2b 742.23	
	Number of conservation easements on a certified historic stru			2c	
	Number of conservation easements included in (c) acquired a			20	
u	historic structure listed in the National Register	•		2d	
3	Number of conservation easements modified, transferred, rele				
3	year 0	eased, extinguished, or terminate	d by the organ	ilzation during the tax	
4	Number of states where property subject to conservation eas	coment is located	1		
5	Does the organization have a written policy regarding the peri		lling of		
3	violations, and enforcement of the conservation easements it		_	X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I				140
Ü	119				
7	Amount of expenses incurred in monitoring, inspecting, handled 4,531.	ling of violations, and enforcing co	onservation ea	asements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sect	ion 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and e	expense state	ment and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial	statements th	nat describes the	
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of		, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue stat	ement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resea	rch in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes the	ese items.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue stateme	nt and balanc	ce sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherand	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	mn			_	
2	If the organization received or held works of art, historical trea			provide	
	the following amounts required to be reported under FASB AS		,		
а	Revenue included on Form 990, Part VIII, line 1	~		\$	
	Assets included in Form 990, Part X			·	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990)	2022

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Pai	rt III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, or Oth	er Simila	r Asset	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant u	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 ex	empt purpo:	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be ma					L	Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" o	n Form 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	s or other assets no	t included			
	on Form 990, Part X?					L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	oility?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye		• •	
1a	3 3 ,	343,165.	313,830.	, , , , , , , , , , , , , , , , , , ,	. 26	54,599.		299,110.
b	Contributions	550.		259.				200.
С	Net investment earnings, gains, and losses	-58,523.	38,334.	20,100.	. 4	15,872.		-18,711.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	9,750.	8,999.	17,000.				16,000.
f	Administrative expenses							
g	End of year balance	275,442.	343,165.	· · · · · · · · · · · · · · · · · · ·	. 31	LO,471.		264,599.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	6.0400	_%					
b	Permanent endowment 93.9600	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the		г.	
	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	· ·					3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipm) David IV line 44 a C	See Ferre 000 Dest)	/ line 10			
	Complete if the organization answere		<u> </u>	1	•	.	()	
	Description of property	(a) Cost or o	' '	, ,	Accumulated	j	(d) Book	value
	Land	basis (investn	Dasis	(other) d	epreciation			
	Land			0,000.	18,00	0	<u> </u>	,000.
	9		- 4	0,000.	10,00	· · · ·	44	, 000 •
	Leasehold improvements							
			21	3,033.	118,36	2	10/	,671.
	Other				<u> </u>	-		,671.
rota	I. Add lines 1a through 1e. (Column (d) must e	yuai rorm 990, Part	∧, column (B), line 1	υ <i>ὐ.)</i>		obodul-		990) 2022
					-			33U1 ZUZZ

Schedule D (Form 990) 2022 SOUTHEAST M	ICHIGAN LAND	CONSERVANCY	38-2812223 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII 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 end-of-year market value
(1)	. , ,		•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) LAND HELD FOR PRESERVATIO	N AND CONSERV	ATION EASEMENTS	5,094,070
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		5,094,070.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			

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

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

SOUTHEAST	MICHIGAN	LAND	CONSERVANCY	38-2812223	Page 4
Revenue ner A	Judited Finance	rial Stat	ements With Revenue no	r Raturn	

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	376,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-61,786.		
b	Donated services and use of facilities	2b	58,017.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-3,769.
3	Subtract line 2e from line 1			3	380,230.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
					Λ
c	Add lines 4a and 4b			4c	0.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	380,230.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	12.) Statements With		5	380,230.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	12.) Statements With /, line 12a.	n Expenses per	5	380,230. n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements	12.) Statements With /, line 12a.	n Expenses per	5	380,230.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	12.) Statements With /, line 12a.	n Expenses per	5 Return	380,230. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12.) Statements With /, line 12a.	n Expenses per	5 Return	380,230. n.
2 C 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12.) Statements With /, line 12a.	n Expenses per	5 Return	380,230. n.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12.) Statements With /, line 12a. 2a 2b	n Expenses per	5 Return	380,230. n.
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12.) Statements With	n Expenses per	5 Return	380,230. n. 315,777.
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12.) Statements With	52,500.	5 Return	380,230. n. 315,777.
Part 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12.) Statements With	52,500.	5 Return	380,230. n. 315,777.
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12.) Statements With	52,500.	5 Return	380,230. n. 315,777.
Part 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12.) Statements With	52,500.	5 Return	380,230. n. 315,777.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line It XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	12.) Statements With	52,500.	5 Return	380,230. n. 315,777. 52,500. 263,277.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line It XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12.) Statements With	52,500.	5 Return	380,230. n. 315,777.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART II, LINE 9:

CONSERVATION EASEMENTS OF LAND OWNED BY A THIRD-PARTY, WHICH THE ORGANIZATION HOLDS THE RIGHTS TO ENFORCE NON-DEVELOPMENT, ARE CARRIED AT LAND WHICH WOULD REVERT TO LOCAL GOVERNMENT IF IT WERE NOT KEPT \$50 EACH. OPEN TO THE PUBLIC IS CARRIED AT \$1. EASEMENTS WHICH THE ORGANIZATION PARTICIPATED IN, BUT DO NOT OWN, HOLD, OR CONTROL, ARE EXPENSED. LAND OWNED OUTRIGHT BY THE ORGANIZATION, WHICH HAS NO THIRD-PARTY EASEMENTS ON IS VALUED AT THE HIGHEST AND BEST USE. LAND OWNED OUTRIGHT BY THE ORGANIZATION, WHICH IS SUBJECT TO AN EASEMENT OWNED BY A THIRD-PARTY, IS VALUED AT THE HIGHEST AND BEST USE THAT THE ORGANIZATION OR ANY OTHER OWNER COULD UTILIZE THE LAND SUBJECT TO THE EASEMENT.

Schedule D (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

SOUTHEAST MICHIGAN LAND CONSERVANCY 38-2812223 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 \$ 8,593.** INCLUDING GRANTS OF \$ 0. REVENUE S 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

DIRECTOR,

EACH PERSON IN A POSITION OF AUTHORITY (SUCH AS AN OFFICER,

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** SOUTHEAST MICHIGAN LAND CONSERVANCY 38-2812223 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.