Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

																			4
Α	For th	ne 2022 calen	dar yea	ar, or tax	year be	egin	ning	7/01		!	2022,	and endi	ng	6/3	30		, 20 202	:3	
В	Check	if applicable:	С												D Employ	er iden	ification nu	mber	
	Ad	ddress change	LAKE	GEOR	GE LA	ND	CONS	ERVAN	ICY,	INC.					22-	2902	944		
	Na	ame change		BOX 1											E Telepho	one num	ber		
	In	itial return	BOLT	ON LAI	NDING	; ,]	NY 12	814							518	-644	-9673		
	Fir	nal return/terminated																	_
	Ar	mended return													G Gross r	eceipts	\$ 7.	054,179.	
	Ap	oplication pending	F Nar	me and addr	ess of prir	ncipal	officer:	итсна	FT H	IODNI			H(a)	s this a	group retur	n for su		Yes X No	
	ш.		SAME	AS C	ABOV	Æ	1	MICIA	- п	IOIXIV			H(b) A	Are all s	subordinates attach a list	include	d?	Yes No	
I	Tax-	exempt status:	X 501		501(c))	(insert	no.)	4947(a)(1) or	527	┧ "	i "NO," i	attach a list	. See in	structions.		
J	We	bsite: WW		LC.ORC			-	•					H(c) G	Group e	xemption n	umber			
K	Form	n of organization:		poration	Trust		Associati	on C	Other		L	Year of forma	tion: 1	L988	M S	State of	egal domici	le: NY	_
Pa	rt I	Summar													ı		-		-
	1	Briefly descri		organiza	tion's m	nissi	on or m	ost sign	ificant	t activitie	s:DEI	DICATED) TO	PER	RMANEN	TLY	PRESE	RVE THE	-
a)		NATURAL,																	
Activities & Governance																			_
rne																			_
ove	2	Check this bo										osed of m				net as	sets.		
ž G	3	Number of vo														3		18	
SS &	4	Number of in														4		18	
Λitie	5 6	Total number Total number														5 6		2.4.0	
cti	-	Total unrelate														7a		249	
A		Net unrelated														7b		0.	_
			2 2 4 5 11 11						.,	.,					ior Year	, , ,	Cur	rent Year	-
	8	Contributions	and g	rants (Pa	rt VIII,	line	1h)								,035,3	323.		,567,596.	-
ıυe	9	Program serv													,000,0	,20.		,001,000	_
Revenue	10	Investment in													323,8	376.		198,495.	_
Re	11	Other revenu	e (Part	VIII, colu	ımn (A)), lin	nes 5, 60	d, 8c, 9d	c, 10c,	, and 11e	e)				-29,1			-50,490.	
	12	Total revenue	e – ado	d lines 8	through	11	(must e	qual Pa	rt VIII	, column	(A), li	ne 12)		3	,330,0	25.	6	,715,601.	
	13	Grants and s	imilar a	amounts _l	oaid (Pa	art I	X, colun	nn (A), l	lines 1	1-3)					1,8	360.			
	14	Benefits paid	I to or f	or memb	ers (Pa	art IX	ر, colum	ın (A), li	ine 4).						•				
	15	Salaries, other	er com	pensatior	ı, empl	oyee	e benefit	ts (Part	IX, co	lumn (A)	, lines	5-10)			529,9	902.		643,469.	
ses	16a	Professional	fundrai	ising fees	(Part I	IX, c	olumn ((A), line	11e).						•				
Expenses	b	Total fundrais	sina ex	penses (F	Part IX.	. col	umn (D)). line 25	5)		1 0	7,159.							
EX	17	Other expens							_	<u> </u>					442,8	22/		498,228.	_
	18	Total expens													974,6		1	,141,697.	
	_	Revenue less												2	, 355, 3			,573,904.	
٦. 98		1101011001000	onpoi	1505. 045	traot iii		0 110111 11								g of Currer			d of Year	_
ance	20	Total assets	(Part X	. line 16)											, 992, 4			,597,900.	_
Asse	21	Total liabilitie													,080,9			,687,195.	
Net Assets or Fund Balances	22	Net assets or	r fund h	nalances	Subtra	ict lii	ne 21 fr	om line	20						,911,5			,910,705.	-
Pa	rt II	Signatur			Oubtru	100 111	110 21 11	0111 11110						20	, , , , , ,	,,,,	32	, 510, 705.	_
					mined this	c ratu	rn includir	na accomp	anvina	schedules a	nd state	ments and to	the hes	t of my	/ knowledge	and hel	ief it is true	correct and	_
comp	olete. D	ties of perjury, I de eclaration of prepa	arer (othe	r than office	r) is base	d on a	all informat	tion of which	ch prepa	arer has an	knowle	dge.	THE DES	or ing	Miowicage	and bei	101, 11 15 11 40	, correct, and	
																			_
Sic	ın	Signature of	officer										Da	ate					
Sig He	re	MICHAE	EL HO	ORN]	EXEC	UTI	VE DIF	₹.			
		Type or print												· · -		-			
		Print/Type p	oreparer's	name			Preparer'	's signature	е			Date			Check	if	PTIN		_
Pai	id	COLIN	D. C	O. COMBS, CPA COLIN D. COMBS, CPA								self-employed P00968109							
	epare																_		
Us	e On	Firm's addre	-												Firm's EIN	82	-05485	504	
			-										Phone no. (518) 792-0918				_		

May the IRS discuss this return with the preparer shown above? See instructions .

No

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

Form 990 (2022) LAKE GEORGE LAND CONSERVANCY, INC. 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 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? <i>If "Yes," complete Schedule J.</i>	23		Х
	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 a "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		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part I</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% 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	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 Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		Х
	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. [_]
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2022) LAKE GEORGE LAND CONSERVANCY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 provided to the payor?	7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х		
	If "Yes," indicate the number of Forms 8282 filed during the year			37		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
organization have excess business holdings at any time during the year?						
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
	Section 501(c)(7) organizations. Enter:	36				
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
	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					
	Enter the amount of reserves on hand			77		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
•	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would					
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
AA	TEEA0105L 09/01/22	Form	990 (2022)		

Form 990 (2022) LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 18 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..... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a 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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

CORNELIA WELLS P.O. BOX 1250 BOLTON LANDING NY 12814 518-644-9673

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 nor any related organization compensated any current officer, director, or trustee.

(C)

(B)

Name and title

(B)

Average hours

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee)

(D)

Reportable compensation from compensation from compensation from content of other content

Name and title	Average hours	is both an officer and a director/trustee)					1	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL HORN	40									
EXECUTIVE DIR.	0			Χ				128,408.	0.	14,485.
(2) JAMIE BROWN	40									
FORMER EXEC DIR	0			X				8,000.	0.	0.
(3) WALT LENDER	1									
DIRECTOR	0	Χ						0.	0.	0.
(4) BERNICE MCPHILLIPS	1	ļ .,								•
DIRECTOR (5) GRODGE MODDIG	0	Х						0.	0.	0.
(5) GEORGE MORRIS	2			3.7					0	0
VP, TREASURER	0	Х		X				0.	0.	0.
	3	Х		Χ				0.	0.	0
(7) NANCY FLACKE REUSS	0	Λ		Λ				0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(8) PEG OLSEN	1	Λ						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(9) ED BECKER, DVM	1							0.	0.	<u> </u>
DIRECTOR	0	Χ						0.	0.	0.
(10) SHERYL ARENHOLZ	2									
VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(11) ELIZABETH GUEST	1									
DIRECTOR	0	Х						0.	0.	0.
(12) ROBERT C SINGER	1									
DIRECTOR	0	Χ						0.	0.	0.
(13) PAUL BELL	2									
VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(14) KEALY SALOMON	1									
DIRECTOR	0	Χ						0.	0.	0.

BAA TEEA0107L 09/01/22 Form **990** (2022)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		(B)			((•								
	(A) Name and title	Average hours per week	box	, unle	ss pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	Reportable compensation from	Estim	(F) ated amo	ount	
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustes	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the c an	ensation organizati od related anization	tion d	
		·		413			bed.							
<u>(15)</u>	KATIE BRUENING	1												
/1C\	DIRECTOR	0 X 0. 0.									0.			
(16)	AMANDA METZGER	1	v						0	0			0	
(17)	DIRECTOR PAUL CUMMINGS	0	Х						0.	0.			0.	
<u>(''/)</u>	DIRECTOR		X						0.	0.			0.	
(18)	3) CLIFFORD DAVID 1									<u> </u>				
(10)	DIRECTOR		Х						0.	0.			0.	
(19)	PATTY HASBROUCK	2	Λ						0.	0.			<u> </u>	
<u> </u>	VICE PRESIDENT	0	Χ		Χ				0.	0.			0.	
(20)	ROBERT VON WERNE	2							0.	<u> </u>				
<u>-`</u> '-	SECRETARY	0	Х		Χ				0.	0.			0.	
(21)	TRACEY CLOTHIER	1												
	DIRECTOR	0	Х						0.	0.	0.			
(22)	MICHAEL O'REILLY	1												
	DIRECTOR	0	Х						0.	0.			0.	
(23)	ELIZABETH MEIGHER	1												
	DIRECTOR	0	Х						0.	0.			0.	
(24)			•											
(05)														
(25)			•											
1h	Subtotal	ļ	ļ					<u> </u>	136,408.	0.		14,4	105	
	Total from continuation sheets to Part VII, Secti								0.	0.		14,5	0.	
	Total (add lines 1b and 1c)								136,408.	0.		14,4		
	Total number of individuals (including but not limited										ensatio		100.	
	from the organization 1				,									
												Yes	No	
3	Did the organization list any former officer, direct	tor, truste	e, ke	ey er	mple	oyee	e, or	high	nest compensated	employee				
	on line 1a? If "Yes,"compléte Schedule J for suc	h individu	al								. 3		X	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If "	Yes,	" cor	nple	ete Schedule J for		. 4		Х	
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper s," comple	satio	n fro	om dule	any e <i>J f</i> o	unre or su	late	ed organization or	individual	. 5		Х	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epend the ca	dent alend	coi dar	ntrad vear	ctors endi	tha na v	it received more the ore the control of the control	nan \$100,000 of ganization's tax year				
				aioiik	<u>.</u>	your	Orian	ng i	(B)	Ĭ.		C)		
	(A) Name and business address (B) Description of services (C) Compensation													
2	Total number of independent contractors (including b	out not lim	ited to	o tho	se I	listed	d abo	ve)	who received more	than				
	\$100,000 of compensation from the organization	0												

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns				
	g h	Noncash contributions included in lines 1a-1f	6,567,596.			
Program Service Revenue	2a b c d e f	All other program service revenue				
<u> </u>	3	Investment income (including dividends, interest, and other similar amounts)	189,894.			189,894.
	b c	Comparison				
	7a	Net rental income or (loss)	12,000.			12,000.
	d	Gain or (loss) 7c 8,601. Net gain or (loss)	8,601.			8,601.
Other Revenue		Gross income from fundraising events (not including \$ 245,610. of contributions reported on line 1c). See Part IV, line 18				
ð	9a	Net income or (loss) from fundraising events	-47,653.			-47,653.
	С	Less: direct expenses				
	b	Less: cost of goods sold 10b 20,375. Net income or (loss) from sales of inventory	-14,837.	-14,837.		
2		Business Code				
Miscellaneous Revenue	11a b c d					
<u>ନ</u> ୍ଧ		All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	6,715,601.	-14,837.	0.	162,842.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3	. ,
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	177,004.	106,202.	35,401.	35,401.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	365,596.	280,462.	46,153.	38,981.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	303,330.	200,402.	40,133.	30, 301.
	employer contributions)	22,929.	15,782.	6,223.	924.
9	Other employee benefits	37,325.	25,998.	10,378.	949.
10	Payroll taxes	40,615.	29,019.	6,016.	5,580.
11	Fees for services (nonemployees):	,	,	57.5-51	
а	Management				
	Legal	2,048.	2,048.		
	Accounting	32,339.	19,858.	9,178.	3,303.
	Lobbying	02/0031	1370001	371701	0,000.
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,194.		8,194.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	46,025.	40 401		1 /25
12	(A), amount, list line 11g expenses on Schedule 0.)	76,695.	40,481. 59,593.	4,109. 11,137.	1,435. 5,965.
13	Office expenses	2,801.	39,393.	1,619.	880.
14	Information technology	1,883.	1,695.	94.	94.
15	Royalties.	1,003.	1,095.	54.	94.
16	Occupancy				
17	Travel	3,888.	2,805.	614.	469.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,000.	2,003.	014.	402.
19	Conferences, conventions, and meetings				
20	Interest	104,500.	104,500.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,721.	41,595.	7,438.	5,688.
23	Insurance	25,124.	17,587.	4,271.	3,266.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OPERATING SUPPLIES	44,670.	25,382.	18,287.	1,001.
b	REAL ESTATE TAXES	28,872.	28,184.	688.	· ·
С	REPAIRS AND MAINTENANCE	19,927.	15,773.	4,154.	
d	POSTAGE AND SHIPPING	12,498.	8,048.	4,212.	238.
•	All other expenses.	34,043.	17,066.	13,992.	2,985.
25	Total functional expenses. Add lines 1 through 24e	1,141,697.	842,380.	192,158.	107,159.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			409,457.	1	131,371.
	2	Savings and temporary cash investments			1,761,776.	2	3,307,818.
	3	Pledges and grants receivable, net			· · ·	3	2,795,044.
	4	Accounts receivable, net				4	, ,
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu	r, director, itor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (a	as defined under		6	
	7	Notes and loans receivable, net		· · ·		7	
2	8	Inventories for sale or use		<u>L</u>		8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>	33,036.	9	41,602.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	1,596,192.	337030.		11,002.
		Less: accumulated depreciation.		643,208.	997,919.	10c	952,984.
	11	Investments – publicly traded securities	L	,	5,180,775.	11	6,549,975.
	12	Investments – other securities. See Part IV, line 11			0/200///01	12	0/025/5700
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11			21,609,498.	15	21,819,106.
	16	Total assets. Add lines 1 through 15 (must equal line		-	29,992,461.	16	35,597,900.
	17	Accounts payable and accrued expenses			68,223.	17	79,769.
	18	Grants payable			,	18	,
	19	Deferred revenue			61,905.	19	106,626.
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ıtor. or 3	5%		22	
コ	23	Secured mortgages and notes payable to unrelated th		<u> </u>	2,950,000.	23	2,500,000.
	24	Unsecured notes and loans payable to unrelated third		<u> </u>	2,330,000.	24	2,300,000.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		800.	25	800.
	26	Total liabilities. Add lines 17 through 25			3,080,928.	26	2,687,195.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	· · ·		
ılaı	27	Net assets without donor restrictions			22,242,932.	27	27,796,677.
B	28	Net assets with donor restrictions			4,668,601.	28	5,114,028.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm	<u>L</u>		30		
SS	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
t A	32	Total net assets or fund balances			26,911,533.	32	32,910,705.
Ne	33	Total liabilities and net assets/fund balances			29,992,461.	33	35,597,900.
ВΛ				09/01/22	, ,		Earm 990 (2022)

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-	A VI Described and Association of Net Association o							
Par	TXI 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)				601.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	141,	697.			
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	573,	904.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,	911,	533.			
5	Net unrealized gains (losses) on investments.	5		422,	618.			
6	Donated services and use of facilities	6		2,	650.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	32,	910,	705.			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				\square			
				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?		2	1	Χ			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a						
	separate basis, consolidated basis, or both:	ou on u						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2l	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate of the year were audited on the year were audited on the year were audited on the year were also and the year were also also and the year were also also and the year were also and year were also and year were also also and year were also also also also also also also also	ate						
	basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,		.,				
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform	n		_			
34	Guidance, 2 C.F.R Part 200, Subpart F?		3a	1	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3I	o				
BAA	TEEA0112L 09/01/22		For	m 990	(2022)			

Form **990** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name o	ame of the organization Employer identification number									
	<u>E GEORGE LAND CONSERV</u>					22-29029				
	Reason for Public Cha		<u> </u>				ctions.			
The c 1 2 3	A church, convention of church A school described in sectio A hospital or a cooperative h	nes, or association of cl n 170(b)(1)(A)(ii). (Att	hurches described in sec tach Schedule E (Form	t ion 170(990).)	b)(1)(A)(i).				
4	A medical research organiza name, city, and state:		unction with a hospital (Enter the hospital's			
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle					described in			
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general p	ublic described			
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An agricultural research organi or university or a non-land-grauuniversity:	nt college of agriculture		the nan	ne, city,					
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section 9	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ns; and	(2) no r	nore than 33-1/3% of	its support from gross			
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509(a)(3). Check the box on			
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported or rs or trus	rganizat stees of t	ion(s), typically by giving he supporting organiza	g the supported tion. You must			
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ation(s). You			
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizations) You must com	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported			
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting org	Janization operated in cor	nection	with its s	supported organization(t and an attentivenes:	s) that is not s requirement (see			
е	Check this box if the organiz	ation received a writt	en determination from t	the IRS	that it is	a Type I, Type II, Ty	oe III functionally			
f	Enter the number of supported Provide the following information Name of supported organization	organizations								
g	Provide the following information	n about the supported	d organization(s).			60 Amount of monotony	45.4			
•	ny marine or supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	ın your g	s the tion listed loverning ment?	support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
<u>(E)</u>										
Total										

22-2902944

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	Section A. Public Support									
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,775,167.	2,010,720.	2,342,903.	3,035,323.	6,567,596.	15,731,709.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,		,	0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,775,167.	2,010,720.	2,342,903.	3,035,323.	6,567,596.	15,731,709. 8,554,360.			
6	Public support. Subtract line 5 from line 4						7,177,349.			
Sec	tion B. Total Support						,			
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	1,775,167.	2,010,720.	2,342,903.	3,035,323.	6,567,596.	15,731,709.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122,954.	115,876.	120,074.	143,563.	201,894.	704,361.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	,	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.			
	Total support. Add lines 7 through 10						16,436,070.			
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.			
	First 5 years. If the Form 990 is organization, check this box and			third, fourth, or f	ifth tax year as a	section 501(c)(3)				
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage			ſ				
	Public support percentage for 20 Public support percentage from 3						43.67 % 51.07 %			
	33-1/3% support test—2022. If t	he organization di	id not check the b	oox on line 13, and	d line 14 is 33-1/3	3% or more, check	k this box			
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	test, check this lation qualifies as a	pox and stop here publicly supporte	e. Explain in Part d organization	VI how the			
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions			

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.)

Sec	tion A. Public Support	,		,				_
Calen	dar 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.").		, ,			, ,	,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				_			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
	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 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.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or t	fifth tax year as a	section 501(c)	·(3)	
	tion C. Computation of Pul			10		Г	1	
	Public support percentage for 20	• •	.,,		• •	<u> </u>	15	%
	Public support percentage from a tion D. Computation of Inv						16	%
C		esiment incor	ne rercentage					O .
	•		L					
17	Investment income percentage f	or 2022 (line 10c,	• • •	-		<u> </u>	17	%
17 18	Investment income percentage f Investment income percentage f	or 2022 (line 10c, rom 2021 Schedu	le A, Part III, line	17			18	%
17 18 19a	Investment income percentage f	or 2022 (line 10c, rom 2021 Schedu the organization of this box and sto he organization d	lle A, Part III, line add not check the became became by here. The organ lid not check a box	17 ox on line 14, and ization qualifies on line 14 or lin	nd line 15 is more as a publicly supp ne 19a, and line 1	than 33-1/3% ported organiza	, and line 17 ation	

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

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	: 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.	4c		
5а	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	E		
L	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
D	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Page 5

3h

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022 LAKE GEORGE LAND CONSERVANCY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 22-2902944

Pal	rt v Type iii Noil-Functionally integrated 509(a)(5) Supporting Orga	IIIIZai	.10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

7

8

9

7 Total annual distributions. Add lines 1 through 6.

9 Distributable amount for 2022 from Section C, line 6

in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D — Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 2 in excess of income from activity 3 **3** Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if 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, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j 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			

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA Schedule A (Form 990) 2022 TEEA0408L 09/09/22

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
Name	of organization			Employer identific	ation number
LAF	KE GEORGE LAND CONS	ERVANCY, INC.		22-290294	
		rganization is exempt under section			zation.
1	Provide a description of the of See instructions for definition	organization's direct and indirect political on of "political campaign activities."	campaign activities in	Part IV.	
		xpenditures. See instructionscampaign activities. See instructions			
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955		0.
2		sise tax incurred by organization managers			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	,
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities\$	
2		g organization's funds contributed to other			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 pol mount paid from the fivered to a separate po	itical organizations to villing organization's fun	which the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2022

22-2902944

Part II-A Complete if section 501	the organization in (h)).	s exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	lection under
A Check if the filir	ng organization belongs t	o an affiliated group (and	d list in Part IV each affili	ated group member's nam	ne,
address,	, EIN, expenses, and s	hare of excess lobbying	g expenditures).		
B Check if the filir	ng organization checked	oox A and "limited contro	ol" provisions apply.		
(The term	Limits on Lobbying "expenditures" means	g Expenditures amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expendit	ures to influence public	opinion (grassroots lo	bbying)		
b Total lobbying expendit	ures to influence a legi	slative body (direct lob	bying)		
c Total lobbying expendit	•	•			
d Other exempt purpose	•				
e Total exempt purpose e	expenditures (add lines	1c and 1d)			
f Lobbying nontaxable ar columns.					
If the amount on line 1e, col	lumn (a) or (b) is: Th	e lobbying nontaxable	amount is:		
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over \$1		0,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		5,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		25,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	000,000.			
g Grassroots nontaxable	,	•			
h Subtract line 1g from lin					
i Subtract line 1f from lin	·				
j If there is an amount other section 4911 tax for this				reporting	Yes No
(Son	ne organizations that n		Under Section 501(h) lection do not have to d tructions for lines 2a th		
	Lobbyir	g Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
amount (150% of line					ule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

_		(a	a)	(b)	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Am	ount	
	SEE PART IV					
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total. Add lines 1c through 1i					0.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
	section 501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No." OR (b)	(c)(5)	, or se	ction 5	01(c)	

I answered "Yes."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year.	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

ALL LOBBYING THAT WAS DONE ON BEHALF OF THE ORGANIZATION WAS PROVIDED PRO-BONO BY A LOCAL LAW FIRM.

BAA Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

LAKE (GEORGE LAND CONSERVANCY, INC.			22-2902944	
Part I	Organizations Maintaining Dono			s or Accounts.	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6	·		
		(a) Donor advised fur	nds	(b) Funds and other acco	unts
	al number at end of year				
• • • • • • • • • • • • • • • • • • • •	egate value of contributions to (during year)				
	regate value of grants from (during year)				
4 Agg	gregate value at end of year				
5 Did are	the organization inform all donors and donor the organization's property, subject to the organization	advisors in writing that the as panization's exclusive legal co	ssets held in donor a	advised funds	No
6 Did for imp	the organization inform all grantees, donors, charitable purposes and not for the benefit of termissible private benefit?	and donor advisors in writing the donor or donor advisor, o	that grant funds car r for any other purp	n be used only ose conferring Yes	□No
Part II	Conservation Easements.			<u>L</u>	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7			
1 Pur	pose(s) of conservation easements held by the	e organization (check all that	apply).		
X	Preservation of land for public use (for example,	recreation or education)	X Preservation of	a historically important land	d area
X	Protection of natural habitat		Preservation of	a certified historic structure	:
X	Preservation of open space				
	nplete lines 2a through 2d if the organization held	a qualified conservation contrib	oution in the form of a	conservation easement on th	е
las	day of the tax year.			1 =	
- .				Held at the End of the	e Tax Year
	al number of conservation easements			2a 19	
	al acreage restricted by conservation easemen			2b 1,404	
c ivui	mber of conservation easements on a certified	i nistoric structure included in	(a)	2c	
d Nur	nber of conservation easements included in (oric structure listed in the National Register	c) acquired after July 25, 2006	and not on a	2 d	
	nber of conservation easements modified, transfe				
	year	rrea, released, extinguished, or	terrimated by the org	gamzation daming the	
	mber of states where property subject to cons	ervation easement is located	1		
	es the organization have a written policy regar		inspection, handling	of violations,	
	l enforcement of the conservation easements				No
6 Sta	ff and volunteer hours devoted to monitoring, insp 286	pecting, handling of violations, a	nd enforcing conserva	ation easements during the ye	ar
7 Am	ount of expenses incurred in monitoring, inspecting 7,607.	ng, handling of violations, and e	nforcing conservation	easements during the year	
8 Doe and	es each conservation easement reported on lind section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	irements of section	170(h)(4)(B)(i) Yes	No
inc	Part XIII, describe how the organization report ude, if applicable, the text of the footnote to t servation easements. SEE PART XIII	he organization's financial sta	its revenue and expetential it	ense statement and balance bes the organization's acco	e sheet, and unting for
Part III	SEE PART XIII Organizations Maintaining Collectory Complete if the organization answered "Ye	ctions of Art, Historical	Treasures, or O	ther Similar Assets.	
	1 3				
his	ne organization elected, as permitted under FA orical treasures, or other similar assets held f t XIII the text of the footnote to its financial st	or public exhibition, education	n, or research in furt	ent and balance sheet work herance of public service, p	s of art, rovide in
hist	ne organization elected, as permitted under FA orical treasures, or other similar assets held for p owing amounts relating to these items: Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X	ublic exhibition, education, or re	esearch in furtherance	e of public service, provide the	!
(i)	Revenue included on Form 990, Part VIII, line	e 1		\$	
(ii)	Assets included in Form 990, Part X			\$	
2 If the	e organization received or held works of art, histo ounts required to be reported under FASB AS	orical treasures, or other similar C 958 relating to these items:	assets for financial g	ain, provide the following	
a Rev	venue included on Form 990, Part VIII, line 1			\$	
h Ass	ets included in Form 990 Part X			Ś	

Part III Organizations Main	taining Collectio	ns of Art, His	storica	al Treasures, o	r Other Si	imilar As	sets (co	ontin	iued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check a	ny of th	e following that ma	ke significant	use of its c	ollection		
a Public exhibition		d Loan	or exch	ange program					
b Scholarly research		e Other							
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they	/ further	the organization's	exempt purp	ose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	d as part of the o	rganiza	ation's collection?.			Yes		No
Part IV Escrow and Custod reported an amount on Fo	ial Arrangement rm 990, Part X, line	s. Complete if th 21.	ne orgar	nization answered '	'Yes" on Fori	m 990, Part	IV, line 9	, or	
1 a Is the organization an agent, trus	stee, custodian or otl	ner intermediary	for con	ntributions or other	assets not	included _	-	_	-
on Form 990, Part X? b If "Yes," explain the arrangement in							Yes		No
						Δ	mount		
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance					. 1f		_		
2 a Did the organization include an a						- <u>L</u>	Yes	L	No
b If "Yes," explain the arrangement	t in Part XIII. Check	here if the expla	nation	has been provided	l on Part XII	ı l		· · L	
	0 11 :011		1 111/ 11	F 000 B I	IV I: 10				
Part V Endowment Funds.		+			- t	 1			
1 - Deginging of year belones	(a) Current year	(b) Prior year		(c) Two years back		years back	(e) Four	-	
1 a Beginning of year balance	5,224,946.	5,811,8		4,381,061		30,500.			<u>145.</u>
b Contributions	650,000.	90,0	100.	478,059	. 54	41,593.	3	00,	000.
c Net investment earnings, gains,	E C 0 0 E 2	-676 0	20	1 226 617	1.	74 005	2	E 1	400
and losses	568,852.	-676,9	29.	1,236,617	• 1	74,085.		54,	499.
d Grants or scholarships									
e Other expenditures for facilities and programs				283,862	. 16	65,117.		65,	144.
f Administrative expenses									
g End of year balance	6,443,798.	5,224,9	46.	5,811,875	. 4,38	81,061.	3,8	30,	500.
2 Provide the estimated percentage	-	end balance (lin	ne 1g, c	column (a)) held a	S:				
a Board designated or quasi-endow		<u>6.20</u> %							
b Permanent endowment	73.80 %								
c Term endowment	<u> </u>								
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.							
3a Are there endowment funds not in t	he possession of the	organization that a	are held	and administered f	or the		_		
organization by:						i		es	No
(i) Unrelated organizations							3a(i)		X
(ii) Related organizations						l.	3a(ii)		X
b If "Yes" on line 3a(ii), are the rela	-	•					3b		
4 Describe in Part XIII the intended		ation's endowme	ent fund	ds. SEE PART	XIII				
Land, Buildings, and Complete if the organizati		n Form 990, Part	IV, line	11a. See Form 99), Part X, lin	e 10.			
Description of property	(a) Cos (ir	t or other basis evestment)		Cost or other asis (other)	(c) Accum	ulated ation	(d) Boo	ok val	lue
1 a Land	`	·		46,000.				46.	000.
b Buildings				1,318,354.	533	3,035.	7		319.
c Leasehold improvements				105,077.		2,114.	<u> </u>		963.
d Equipment				117,446.		3,744.			702.
e Other				9,315.		9,315.			0.
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, o	column				9)52,	984.
DAA						Calaadii	la D (Earn		

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o	on Form 990 Part IV lin	N/A ne 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	_		
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments – Program Related.	Farra 000 Dart IV lin	N/A	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	ud of year market value
	(b) book value	(c) Method of Valuation. Cost of en	iu-or-year market value
(1)	+	+	
(2)	+	+	
(3)			
<u>(4)</u> (5)			
(6)			
(7)	+		
(8)			
(9)			
(10)	-		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	-		
Part IX Other Assets.	<u>.: I</u>		
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DEPOSITS ON LAND (2) LAND HELD FOR CONSERVATION			11,000.
(3) RENT AND OTHER RECEIVABLE			21,805,275. 2,485.
(4) SECURITY DEPOSIT			346.
(5)			340.
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		21,819,106.
Part X Other Liabilities.	on Form 000 Port IV lin	on 110 or 11f Con Form 000 Port V line	. 25
Complete if the organization answered "Yes" of a) Description.	on Form 990, Part IV, IIII cription of liability	le TTE OF THE See FORM 990, Part A, IME	(b) Book value
(1) Federal income taxes	inputor or hability		(b) Book value
(2) SECURITY DEPOSIT			800.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			000
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			. 800.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the tax positions under FASR ASC 740. Check here if the text of the footnote h			IS liability for uncertain S.F.F. PART XTTT XI

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	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	7,134,241.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b 4 , 216.		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	426,834.
3 Subtract line 2e from line 1	3	6,707,407.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	8,194.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	6,715,601.
		-,,
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
· · · · · · · · · · · · · · · · · · ·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	rn.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a 1,566.	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	Retu 1	1,135,069.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Retu 1	1,135,069. 1,566.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a 8,194.	Retu 1	1,135,069. 1,566.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts (Describe in Part XIII.). 4 Other (Describe in Part XIII.). 4 Ab	1 2e 3	1,135,069. 1,566. 1,133,503.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a 8,194.	1 2e 3	1,135,069. 1,566.

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 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 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE CONSERVATION EASEMENTS ARE INCLUDED IN LANDS HELD FOR CONSERVATION ON THE BALANCE SHEET. CERTAIN DONATED EASEMENTS HAVE NOT BEEN VALUED FOR BALANCE SHEET PURPOSES. ALL OTHER DONATED EASEMENTS HAVE BEEN VALUED AT FAIR MARKET VALUE AND ARE INCLUDED ON THE BALANCE SHEET.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

Part XIII Supplemental Information.

THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO CONTINUE THE CONSERVANCY'S MISSION

INCLUDING: LAND CONSERVATION, STEWARDSHIP PURPOSES, EDUCATIONAL PROGRAMS

BAA Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

INTERNSHIPS, AND EXPENSES RELATED TO RAISING PUBLIC AWARENESS.

PART X - FASB ASC 740 FOOTNOTE

THE CONSERVANCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY RECOGNIZING TAX

POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS

WILL BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. AS OF JUNE 30, 2023, THE

CONSERVANCY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE INCOME TAX POSITIONS

TAKEN ON ITS TAX RETURNS AND, THEREFORE, BELIEVES THAT IT HAS NO UNCERTAIN TAX

POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. AS OF JUNE

30, 2023, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

BEGIN WITH 2020.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization Employer identification number								
LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization	raised funds thr	rough any		*				
a X Mail solicitations			е	X Solicitation of non-	governr	ment grants		
b X Internet and email solicitations	5		f	X Solicitation of gove	ernment	grants		
c Phone solicitations			g	X Special fundraising	g events			
d X In-person solicitations								
2a Did the organization have a written o	r oral agreement	t with anv i	individual (including officers, directo	rs. truste	ees, or kev		
employees listed in Form 990, Par	t VII) or entity i	in connect	tion with p	rofessional fundraising	service	s?	Yes X No	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities le organization.	s (fundraise	ers) pursua	int to agreements under v	which the	e fundraiser is to	be	
		CHA DIA	f		(v) Ar	mount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or	retained by)	(or retained by)	
or critity (turidialser)		of contributions?		non activity	fundraiser listed in column (i)		organization	
		Yes	No					
1								
2								
3								
4								
5								
6								
_								
7								
8								
9								
10								
Total							0.	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
or licensing.								
NY FL NJ CT OH VA SC I	<u>NM GA OR N</u>	IH MD C	A NC M	<u>A</u>				

LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

æ			(a) Event #1 2022 LAND WATE (event type)	(b) Event #2 2023 LAND WATE (event type)	(c) Other events 3 (total number)	(d) Total events (add column (a) through column (c))	
Revenue	1	Gross receipts	150,533.	79,751.	47,250.	277,534.	
<u>~</u>	2	Less: Contributions	128,213.	79,551.	33,760.	241,524.	
	3	Gross income (line 1 minus line 2)	22,320.	200.	13,490.	36,010.	
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs	26,909.		913.	27,822.	
Direct Expenses	7	Food and beverages	21,600.		3,279.	24,879.	
rect	8	Entertainment	3,085.		550.	3,635.	
	9	Other direct expenses	8,475.		13,462.	21,937.	
	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from the summary.				78,273. -42,263.	
Par		Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye				
Revenue		Tian φ13,000 on 1 on 1 350 E2, iii	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
~	1	Gross revenue					
ses	2	Cash prizes					
xper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
<u></u>	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:							
10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							

Page 2

Sche	edule G (Form 990) 2022 LAKE GEORGE LAND CONSERVANCY, INC. 2	2-2902944	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	····· Yes	No
ä	Indicate the percentage of gaming activity conducted in: a The organization's facility	 	0/0
	b An outside facility.	1	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name		
	Address		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue.	e? Yes	∏No
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$	the	<u> </u>
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, color and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.		v);

 BAA
 TEEA3703L
 0705/22
 Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAKE GEORGE LAND CONSERVANCY, INC

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

Employer identification number

22-2902944

Par	tΙ	Types of Propert	у							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of o	determin	ning mounts
1	Art ·	- Works of art								
2	Art ·	 Historical treasures. 								
3	Art -	 Fractional interests. 								
4	Boo	ks and publications								
5	Clot	hing and household go	oods							
6	Cars	s and other vehicles								
7	Boa	ts and planes								
8										
9	Sec	urities – Publicly trade	ed	X	6	27,946.	FMV			
10			stock							
11		•	LLC, or trust interests							
12	Sec	urities – Miscellaneou	IS							
13		lified conservation cor oric structures	ntribution —							
14	Qua	lified conservation cor	ntribution — Other							
15	Rea	I estate – Residential								
16	Rea	I estate - Commercia	14							
17	Rea	I estate - Other								
18	Coll	ectibles								
19	Foo	d inventory								
20	Drug	gs and medical supplie	es							
21	Taxi	dermy								
22	Hist	orical artifacts								
23	Scie	entific specimens								
24	Arch									
25	Othe	er (<u>MERCHANDIS</u>	<u>SE</u>)	X	8	4,154.				
26	Othe	er (<u>NON-OFFIC</u> E	E SUPP)	. · X	4	7,066.				
27	Othe	er (<u>ADVERTISI</u>	<u>NG </u>	. X	7	10,625.	FMV			
28	Othe	er ()							
29					year for contributions for gement		29			
									Yes	No
20-	Duri	ng the year did the org	anization receive by cor	stribution any n	roperty reported in Part I	lines 1 through 20 that				
Sua					ntribution, and which is					
			-			•		30 a		Χ
b		es," describe the arrang								
				olicy that requi	ires the review of any r	nonstandard contribution	ns?	31	Х	
					nizations to solicit, prod					
								32 a		Х
b	If "Y	es," describe in Part	II.							
33	3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAKE GEORGE LAND CONSERVANCY, INC.

Employer identification number

22-2902944

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR, WHO MAKES THE FORM AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD CONDUCTS ALL ACTIVITIES, INCLUDING THOSE RELATING TO PERSONS CLOSELY ASSOCIATED WITH THEM AND TO BUSINESS AND/OR OTHER ORGANIZATIONS, IN SUCH A WAY THAT NO CONFLICT OR APPEARANCE OF CONFLICT WILL ARISE BETWEEN SUCH OTHER INTEREST AND THE POLICIES, OPERATIONS AND INTERESTS OF LGLC. THE BOARD MAINTAINS INDEPENDENCE AND OBJECTIVITY AND DO WHAT A SENSE OF FAIRNESS, ETHICS AND PERSONAL INTEGRITY WOULD DICTATE. THE BOARD SERVES THE ORGANIZATION CONSISTENT WITH ITS MISSION WITHOUT BEING INFLUENCED BY ANY SPECIAL INTEREST GROUP OR CONSTITUENCY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE
DIRECTOR. THE COMPENSATION OF ALL OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE
EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE

DIRECTOR. THE COMPENSATION OF ALL OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE

FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

OR NH MD CA NY FL NJ VA SC NM NC MA GA

EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\frac{7}{01}$, 2022, and ending $\frac{6}{30}$, 20 $\frac{2023}{000}$

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer		EIN or SSN
LAKE GEORGE LAND CONS	ERVANCY, INC.	22-2902944
Name and title of officer or person subject to tax		
MICHAEL HORN EXECUTIVE DIR.		
and Form 5330 filers may enter dollars and 6a, 7a, 8a, 9a, or 10a below, and the amoun 6b, 7b, 8b, 9b, or 10b, whichever is applicabline below. Do not complete more than one	using this Form 8879-TE and enter the applical cents. For all other forms, enter whole doll to not that line for the return being filed with ble, blank (do not enter -0-). But, if you enter line in Part I.	ble amount, if any, from the return. Form 8038-CP lars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, ered -0- on the return, then enter -0- on the applicable
1a Form 990 check here X b Tot	tal revenue, if any (Form 990, Part VIII, coli	umn (A), line 12) 1b 6,715,601.
2a Form 990-EZ check here b Tot	tal revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Tot	tal tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax	x based on investment income (Form 990-F	PF, Part V, line 5) 4b
5a Form 8868 check here b Bal	lance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Tot	tal tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Tot	tal tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here b FM	IV of assets at end of tax year (Form 5227,	Item D)
		9b
10a Form 8038-CP check here. b Am	nount of credit payment requested (Form 8	038-CP, Part III, line 22) 10b
Part II Declaration and Signature	Authorization of Officer or Person	Subject to Tax
(name of entity) and that I have examined a copy of the 2022 and belief, they are true, correct, and complete complete they are true, correct, and complete complete they are true, correct, and to receive from the IRS (a) an acknown and to receive from the IRS (a) an acknown are true. (b) I with the return or refund, and (c) the date initiate an electronic funds withdrawal (direct description of the federal taxes owed on this return, and U.S. Treasury Financial Agent at 1-888-353-financial institutions involved in the procession inquiries and resolve issues related to the preturn and, if applicable, the consent to electronical institutions involved in the procession of the preturn and, if applicable, the consent to electronical institutions with a procession of the procession of the tax year 2022 electronically file agency(ies) regulating charities as part or return's disclosure consent screen. As an officer or person subject to tax with return. If I have indicated within this return the IRS Fed/State program, I will enter meaning the IRS Fed/State program in th	12 electronic return and accompanying schelete. I further declare that the amount in Parmediate service provider, transmitter, or el nowledgement of receipt or reason for reject e of any refund. If applicable, I authorize the U ebit) entry to the financial institution account in d the financial institution to debit the entry it 4537 no later than 2 business days prior to sing of the electronic payment of taxes to repayment. I have selected a personal identificationic funds withdrawal. N & RICCIARDELLI, LLP to enter the Indicated within this return of the IRS Fed/State program, I also authorize the respect to the entity, I will enter my PIN as more than a copy of the return is being filed with any PIN on the return's disclosure consent scree.	Enter five numbers, but do not enter all zeros rn that a copy of the return is being filed with a state the aforementioned ERO to enter my PIN on the ny signature on the tax year 2022 electronically filed a state agency(ies) regulating charities as part of
Part III Certification and Authen	ıticatioń	
ERO's EFIN/PIN. Enter your six-digit electro number (EFIN) followed by your five-digit se	elf-selected PIN.	14185691356 Do not enter all zeros
I certify that the above numeric entry is my am submitting this return in accordance Providers for Business Returns.	PIN, which is my signature on the 2022 electrowith the requirements of Pub. 4163 , Modern	onically filed return indicated above. I confirm that I nized e-File (MeF) Information for Authorized IRS e-file
ERO's signature COLIN D. COMBS, (CPA	Date
Do Not	ERO Must Retain This Form — S t Submit This Form to the IRS Unle	